

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: 05-28-2012 TIME: 18:13
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 7. CONTRACTOR NO: _____
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 4 - REOPENED
 - 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR 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 01/01/2011 AND ENDING 12/31/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-352,735	285,074	159,296	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		66,029			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY		-58	-1		9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-286,764	285,073	159,296	200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

STATE: IL

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

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0091	16580	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T091	16580	5	07/01/1991	N	P	O	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA	14-7241	16580		09/13/1983	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE	14-1526	16580		05/09/1989				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2011			TO: 12/31/2011				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

		1	2
22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.	Y	N
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.	2	N

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	14,340	6,555					24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		797					25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	Y	Y		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
	ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON- PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
	PROGRAM NAME	PROGRAM CODE			
	1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N 76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL	RESPI- RATORY
		N	N	N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

		1	2	
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 486,908 PAID LOSSES: AND/OR SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 04H077	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: THE CARLE FOUNDATION	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00450	141
142	STREET: 611 W. PARK ST.	P.O. BOX:		142
143	CITY: URBANA	STATE: IL	ZIP CODE: 61801	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?			Y 144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.			N 146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

		PART A	PART B	
155	HOSPITAL	1 N	2 N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP CODE IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15	
PS&R REPORT DATA		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N	2	N	4
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	04/20/2012	Y	04/20/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	94,449,166	131,559	94,580,725	3,669,182.00	25.78
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A						
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B						
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	3,284,309	18,059	3,302,368	104,014.00	31.75
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		9,743,786	25,000	9,768,786	336,612.00	29.02
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,605,973		2,605,973	32,015.00	81.40
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A		6,477,557		6,477,557	76,070.00	85.15
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		64,244,358		64,244,358	1,835,206.00	35.01
15	HOME OFFICE: PHYSICIAN-PART A						
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		1		1		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1		1		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		1		1		25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS						26
27	ADMINISTRATIVE & GENERAL		5,339,061	-753,080	4,585,981	170,870.00	26.84
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,008,121		1,008,121	4,084.00	246.85
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING						32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY						34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		535,592		535,592	15,761.00	33.98
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY						40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		144,957		144,957	1,043.00	138.98
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	92,172,978	113,500	92,286,478	3,569,252.0	25.86	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	9,743,786	25,000	9,768,786	336,612.00	29.02	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	82,429,192	88,500	82,517,692	3,232,640.0	25.53	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	73,327,888		73,327,888	1,943,291.0	37.73	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	1		1			5
6	TOTAL (SUM OF LINES 3 THRU 5)	155,757,081	88,500	155,845,581	5,175,931.0	30.11	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	7,027,731	-753,080	6,274,651	191,758.00	32.72	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	3
4 PRIOR YEAR PENSION SERVICE COST	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	16
TAXES	
17 FICA-EMPLOYERS PORTION ONLY	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/28/2012 18:13

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

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		2,108		733	2,841	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		841.00		1,186.00	2,027.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.00	3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL		0.07		5
6 DIRECT NURSING SERVICE	16.79			6
7 NURSING SUPERVISOR	0.96			7
8 PHYSICAL THERAPY SERVICE	5.13	1.90		8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	0.77			10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	0.23			12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	0.18			14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.37			16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	5	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16580	20
20.01	19180	20.01
20.02	14060	20.02
20.03	19500	20.03
20.04	99914	20.04

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	4,510	711	512	76	5,809	21
22 SKILLED NURSING VISIT CHARGES	704,671	110,140	80,730	11,680	907,221	22
23 PHYSICAL THERAPY VISITS	2,780	15	83	78	2,956	23
24 PHYSICAL THERAPY VISIT CHARGES	466,592	2,400	13,847	12,930	495,769	24
25 OCCUPATIONAL THERAPY VISITS	810	8	22	27	867	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	133,871	1,280	3,784	4,350	143,285	26
27 SPEECH PATHOLOGY VISITS	76	3	3		82	27
28 SPEECH PATHOLOGY VISIT CHARGES	13,054	480	510		14,044	28
29 MEDICAL SOCIAL SERVICE VISITS	55	2	2	2	61	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	10,263	370	370	370	11,373	30
31 HOME HEALTH AIDE VISITS	789	111	1	8	909	31
32 HOME HEALTH AIDE VISIT CHARGES	65,502	9,087	80	640	75,309	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	9,020	850	623	191	10,684	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	1,393,953	123,757	99,321	29,970	1,647,001	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	725		223	18	966	36
37 TOTAL NUMBER OF OUTLIER EPISODES		16		1	17	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	36,848	5,366	1,899	1,168	45,281	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1526

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----								
TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6			
1	CONTINUOUS HOME CARE	3				3	1	
2	ROUTINE HOME CARE	24,363	875	4,927	274	2,260	27,498	2
3	INPATIENT RESPITE CARE	41				14	55	3
4	GENERAL INPATIENT CARE	431	33			49	513	4
5	TOTAL HOSPICE DAYS	24,838	908	4,927	274	2,323	28,069	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 (SUM OF COLS. 1, 2 & 5) 6			
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	526	24	107	3	63	613	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	47.22	37.83	46.05	91.33	36.87	45.79	8
9	UNDUPLICATED CENSUS COUNT	455	22	85	2	59	536	9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.257704	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				27,011,019	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				332,569,058	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				85,704,377	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				58,693,358	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				58,693,358	19
			UNINSURED PATIENTS	INSURED PATIENTS		TOTAL
			1	2		3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	50,922,742	66,873,227		117,795,969	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	13,122,994	17,233,498		30,356,492	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	99,810	139,862		239,672	22
23	COST OF CHARITY CARE	13,023,184	17,093,636		30,116,820	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)					26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V					27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)					28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)					29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				30,116,820	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				88,810,178	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				400,564	1
2	00200				4,855,118	2
3	00300					3
4	00400					4
5.01	00540					5.01
5.02	00550					5.02
5.03	00560					5.03
5.04	00570					5.04
5.05	00580	1,676,528	421,160	2,097,688	-111,399	5.04
5.05	00580	1,640,019	71,778,183	73,418,202	15,770,670	5.05
5.06	00590	2,022,514	12,272,867	14,295,381	-1,569,637	5.06
6	00600					6
7	00700					7
8	00800					8
9	00900					9
10	01000					10
11	01100					11
12	01200					12
13	01300	535,592	588,876	1,124,468	-248,793	13
14	01400					14
15	01500					15
16	01600	144,957	195,038	339,995		16
17	01700					17
19	01900					19
20	02000					20
21	02100	3,284,309	3,440,205	6,724,514	-3,426,562	21
22	02200				3,406,143	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	24,803,317	16,243,407	41,046,724	-9,245,341	30
31.01	03101	4,010,810	2,249,966	6,260,776	-456,984	31.01
32	03200	2,366,374	1,337,867	3,704,241	-214,014	32
34	03400	2,340,972	1,671,504	4,012,476	-390,798	34
40	04000				-5,695	40
41	04100	1,414,579	706,556	2,121,135	-133,536	41
43	04300				766,386	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,305,474	27,370,072	33,675,546	-14,650,900	50
51	05100	1,040,553	553,786	1,594,339	-68,791	51
52	05200				5,571,487	52
53	05300		750,031	750,031	-1,156	53
54	05400	183,635	804,061	987,696	-562,279	54
56	05600					56
60	06000	8,631,509	16,317,113	24,948,622	-2,152,569	60
62	06200	283,450	2,654,210	2,937,660	-35,545	62
62.30	06250					62.30
65	06500	2,094,419	1,778,435	3,872,854	-241,990	65
66	06600	8,711,564	7,370,912	16,082,476	-2,295,787	66
69	06900	796,531	1,045,623	1,842,154	-213,286	69
69.01	03650	2,662,113	13,346,235	16,008,348	-10,726,233	69.01
69.02	06901					69.02
70	07000	127,477	150,723	278,200	-43,737	70
71	07100				10,278,420	71
72	07200				13,103,120	72
73	07300	3,474,993	10,835,068	14,310,061	-161,519	73
75	07500	650,149	1,627,918	2,278,067	-881,043	75
75.01	07501					75.01
76	03950		515,763	515,763	-515,763	76
76.97	07697					76.97
76.98	07698	120,764	40,542	161,306		76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	3,652,514	6,628,559	10,281,073	-570,625	91
91.01	09101	644,115	448,995	1,093,110	-184,111	91.01
91.02	09102	1,456,958	2,436,731	3,893,689	-748,803	91.02
91.03	09103					91.03
92	09200					92
92.01	09201	1,043,770	614,224	1,657,994	-138,164	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	2,856,553	2,168,643	5,025,196	-1,038,170	101
SPECIAL PURPOSE COST CENTERS						
116	11600	1,234,691	1,836,400	3,071,091	26,397	116
118		90,211,203	210,199,673	300,410,876	3,145,075	118
NONREIMBURSABLE COST CENTERS						
190	19000		37,329	37,329	-31,620	190

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 + COL. 2)	CATIONS	
				3	4	
191	19100 RESEARCH					191
192	19200 PHYSICIANS' PRIVATE OFFICES		1,759	1,759		192
192.01	19201 CHEMOTHERAPY RX	366,747	31,187	397,934	-231	192.01
192.02	19202 RURAL HEALTH	424,997	311,447	736,444	-50,785	192.02
192.03	19203 ARBOURS RX					192.03
192.04	19204 FUND DEVELOPMENT					192.04
192.05	19205 MARKETING					192.05
192.06	19206 CARLE CLINIC					192.06
192.08	19208 CARLE FOUNDATION #14-8077					192.08
192.09	19209 CARLE ARBOURS #14-1439					192.09
192.10	19210 OTHER REL ENTITIES					192.10
192.11	19211 CHAMPAIGN ASC	67,846	302,477	370,323	-160,218	192.11
192.12	19212 SOUTH PARKING GARAGE					192.12
192.13	19213 PARISH NRSG	20,529	62,639	83,168	-16,380	192.13
192.14	19214 COMM HLTH & WLNS	51,609	3,819,817	3,871,426	-35,162	192.14
192.15	19215 MOBILE CLINIC					192.15
192.16	19216 PALLIATIVE CARE					192.16
192.17	19217 SMOKING CESSATION					192.17
192.18	19218 HRT DISEASE PRVT					192.18
192.19	19219 STRATUM					192.19
193.01	19301 CONTRACT MANAGEMENT	397,916	968,531	1,366,447	-1,032	193.01
193.02	19302 TELEMEDICINE	49,213	58,771	107,984	-13,441	193.02
193.04	19304 NORTH GARAGE					193.04
193.05	19305 HOME INFUSION	638,490	2,269,328	2,907,818	52,837	193.05
193.06	19306 MISSION RELATED					193.06
193.07	19307 GRANT RELATED	2,080,356	4,541,418	6,621,774	-2,690,690	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	140,260	147,065	287,325	-3,256	193.08
194	07950 UNDERGRADUATE MEDICAL EDUCATION		210,068	210,068	-195,097	194
200	TOTAL (SUM OF LINES 118-199)	94,449,166	222,961,509	317,410,675		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	400,564	14,950,484	15,351,048	1
2	00200	CAP REL COSTS-MVBLE EQUIP	4,855,118	5,909,305	10,764,423	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS				4
5.01	00540	NON-PATIENT TELEPHONE				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	FOUNDATION OVERHEAD				5.03
5.04	00570	ADMITTING	1,986,289	-3,954	1,982,335	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	89,188,872	-7,087,489	82,101,383	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	12,725,744	-780,317	11,945,427	5.06
6	00600	MAINTENANCE & REPAIRS		9,612,409	9,612,409	6
7	00700	OPERATION OF PLANT		6,107,995	6,107,995	7
8	00800	LAUNDRY & LINEN SERVICE		171,238	171,238	8
9	00900	HOUSEKEEPING		4,629,626	4,629,626	9
10	01000	DIETARY		4,062,484	4,062,484	10
11	01100	CAFETERIA		-1,923,276	-1,923,276	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	875,675		875,675	13
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY				15
16	01600	MEDICAL RECORDS & LIBRARY	339,995	2,793,504	3,133,499	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APRVD	3,297,952	-163,708	3,134,244	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APRVD	3,406,143	-1,538	3,404,605	22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	31,801,383	-190,577	31,610,806	30
31.01	03101	NEONATAL ICU	5,803,792		5,803,792	31.01
32	03200	CORONARY CARE UNIT	3,490,227	-4,657	3,485,570	32
34	03400	SURGICAL INTENSIVE CARE UNIT	3,621,678	-16,214	3,605,464	34
40	04000	SUBPROVIDER - IPF	-5,695		-5,695	40
41	04100	SUBPROVIDER - IRF	1,987,599		1,987,599	41
43	04300	NURSERY	766,386		766,386	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	19,024,646	-85,921	18,938,725	50
51	05100	RECOVERY ROOM	1,525,548		1,525,548	51
52	05200	DELIVERY ROOM & LABOR ROOM	5,571,487		5,571,487	52
53	05300	ANESTHESIOLOGY	748,875		748,875	53
54	05400	RADIOLOGY-DIAGNOSTIC	425,417	-17,001	408,416	54
56	05600	RADIOISOTOPE				56
60	06000	LABORATORY	22,796,053	-3,608	22,792,445	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,902,115		2,902,115	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	3,630,864	-5,457	3,625,407	65
66	06600	PHYSICAL THERAPY	13,786,689	-255,355	13,531,334	66
69	06900	ELECTROCARDIOLOGY	1,628,868	-6,650	1,622,218	69
69.01	03650	CARDIAC CATH LAB	5,282,115	-12,004	5,270,111	69.01
69.02	06901	CARDIAC REHAB				69.02
70	07000	ELECTROENCEPHALOGRAPHY	234,463		234,463	70
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	10,278,420		10,278,420	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	13,103,120		13,103,120	72
73	07300	DRUGS CHARGED TO PATIENTS	14,148,542	-2,008	14,146,534	73
75	07500	ASC (NON-DISTINCT PART)	1,397,024	-27,427	1,369,597	75
75.01	07501	WOUND CARE				75.01
76	03950	ACUTE DIALYSIS				76
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	161,306		161,306	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	9,710,448	-10,524	9,699,924	91
91.01	09101	SLEEP LAB	908,999	-12,256	896,743	91.01
91.02	09102	BRONCH & GASTRO LAB	3,144,886		3,144,886	91.02
91.03	09103	SURGICENTER				91.03
92	09200	OBSERVATION BEDS				92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,519,830	-15,430	1,504,400	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	3,987,026	-4,180	3,982,846	101
SPECIAL PURPOSE COST CENTERS						
116	11600	HOSPICE	3,097,488	-8,934	3,088,554	116
118		SUBTOTALS (SUM OF LINES 1-117)	303,555,951	37,598,560	341,154,511	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,709		5,709	190

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
191	19100 RESEARCH				191
192	19200 PHYSICIANS' PRIVATE OFFICES	1,759		1,759	192
192.01	19201 CHEMOTHERAPY RX	397,703		397,703	192.01
192.02	19202 RURAL HEALTH	685,659		685,659	192.02
192.03	19203 ARBOURS RX				192.03
192.04	19204 FUND DEVELOPMENT				192.04
192.05	19205 MARKETING				192.05
192.06	19206 CARLE CLINIC				192.06
192.08	19208 CARLE FOUNDATION #14-8077				192.08
192.09	19209 CARLE ARBOURS #14-1439				192.09
192.10	19210 OTHER REL ENTITIES				192.10
192.11	19211 CHAMPAIGN ASC	210,105		210,105	192.11
192.12	19212 SOUTH PARKING GARAGE				192.12
192.13	19213 PARISH NRSG	66,788		66,788	192.13
192.14	19214 COMM HLTH & WLNS	3,836,264		3,836,264	192.14
192.15	19215 MOBILE CLINIC				192.15
192.16	19216 PALLIATIVE CARE				192.16
192.17	19217 SMOKING CESSATION				192.17
192.18	19218 HRT DISEASE PRVT				192.18
192.19	19219 STRATUM				192.19
193.01	19301 CONTRACT MANAGEMENT	1,365,415		1,365,415	193.01
193.02	19302 TELEMEDICINE	94,543		94,543	193.02
193.04	19304 NORTH GARAGE				193.04
193.05	19305 HOME INFUSION	2,960,655		2,960,655	193.05
193.06	19306 MISSION RELATED				193.06
193.07	19307 GRANT RELATED	3,931,084		3,931,084	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	284,069		284,069	193.08
194	07950 UNDERGRADUATE MEDICAL EDUCATION	14,971		14,971	194
200	TOTAL (SUM OF LINES 118-199)	317,410,675	37,598,560	355,009,235	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1 INTERNS AND RESIDENTS	A	I&R SRVCES-OTHER PRGM COSTS A	22		3,440,205	1
500 TOTAL RECLASSIFICATIONS					3,440,205	500
CODE LETTER - A						
1 HHA HOME OFFICE	B	HOSPICE	116	23,254	270,723	1
2		HOME INFUSION	193.05	22,018	256,330	2
500 TOTAL RECLASSIFICATIONS				45,272	527,053	500
CODE LETTER - B						
1 INTERNAL FEES	C	SHARED ADMINISTRATIVE & GENER	5.05		81,964,848	1
2						2
3						3
4						4
5						5
6						6
7						7
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32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
500 TOTAL RECLASSIFICATIONS					81,964,848	500
CODE LETTER - C						
1 RESIDUAL DIALYSIS COST	D	ADULTS & PEDIATRICS	30	1	1	1
500 TOTAL RECLASSIFICATIONS				1	1	500
CODE LETTER - D						
1 OBSTETRICS	E	NURSERY	43	393,719	372,667	1
500 TOTAL RECLASSIFICATIONS				393,719	372,667	500
CODE LETTER - E						
1 RESIDUAL RENAL COST	F	ADULTS & PEDIATRICS	30		499,424	1
500 TOTAL RECLASSIFICATIONS					499,424	500
CODE LETTER - F						
1 L&D DEPT FROM ROUTINE	G	DELIVERY ROOM & LABOR ROOM	52	3,503,413	2,068,074	1
500 TOTAL RECLASSIFICATIONS				3,503,413	2,068,074	500
CODE LETTER - G						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 DEPRECIATION	H	CAP REL COSTS-BLDG & FIXT	1		400,564
2		CAP REL COSTS-MVBLE EQUIP	2		4,855,118
3					
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36					
37					
500 TOTAL RECLASSIFICATIONS					5,255,682
CODE LETTER - H					500

1 BONUSES	I	OTHER ADMINISTRATIVE & GENERA	5.06	2,000	1
2		I&R SRVCES-SALARY & FRINGES A	21	18,059	2
3		ADULTS & PEDIATRICS	30	5,000	3
4		OPERATING ROOM	50	5,000	4
5		LABORATORY	60	21,500	5
6		PHYSICAL THERAPY	66	25,000	6
7		ELECTROCARDIOLOGY	69	23,750	7
8		ELECTROENCEPHALOGRAPHY	70	1,250	8
9		SLEEP LAB	91.01	5,000	9
10		HOME HEALTH AGENCY	101	17,500	10
11		HOSPICE	116	7,500	11
500 TOTAL RECLASSIFICATIONS				131,559	500
CODE LETTER - I					

1 SUPPLIES	O	MEDICAL SUPPLIES CHRGED TO PA	71		10,278,420
2		IMPL. DEV. CHARGED TO PATIENT	72		13,103,120
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
500 TOTAL RECLASSIFICATIONS					23,381,540
CODE LETTER - O					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 SPORTS MEDICINE	Q	PHYSICAL THERAPY	66	755,080	514,680 1
500 TOTAL RECLASSIFICATIONS				755,080	514,680 500
CODE LETTER - Q					
GRAND TOTAL (INCREASES)				4,829,044	118,024,174

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 INTERNS AND RESIDENTS	A	I&R SRVCES-SALARY & FRINGES A	21		3,440,205	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					3,440,205	500
1 HHA HOME OFFICE	B	HOME HEALTH AGENCY	101	45,272	527,053	1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B				45,272	527,053	500
1 INTERNAL FEES	C	ADMITTING	5.04		89,988	1
2		SHARED ADMINISTRATIVE & GENER	5.05		66,059,003	2
3		OTHER ADMINISTRATIVE & GENERA	5.06		268,032	3
4		NURSING ADMINISTRATION	13		59,124	4
5		I&R SRVCES-SALARY & FRINGES A	21		4,416	5
6		ADULTS & PEDIATRICS	30		3,085,503	6
7		NEONATAL ICU	31.01		342,060	7
8		CORONARY CARE UNIT	32		206,148	8
9		SURGICAL INTENSIVE CARE UNIT	34		345,189	9
10		SUBPROVIDER - IRF	41		132,432	10
11		OPERATING ROOM	50		1,295,628	11
12		RECOVERY ROOM	51		68,496	12
13		RADIOLOGY-DIAGNOSTIC	54		29,750	13
14		LABORATORY	60		1,147,928	14
15		WHOLE BLOOD & PACKED RED BLOO	62		29,712	15
16		RESPIRATORY THERAPY	65		165,012	16
17		PHYSICAL THERAPY	66		3,110,616	17
18		ELECTROCARDIOLOGY	69		81,823	18
19		CARDIAC CATH LAB	69.01		434,988	19
20		ELECTROENCEPHALOGRAPHY	70		12,744	20
21		DRUGS CHARGED TO PATIENTS	73		127,428	21
22		ASC (NON-DISTINCT PART)	75		460,318	22
23		ACUTE DIALYSIS	76		15,660	23
24		EMERGENCY	91		505,404	24
25		SLEEP LAB	91.01		167,376	25
26		BRONCH & GASTRO LAB	91.02		189,024	26
27		OBSERVATION BEDS-DISTINCT	92.01		135,216	27
28		HOME HEALTH AGENCY	101		432,167	28
29		HOSPICE	116		236,614	29
30		GIFT, FLOWER, COFFEE SHOP & C	190		31,620	30
31		RURAL HEALTH	192.02		25,608	31
32		CHAMPAIGN ASC	192.11		135,086	32
33		PARISH NRSG	192.13		16,380	33
34		TELEMEDICINE	193.02		3,132	34
35		HOME INFUSION	193.05		212,435	35
36		GRANT RELATED	193.07		2,103,875	36
37		EMERGENCY MEDICAL SERVICES	193.08		2,784	37
38		CONTRACT MANAGEMENT	193.01		1,032	38
39		UNDERGRADUATE MEDICAL EDUCATI	194		195,097	39
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					81,964,848	500
1 RESIDUAL DIALYSIS COST	D	ACUTE DIALYSIS	76	1	1	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				1	1	500
1 OBSTETRICS	E	ADULTS & PEDIATRICS	30	393,719	372,667	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				393,719	372,667	500
1 RESIDUAL RENAL COST	F	ACUTE DIALYSIS	76		499,424	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					499,424	500
1 L&D DEPT FROM ROUTINE	G	ADULTS & PEDIATRICS	30	3,503,413	2,068,074	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				3,503,413	2,068,074	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 DEPRECIATION	H	ADMITTING	5.04		21,411	9 1
2		SHARED ADMINISTRATIVE & GENER	5.05		135,175	9 2
3		OTHER ADMINISTRATIVE & GENERA	5.06		31,845	3
4		NURSING ADMINISTRATION	13		189,669	4
5		I&R SRVCES-OTHER PRGM COSTS A	22		16,003	5
6		ADULTS & PEDIATRICS	30		284,262	6
7		NEONATAL ICU	31.01		114,903	7
8		CORONARY CARE UNIT	32		5,188	8
9		SURGICAL INTENSIVE CARE UNIT	34		33,135	9
10		SUBPROVIDER - IPF	40		5,695	10
11		OPERATING ROOM	50		523,186	11
12		ANESTHESIOLOGY	53		1,156	12
13		RADIOLOGY-DIAGNOSTIC	54		17,087	13
14		LABORATORY	60		994,751	14
15		WHOLE BLOOD & PACKED RED BLOO	62		5,833	15
16		RESPIRATORY THERAPY	65		76,978	16
17		PHYSICAL THERAPY	66		230,748	17
18		ELECTROCARDIOLOGY	69		131,462	18
19		CARDIAC CATH LAB	69.01		695,368	19
20		ELECTROENCEPHALOGRAPHY	70		30,993	20
21		DRUGS CHARGED TO PATIENTS	73		34,091	21
22		ASC (NON-DISTINCT PART)	75		299,078	22
23		ACUTE DIALYSIS	76		677	23
24		EMERGENCY	91		37,907	24
25		SLEEP LAB	91.01		16,735	25
26		BRONCH & GASTRO LAB	91.02		559,407	26
27		OBSERVATION BEDS-DISTINCT	92.01		1,921	27
28		HOME HEALTH AGENCY	101		33,678	28
29		HOSPICE	116		30,966	29
30		CHEMOTHERAPY RX	192.01		231	30
31		RURAL HEALTH	192.02		25,177	31
32		CHAMPAIGN ASC	192.11		25,132	32
33		COMM HLTH & WLNS	192.14		35,162	33
34		TELEMEDICINE	193.02		10,309	34
35		HOME INFUSION	193.05		13,076	35
36		GRANT RELATED	193.07		586,815	36
37		EMERGENCY MEDICAL SERVICES	193.08		472	37
500 TOTAL RECLASSIFICATIONS					5,255,682	500
CODE LETTER - H						
1 BONUSES	I	OTHER ADMINISTRATIVE & GENERA	5.06		2,000	1
2		I&R SRVCES-OTHER PRGM COSTS A	22		18,059	2
3		ADULTS & PEDIATRICS	30		5,000	3
4		OPERATING ROOM	50		5,000	4
5		LABORATORY	60		21,500	5
6		PHYSICAL THERAPY	66		25,000	6
7		ELECTROCARDIOLOGY	69		23,750	7
8		ELECTROENCEPHALOGRAPHY	70		1,250	8
9		SLEEP LAB	91.01		5,000	9
10		HOME HEALTH AGENCY	101		17,500	10
11		HOSPICE	116		7,500	11
500 TOTAL RECLASSIFICATIONS					131,559	500
CODE LETTER - I						
1 SUPPLIES	O	ADULTS & PEDIATRICS	30		37,129	1
2		NEONATAL ICU	31.01		21	2
3		CORONARY CARE UNIT	32		2,678	3
4		SURGICAL INTENSIVE CARE UNIT	34		12,474	4
5		SUBPROVIDER - IRF	41		1,104	5
6		OPERATING ROOM	50		12,832,086	6
7		RECOVERY ROOM	51		295	7
8		RADIOLOGY-DIAGNOSTIC	54		515,442	8
9		LABORATORY	60		9,890	9
10		PHYSICAL THERAPY	66		224,183	10
11		ELECTROCARDIOLOGY	69		1	11
12		CARDIAC CATH LAB	69.01		9,595,877	12
13		ASC (NON-DISTINCT PART)	75		121,647	13
14		EMERGENCY	91		27,314	14
15		BRONCH & GASTRO LAB	91.02		372	15
16		OBSERVATION BEDS-DISTINCT	92.01		1,027	16
500 TOTAL RECLASSIFICATIONS					23,381,540	500
CODE LETTER - O						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SPORTS MEDICINE	Q	OTHER ADMINISTRATIVE & GENERA	5.06	755,080	514,680	1
500 TOTAL RECLASSIFICATIONS				755,080	514,680	500
CODE LETTER - Q						
GRAND TOTAL (DECREASES)				4,697,485	118,155,733	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	485,000					485,000		1
2 LAND IMPROVEMENTS	687,739					687,739		2
3 BUILDINGS AND FIXTURES	14,023,233				3,885,029	10,138,204		3
4 BUILDING IMPROVEMENTS	281,892	37,909		37,909		319,801		4
5 FIXED EQUIPMENT	39,899,349	12,536,894		12,536,894		52,436,243		5
6 MOVABLE EQUIPMENT	35,680					35,680		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	55,412,893	12,574,803		12,574,803	3,885,029	64,102,667		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	55,412,893	12,574,803		12,574,803	3,885,029	64,102,667		10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS 1	CAPITALIZED LEASES 2	OF GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	11,630,745		11,630,745	0.181439				1
2 CAP REL COSTS-MVBLE EQUIP	52,471,922		52,471,922	0.818561				2
3 TOTAL (SUM OF LINES 1-2)	64,102,667		64,102,667	1.000000				3

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	15,351,048						15,351,048 1
2 CAP REL COSTS-MVBLE EQUIP	10,764,423						10,764,423 2
3 TOTAL	26,115,471						26,115,471 3

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-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-345	OTHER ADMINISTRATIVE & GENERAL	5.06	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-53,847	SHARED ADMINISTRATIVE & GENERAL	5.05	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,389,780			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	40,848,580			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.01 PROFESSIONAL LIAB	A	1	SHARED ADMINISTRATIVE & GENERAL	5.05	33.01
33.02 PROFESSIONAL LIAB	A	1	PHYSICAL THERAPY	66	33.02
33.03 PROFESSIONAL LIAB	A	1	ASC (NON-DISTINCT PART)	75	33.03
33.04 PROFESSIONAL LIAB	A	1	HOME HEALTH AGENCY	101	33.04
33.05 PROFESSIONAL LIAB	A	1	HOSPICE	116	33.05
34 AHA AND IHA LOBBYING EXPENSE	A	1	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35 CAOS TUITION	B	-172,194	PHYSICAL THERAPY	66	35
35.02 PULM REHAB	B	-4,940	RESPIRATORY THERAPY	65	35.02
35.03 CHILD CARE	B	-27,504	PHYSICAL THERAPY	66	35.03
35.05 AQUATIC PROGRAM	B	-17,243	PHYSICAL THERAPY	66	35.05
35.06 EDUCATION REVENUE	B	-4,700	ADULTS & PEDIATRICS	30	35.06
35.07 EDUCATION REVENUE	B	-10,474	EMERGENCY	91	35.07
35.08 EDUCATION REVENUE	B	-10,320	PHYSICAL THERAPY	66	35.08
36					36
37 MISC REVENUE/CCA REVENUE	B	-344,029	SHARED ADMINISTRATIVE & GENERAL	5.05	37
38 MISC REVENUE & CCA REVENUE, SER	B	-133,660	OTHER ADMINISTRATIVE & GENERAL	5.06	38
39 INTERNAL RENT REVENUE	B	-43,200	OTHER ADMINISTRATIVE & GENERAL	5.06	39
40 U OF I SUBSIDY	B	-163,662	I&R SRVCES-SALARY & FRINGES APP	21	40
41 REFERENCE LAB	B	-107,305	OTHER ADMINISTRATIVE & GENERAL	5.06	41
42					42
43 PATIENT ADVISORY NURSE	A	-144,809	OTHER ADMINISTRATIVE & GENERAL	5.06	43
44					44
45 MISC & CCA REVENUE	B	-938	I&R SRVCES-OTHER PRGM COSTS APP	22	45
45.01 MISC & CCA REVENUE	B	3,110	LABORATORY	60	45.01
45.02 MISC & CCA REVENUE	B	-380	PHYSICAL THERAPY	66	45.02
45.05 MISC REVENUE	B	-6,650	ELECTROCARDIOLOGY	69	45.05
45.06 MISC REVENUE	B	26	ASC (NON-DISTINCT PART)	75	45.06
45.07 MISC REVENUE	B	-4,180	HOME HEALTH AGENCY	101	45.07

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	
45.08 MISC REVENUE	B	-8,935	HOSPICE	116	45.08
45.12 UNALLOWABLE EXPENSE	A	-151,540	SHARED ADMINISTRATIVE & GENERAL	5.05	45.12
45.15 UNALLOWABLE EXPENSE	A	-46	I&R SRVCES-SALARY & FRINGES APP	21	45.15
45.16 UNALLOWABLE EXPENSE	A	-36	ADULTS & PEDIATRICS	30	45.16
45.17 UNALLOWABLE EXPENSE	A	-3	RADIOLOGY-DIAGNOSTIC	54	45.17
45.18 UNALLOWABLE EXPENSE	A	-50	EMERGENCY	91	45.18
45.22 PURCHASE DISCOUNTS	B	-311	PHYSICAL THERAPY	66	45.22
45.23 PURCHASE DISCOUNTS	B	-2,008	DRUGS CHARGED TO PATIENTS	73	45.23
45.24 PURCHASE DISCOUNTS	B	-706	ASC (NON-DISTINCT PART)	75	45.24
45.25 PURCHASE DISCOUNTS	B	-1	HOME HEALTH AGENCY	101	45.25
45.37 OUTSIDE CLEANING	B	-40	SHARED ADMINISTRATIVE & GENERAL	5.05	45.37
45.38 DONATIONS	A	-125,350	SHARED ADMINISTRATIVE & GENERAL	5.05	45.38
45.39 DONATIONS	A	-13,046	OTHER ADMINISTRATIVE & GENERAL	5.06	45.39
45.40 DONATIONS	A	-600	I&R SRVCES-OTHER PRGM COSTS APP	22	45.40
45.60 NON ALLOWABLE LOBYING AND BEV	A	-1,732	OTHER ADMINISTRATIVE & GENERAL	5.06	45.60
46 LOBBYING	A	-308,598	OTHER ADMINISTRATIVE & GENERAL	5.06	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		37,598,560			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	1	CAP REL COSTS-BLDG & FIXT	8,161,057		8,161,057	9 1
2	2	CAP REL COSTS-MVBLE EQUIP	5,909,305		5,909,305	9 2
3						3
4	10	DIETARY	4,062,484		4,062,484	4
4.01	9	HOUSEKEEPING	4,629,626		4,629,626	11 4.01
4.02	7	OPERATION OF PLANT	6,107,995		6,107,995	4.02
4.03	6	MAINTENANCE & REPAIRS	9,612,409		9,612,409	4.03
4.04	16	MEDICAL RECORDS & LIBRARY	2,872,399		2,872,399	4.04
4.05	8	LAUNDRY & LINEN SERVICE	171,238		171,238	4.05
4.06	11	CAFETERIA	-1,923,276		-1,923,276	4.06
4.07	5.05	SHARED ADMINISTRATIVE & GENERAL	16,733,120		16,733,120	4.07
4.08	5.05	SHARED ADMINISTRATIVE & GENERAL		81,964,848	-81,964,848	4.08
4.18	1	CAP REL COSTS-BLDG & FIXT	6,789,427		6,789,427	9 4.18
4.19	5.05	SHARED ADMINISTRATIVE & GENERAL	59,687,644		59,687,644	9 4.19
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	122,813,428	81,964,848	40,848,580	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6 B			CARLE FOUNDATIO	100.00	HOME OFFICE	6
7						7
8						8
9						9
10						10

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	2		3	4	5	6	7	8	9	
1	5.04	ADMITTING	19,776		19,776	171,400	192	15,822	791	1
2	5.05	SHARED ADMINISTRATIVE &	1,411,806		1,411,806	171,400	6,592	543,206	27,160	2
3	5.06	OTHER ADMINISTRATIVE & G	48,960		48,960	154,100	288	21,337	1,067	3
4	16	MEDICAL RECORDS & LIBRAR	193,766		193,766	171,400	1,394	114,871	5,744	4
5	30	ADULTS & PEDIATRICS	757,746		757,746	194,500	6,116	571,905	28,595	5
6	31.01	NEONATAL ICU				194,500				6
7	32	CORONARY CARE UNIT	8,778		8,778	204,100	42	4,121	206	7
8	34	SURGICAL INTENSIVE CARE	36,897		36,897	171,400	251	20,683	1,034	8
9	54	RADIOLOGY-DIAGNOSTIC	27,958		27,958	171,400	133	10,960	548	9
10	50	OPERATING ROOM	158,145		158,145	200,300	750	72,224	3,611	10
11	65	RESPIRATORY THERAPY	1,176		1,176	171,400	8	659	33	11
12	66	PHYSICAL THERAPY	58,141		58,141	171,400	373	30,737	1,537	12
13	69.01	CARDIAC CATH LAB	19,750		19,750	171,400	94	7,746	387	13
14	60	LABORATORY	15,288		15,288	171,400	104	8,570	429	14
15	75	ASC (NON-DISTINCT PART)	43,888		43,888	171,400	208	17,140	857	15
16	91	EMERGENCY	3,615,880		3,615,880	171,400	59,119	4,871,633	243,582	16
17	91.01	SLEEP LAB	24,395		24,395	152,100	166	12,139	607	17
18	92.01	OBSERVATION BEDS-DISTINC	35,207		35,207	171,400	240	19,777	989	18
200		TOTAL	6,477,557		6,477,557		76,070	6,343,530	317,177	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	5.04	ADMITTING	AGGREGATE				15,822	3,954	3,954	1
2	5.05	SHARED ADMINISTRATIVE &	AGGREGATE				543,206	868,600	868,600	2
3	5.06	OTHER ADMINISTRATIVE & G	AGGREGATE				21,337	27,623	27,623	3
4	16	MEDICAL RECORDS & LIBRAR	AGGREGATE				114,871	78,895	78,895	4
5	30	ADULTS & PEDIATRICS	AGGREGATE				571,905	185,841	185,841	5
6	31.01	NEONATAL ICU	AGGREGATE							6
7	32	CORONARY CARE UNIT	AGGREGATE				4,121	4,657	4,657	7
8	34	SURGICAL INTENSIVE CARE	AGGREGATE				20,683	16,214	16,214	8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				10,960	16,998	16,998	9
10	50	OPERATING ROOM	AGGREGATE				72,224	85,921	85,921	10
11	65	RESPIRATORY THERAPY	AGGREGATE				659	517	517	11
12	66	PHYSICAL THERAPY	AGGREGATE				30,737	27,404	27,404	12
13	69.01	CARDIAC CATH LAB	AGGREGATE				7,746	12,004	12,004	13
14	60	LABORATORY	AGGREGATE				8,570	6,718	6,718	14
15	75	ASC (NON-DISTINCT PART)	AGGREGATE				17,140	26,748	26,748	15
16	91	EMERGENCY	AGGREGATE				4,871,633			16
17	91.01	SLEEP LAB	AGGREGATE				12,139	12,256	12,256	17
18	92.01	OBSERVATION BEDS-DISTINC	AGGREGATE				19,777	15,430	15,430	18
200		TOTAL					6,343,530	1,389,780	1,389,780	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP RE L COSTS-BL DG & FIXT 1	NEW CAP RE L COSTS-MV BLE EQUIP 2	ADMITTING 5.04	SHARED ADM INISTRATIV E & GENERA 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	15,351,048	15,351,048				1
2 CAP REL COSTS-MVBLE EQUIP	10,764,423		10,764,423			2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING	1,982,335	111,966	34,822	2,129,123		5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	82,101,383	61,904	215,502		82,378,789	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	11,945,427	156,577	48,216		82,378,789	5.06
6 MAINTENANCE & REPAIRS	9,612,409					6
7 OPERATION OF PLANT	6,107,995					7
8 LAUNDRY & LINEN SERVICE	171,238					8
9 HOUSEKEEPING	4,629,626					9
10 DIETARY	4,062,484					10
11 CAFETERIA	-1,923,276					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	875,675	59,179	330,973			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,133,499					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,134,244	105,638	27,133			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,404,605					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,610,806	3,852,722	493,693	267,041		30
31.01 NEONATAL ICU	5,803,792	537,714	203,720	36,052		31.01
32 CORONARY CARE UNIT	3,485,570	236,151	6,990	28,637		32
34 SURGICAL INTENSIVE CARE UNIT	3,605,464	235,274	52,800	30,579		34
40 SUBPROVIDER - IPF	-5,695					40
41 SUBPROVIDER - IRF	1,987,599	157,549	10,405	16,141		41
43 NURSERY	766,386			3,402		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,938,725	1,306,974	955,852	160,714		50
51 RECOVERY ROOM	1,525,548	78,445		22,172		51
52 DELIVERY ROOM & LABOR ROOM	5,571,487			25,224		52
53 ANESTHESIOLOGY	748,875	4,010	2,112	394		53
54 RADIOLOGY-DIAGNOSTIC	408,416	541,662	479,499	8,544		54
56 RADIOISOTOPE				713		56
60 LABORATORY	22,792,445	1,700,861	2,940,631	457,031		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,902,115	34,022	10,657	36,038		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,625,407	193,952	140,318	89,803		65
66 PHYSICAL THERAPY	13,531,334	2,037,606	403,906	101,848		66
69 ELECTROCARDIOLOGY	1,622,218	131,985	554,292	40,495		69
69.01 CARDIAC CATH LAB	5,270,111	495,046	1,267,641	95,481		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	234,463	14,599	56,624	1,237		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,278,420			156,349		71
72 IMPL. DEV. CHARGED TO PATIENT	13,103,120			84,888		72
73 DRUGS CHARGED TO PATIENTS	14,146,534	146,427	62,284	224,991		73
75 ASC (NON-DISTINCT PART)	1,369,597	334,270	238,173	7,468		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	161,306			1,431		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,699,924	578,378	58,210	154,180		91
91.01 SLEEP LAB	896,743	142,167	28,875	11,952		91.01
91.02 BRONCH & GASTRO LAB	3,144,886	494,294	1,003,925	44,732		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,504,400	154,886	3,329	21,586		92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,982,846	3,289	43,272			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,088,554	3,289	38,379			116

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP RE L COSTS-BL DG & FIXT 1	NEW CAP RE L COSTS-MV BLE EQUIP 2	ADMITTING 5.04	SHARED ADM INISTRATIV E & GENERA 5.05	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	341,154,511	13,910,836	9,712,233	2,129,123	82,378,789	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,709	36,215				190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES	1,759					192
192.01 CHEMOTHERAPY RX	397,703		422			192.01
192.02 RURAL HEALTH	685,659	29,323	45,691			192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC	210,105	153,445	1,010			192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	66,788	7,237				192.13
192.14 COMM HLTH & WLNS	3,836,264		32,694			192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT	1,365,415					193.01
193.02 TELEMEDICINE	94,543	3,571	18,834			193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	2,960,655	10,965	16,916			193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	3,931,084	975,962	935,761			193.07
193.08 EMERGENCY MEDICAL SERVICES	284,069		862			193.08
194 UNDERGRADUATE MEDICAL EDUCATION	14,971	223,494				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	355,009,235	15,351,048	10,764,423	2,129,123	82,378,789	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	OTHER ADMI NISTRATIVE & GENERAL 5.06	MAINTENANC E & REPAIR S 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERV ICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING						5.04
5.05 SHARED ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	94,529,009	94,529,009				5.06
6 MAINTENANCE & REPAIRS	9,612,409	3,462,726	13,075,135			6
7 OPERATION OF PLANT	6,107,995	2,200,314		8,308,309		7
8 LAUNDRY & LINEN SERVICE	171,238	61,686			232,924	8
9 HOUSEKEEPING	4,629,626	1,667,753				9
10 DIETARY	4,062,484	1,463,449				10
11 CAFETERIA	-1,923,276					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,265,827	455,995	57,093	36,725		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,133,499	1,128,796				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,267,015	1,176,893	101,915	65,558		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,404,605	1,226,458				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,224,262	13,049,281	3,716,919	2,390,943	105,106	30
31.01 NEONATAL ICU	6,581,278	2,370,807	518,761	333,698	4,082	31.01
32 CORONARY CARE UNIT	3,757,348	1,353,528	227,827	146,552	6,052	32
34 SURGICAL INTENSIVE CARE UNIT	3,924,117	1,413,604	226,981	146,007	6,627	34
40 SUBPROVIDER - IPF	-5,695					40
41 SUBPROVIDER - IRF	2,171,694	782,320	151,995	97,772	4,978	41
43 NURSERY	769,788	277,305				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,362,265	7,695,436	1,260,905	811,090	20,272	50
51 RECOVERY ROOM	1,626,165	585,802	75,680	48,682	5,441	51
52 DELIVERY ROOM & LABOR ROOM	5,596,711	2,016,131				52
53 ANESTHESIOLOGY	755,391	272,118	3,869	2,489		53
54 RADIOLOGY-DIAGNOSTIC	1,438,121	518,062	522,569	336,148	5,681	54
56 RADIOISOTOPE	713	257				56
60 LABORATORY	27,890,968	10,047,303	1,640,909	1,055,531	12,275	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,982,832	1,074,520	32,823	21,114		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,049,480	1,458,764	187,115	120,364		65
66 PHYSICAL THERAPY	16,074,694	5,790,667	1,413,324	877,503	5,464	66
69 ELECTROCARDIOLOGY	2,348,990	846,188	127,333	81,908	2,556	69
69.01 CARDIAC CATH LAB	7,128,279	2,567,856	477,596	307,218	6,512	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	306,923	110,564	14,084	9,060	447	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,434,769	3,758,969				71
72 IMPL. DEV. CHARGED TO PATIENT	13,188,008	4,750,782				72
73 DRUGS CHARGED TO PATIENTS	14,580,236	5,252,311	141,266	90,871		73
75 ASC (NON-DISTINCT PART)	1,949,508	702,281				75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	162,737	58,624				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	10,490,692	3,779,114	557,991	358,933	24,549	91
91.01 SLEEP LAB	1,079,737	388,959	81,876	52,668	3,436	91.01
91.02 BRONCH & GASTRO LAB	4,687,837	1,688,723	476,871	306,752	14,514	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,684,201	606,708	149,426	96,120	4,932	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,029,407	1,451,533				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,130,222	1,127,616				116

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	OTHER ADMI NISTRATIVE & GENERAL 5.06	MAINTENANC E & REPAIR S 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERV ICE 8	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	338,662,109	88,640,203	12,165,128	7,793,706	232,924	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,924	15,102	34,939	22,475		190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES	1,759	634				192
192.01 CHEMOTHERAPY RX	398,125	143,419				192.01
192.02 RURAL HEALTH	760,673	274,021	28,289	18,197		192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC	364,560	131,327				192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	74,025	26,666	6,982	4,491		192.13
192.14 COMM HLTH & WLNS	3,868,958	1,393,734				192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT	1,365,415	491,870				193.01
193.02 TELEMEDICINE	116,948	42,129	3,446	2,216		193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	2,988,536	1,076,575	10,578	6,805		193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	5,842,807	2,104,784	610,157	321,722		193.07
193.08 EMERGENCY MEDICAL SERVICES	284,931	102,642				193.08
194 UNDERGRADUATE MEDICAL EDUCATION	238,465	85,903	215,616	138,697		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	355,009,235	94,529,009	13,075,135	8,308,309	232,924	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINISTRATION 13	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING						5.04
5.05 SHARED ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	6,297,379					9
10 DIETARY		5,525,933				10
11 CAFETERIA			-1,923,276			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	27,601			1,843,241		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY					4,262,295	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	49,270					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,796,939	4,723,355		1,254,050	534,557	30
31.01 NEONATAL ICU	250,794			187,277	72,168	31.01
32 CORONARY CARE UNIT	110,142	171,714		133,473	57,324	32
34 SURGICAL INTENSIVE CARE UNIT	109,733	176,635		114,074	61,213	34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	73,482	324,879			32,311	41
43 NURSERY					6,810	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	609,583				321,713	50
51 RECOVERY ROOM	36,588				44,383	51
52 DELIVERY ROOM & LABOR ROOM					50,494	52
53 ANESTHESIOLOGY	1,870				788	53
54 RADIOLOGY-DIAGNOSTIC	252,635				17,104	54
56 RADIOISOTOPE					1,427	56
60 LABORATORY	793,295				915,143	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	15,868				72,141	62
62.30 BLOOD CLOTTING FOR HEMOPHILLIACS						62.30
65 RESPIRATORY THERAPY	90,461			115,813	179,765	65
66 PHYSICAL THERAPY	659,496				203,876	66
69 ELECTROCARDIOLOGY	61,559				81,062	69
69.01 CARDIAC CATH LAB	230,893				191,132	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	6,809				2,477	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					312,976	71
72 IMPL. DEV. CHARGED TO PATIENT					169,927	72
73 DRUGS CHARGED TO PATIENTS	68,295				450,381	73
75 ASC (NON-DISTINCT PART)					14,948	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					2,864	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	269,760				308,634	91
91.01 SLEEP LAB	39,583			36,754	23,925	91.01
91.02 BRONCH & GASTRO LAB	230,542				89,543	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	72,240	129,350			43,209	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
	9	10	11	13	16	
118 SUBTOTALS (SUM OF LINES 1-117)	5,857,438	5,525,933		1,841,441	4,262,295	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,891					190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX						192.01
192.02 RURAL HEALTH	13,676					192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC						192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	3,375			1,800		192.13
192.14 COMM HLTH & WLNS						192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT						193.01
193.02 TELEMEDICINE	1,666					193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	5,114					193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	294,980					193.07
193.08 EMERGENCY MEDICAL SERVICES						193.08
194 UNDERGRADUATE MEDICAL EDUCATION	104,239					194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	6,297,379	5,525,933	-1,923,276	1,843,241	4,262,295	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING						5.04
5.05 SHARED ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,660,651					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		4,631,063				22
23 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS						23
30 ADULTS & PEDIATRICS	4,211,432	4,184,695	72,191,539	-8,396,127	63,795,412	30
31.01 NEONATAL ICU	280,762	278,980	10,878,607	-559,742	10,318,865	31.01
32 CORONARY CARE UNIT			5,963,960		5,963,960	32
34 SURGICAL INTENSIVE CARE UNIT			6,178,991		6,178,991	34
40 SUBPROVIDER - IPF			-5,695		-5,695	40
41 SUBPROVIDER - IRF			3,639,431		3,639,431	41
43 NURSERY	140,381	139,490	1,333,774	-279,871	1,053,903	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			32,081,264		32,081,264	50
51 RECOVERY ROOM			2,422,741		2,422,741	51
52 DELIVERY ROOM & LABOR ROOM			7,663,336		7,663,336	52
53 ANESTHESIOLOGY			1,036,525		1,036,525	53
54 RADIOLOGY-DIAGNOSTIC			3,090,320		3,090,320	54
56 RADIOISOTOPE			2,397		2,397	56
60 LABORATORY			42,355,424		42,355,424	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			4,199,298		4,199,298	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			6,201,762		6,201,762	65
66 PHYSICAL THERAPY			25,025,024		25,025,024	66
69 ELECTROCARDIOLOGY			3,549,596		3,549,596	69
69.01 CARDIAC CATH LAB			10,909,486		10,909,486	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY			450,364		450,364	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			14,506,714		14,506,714	71
72 IMPL. DEV. CHARGED TO PATIENT			18,108,717		18,108,717	72
73 DRUGS CHARGED TO PATIENTS			20,583,360		20,583,360	73
75 ASC (NON-DISTINCT PART)			2,666,737		2,666,737	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			224,225		224,225	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	28,076	27,898	15,845,647	-55,974	15,789,673	91
91.01 SLEEP LAB			1,706,938		1,706,938	91.01
91.02 BRONCH & GASTRO LAB			7,494,782		7,494,782	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT			2,786,186		2,786,186	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			5,480,940		5,480,940	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			4,257,838		4,257,838	116

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	4,660,651	4,631,063	332,830,228	-9,291,714	323,538,514	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			131,331		131,331	190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES			2,393		2,393	192
192.01 CHEMOTHERAPY RX			541,544		541,544	192.01
192.02 RURAL HEALTH			1,094,856		1,094,856	192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC			495,887		495,887	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG			117,339		117,339	192.13
192.14 COMM HLTH & WLNS			5,262,692		5,262,692	192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT			1,857,285		1,857,285	193.01
193.02 TELEMEDICINE			166,405		166,405	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION			4,087,608		4,087,608	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED			9,174,450		9,174,450	193.07
193.08 EMERGENCY MEDICAL SERVICES			387,573		387,573	193.08
194 UNDERGRADUATE MEDICAL EDUCATION			782,920		782,920	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER			-1,923,276		-1,923,276	201
202 TOTAL (SUM OF LINES 118-201)	4,660,651	4,631,063	355,009,235	-9,291,714	345,717,521	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP RE	NEW CAP RE	SUBTOTAL	ADMITTING	
	CAP-REL COSTS	L COSTS-BL DG & FIXT	L COSTS-MV BLE EQUIP		2A	
	0	1	2			
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING		111,966	34,822	146,788	146,788	5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	46,763	61,904	215,502	324,169		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	7,080	156,577	48,216	211,873		5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		59,179	330,973	390,152		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	32,370	105,638	27,133	165,141		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,852,722	493,693	4,346,415	18,362	30
31.01 NEONATAL ICU		537,714	203,720	741,434	2,479	31.01
32 CORONARY CARE UNIT		236,151	6,990	243,141	1,969	32
34 SURGICAL INTENSIVE CARE UNIT		235,274	52,800	288,074	2,103	34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		157,549	10,405	167,954	1,110	41
43 NURSERY					234	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,306,974	955,852	2,262,826	11,051	50
51 RECOVERY ROOM		78,445		78,445	1,525	51
52 DELIVERY ROOM & LABOR ROOM					1,734	52
53 ANESTHESIOLOGY		4,010	2,112	6,122	27	53
54 RADIOLOGY-DIAGNOSTIC		541,662	479,499	1,021,161	588	54
56 RADIOISOTOPE					49	56
60 LABORATORY	7,127	1,700,861	2,940,631	4,648,619	31,813	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		34,022	10,657	44,679	2,478	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		193,952	140,318	334,270	6,175	65
66 PHYSICAL THERAPY	103,692	2,037,606	403,906	2,545,204	7,003	66
69 ELECTROCARDIOLOGY		131,985	554,292	686,277	2,784	69
69.01 CARDIAC CATH LAB		495,046	1,267,641	1,762,687	6,565	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		14,599	56,624	71,223	85	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					10,751	71
72 IMPL. DEV. CHARGED TO PATIENT					5,837	72
73 DRUGS CHARGED TO PATIENTS		146,427	62,284	208,711	15,471	73
75 ASC (NON-DISTINCT PART)		334,270	238,173	572,443	513	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					98	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		578,378	58,210	636,588	10,602	91
91.01 SLEEP LAB		142,167	28,875	171,042	822	91.01
91.02 BRONCH & GASTRO LAB		494,294	1,003,925	1,498,219	3,076	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		154,886	3,329	158,215	1,484	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	84,446	3,289	43,272	131,007		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	84,866	3,289	38,379	126,534		116

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP RE	NEW CAP RE	SUBTOTAL	ADMITTING	
	CAP-REL COSTS	L COSTS-BL DG & FIXT	L COSTS-MV BLE EQUIP		2A	5.04
	0	1	2			
118 SUBTOTALS (SUM OF LINES 1-117)	366,344	13,910,836	9,712,233	23,989,413	146,788	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		36,215		36,215		190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX			422	422		192.01
192.02 RURAL HEALTH		29,323	45,691	75,014		192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC		153,445	1,010	154,455		192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG		7,237		7,237		192.13
192.14 COMM HLTH & WLNS			32,694	32,694		192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT	6,209			6,209		193.01
193.02 TELEMEDICINE		3,571	18,834	22,405		193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	36,229	10,965	16,916	64,110		193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	80,016	975,962	935,761	1,991,739		193.07
193.08 EMERGENCY MEDICAL SERVICES			862	862		193.08
194 UNDERGRADUATE MEDICAL EDUCATION		223,494		223,494		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	488,798	15,351,048	10,764,423	26,604,269	146,788	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SHARED ADM INISTRATIV E & GENERA 5.05	OTHER ADMI NISTRATIVE & GENERAL 5.06	MAINTENANC E & REPAIR S 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERV ICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING						5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	324,169					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	324,169	536,042				5.06
6 MAINTENANCE & REPAIRS		19,638	19,638			6
7 OPERATION OF PLANT		12,479		12,479		7
8 LAUNDRY & LINEN SERVICE		350			350	8
9 HOUSEKEEPING		9,458				9
10 DIETARY		8,300				10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,586	86	55		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		6,402				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		6,675	153	98		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		6,956				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		73,946	5,585	3,594	158	30
31.01 NEONATAL ICU		13,446	779	501	6	31.01
32 CORONARY CARE UNIT		7,676	342	220	9	32
34 SURGICAL INTENSIVE CARE UNIT		8,017	341	219	10	34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF		4,437	228	147	7	41
43 NURSERY		1,573				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		43,643	1,894	1,218	31	50
51 RECOVERY ROOM		3,322	114	73	8	51
52 DELIVERY ROOM & LABOR ROOM		11,434				52
53 ANESTHESIOLOGY		1,543	6	4		53
54 RADIOLOGY-DIAGNOSTIC		2,938	785	505	9	54
56 RADIOISOTOPE		1				56
60 LABORATORY		56,981	2,465	1,585	18	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		6,094	49	32		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		8,273	281	181		65
66 PHYSICAL THERAPY		32,841	2,123	1,318	8	66
69 ELECTROCARDIOLOGY		4,799	191	123	4	69
69.01 CARDIAC CATH LAB		14,563	717	461	10	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		627	21	14	1	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		21,318				71
72 IMPL. DEV. CHARGED TO PATIENT		26,943				72
73 DRUGS CHARGED TO PATIENTS		29,787	212	136		73
75 ASC (NON-DISTINCT PART)		3,983				75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		332				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		21,432	838	539	37	91
91.01 SLEEP LAB		2,206	123	79	5	91.01
91.02 BRONCH & GASTRO LAB		9,577	716	461	22	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		3,441	224	144	7	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		8,232				101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		6,395				116

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		SHARED ADM INISTRATIV E & GENERA 5.05	OTHER ADMI NISTRATIVE & GENERAL 5.06	MAINTENANC E & REPAIR S 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERV ICE 8	
118	SUBTOTALS (SUM OF LINES 1-117)	324,169	502,644	18,273	11,707	350	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		86	52	34		190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES		4				192
192.01	CHEMOTHERAPY RX		813				192.01
192.02	RURAL HEALTH		1,554	42	27		192.02
192.03	ARBOURS RX						192.03
192.04	FUND DEVELOPMENT						192.04
192.05	MARKETING						192.05
192.06	CARLE CLINIC						192.06
192.08	CARLE FOUNDATION #14-8077						192.08
192.09	CARLE ARBOURS #14-1439						192.09
192.10	OTHER REL ENTITIES						192.10
192.11	CHAMPAIGN ASC		745				192.11
192.12	SOUTH PARKING GARAGE						192.12
192.13	PARISH NRSG		151	10	7		192.13
192.14	COMM HLTH & WLNS		7,904				192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE						192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT		2,790				193.01
193.02	TELEMEDICINE		239	5	3		193.02
193.04	NORTH GARAGE						193.04
193.05	HOME INFUSION		6,106	16	10		193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED		11,937	916	483		193.07
193.08	EMERGENCY MEDICAL SERVICES		582				193.08
194	UNDERGRADUATE MEDICAL EDUCATION		487	324	208		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	324,169	536,042	19,638	12,479	350	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSEKEEPING 9	DIETARY 10	NURSING ADMINISTRATION 13	MEDICAL RECORDS & LIBRARY 16	I&R SERVICES-SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING						5.04
5.05 SHARED ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	9,458					9
10 DIETARY		8,300				10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	41		392,920			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY				6,402		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	74				172,141	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,700	7,095	267,323	791		30
31.01 NEONATAL ICU	377		39,921	107		31.01
32 CORONARY CARE UNIT	165	258	28,452	85		32
34 SURGICAL INTENSIVE CARE UNIT	165	265	24,317	91		34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	110	488		48		41
43 NURSERY				10		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	916			476		50
51 RECOVERY ROOM	55			66		51
52 DELIVERY ROOM & LABOR ROOM				75		52
53 ANESTHESIOLOGY	3			1		53
54 RADIOLOGY-DIAGNOSTIC	379			25		54
56 RADIOISOTOPE				2		56
60 LABORATORY	1,191			1,446		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	24			107		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	136		24,688	266		65
66 PHYSICAL THERAPY	990			302		66
69 ELECTROCARDIOLOGY	92			120		69
69.01 CARDIAC CATH LAB	347			283		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	10			4		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				463		71
72 IMPL. DEV. CHARGED TO PATIENT				252		72
73 DRUGS CHARGED TO PATIENTS	103			667		73
75 ASC (NON-DISTINCT PART)				22		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY				4		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	405			457		91
91.01 SLEEP LAB	59		7,835	35		91.01
91.02 BRONCH & GASTRO LAB	346			133		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	108	194		64		92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES	
	9	10	13	16	21	
118 SUBTOTALS (SUM OF LINES 1-117)	8,796	8,300	392,536	6,402		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25					190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX						192.01
192.02 RURAL HEALTH	21					192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC						192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	5		384			192.13
192.14 COMM HLTH & WLNS						192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT						193.01
193.02 TELEMEDICINE	3					193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	8					193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	443					193.07
193.08 EMERGENCY MEDICAL SERVICES						193.08
194 UNDERGRADUATE MEDICAL EDUCATION	157					194
200 CROSS FOOT ADJUSTMENTS					172,141	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,458	8,300	392,920	6,402	172,141	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT TELEPHONE					5.01
5.02 DATA PROCESSING					5.02
5.03 FOUNDATION OVERHEAD					5.03
5.04 ADMITTING					5.04
5.05 SHARED ADMINISTRATIVE & GENERAL					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	6,956				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		4,725,969		4,725,969	30
31.01 NEONATAL ICU		799,050		799,050	31.01
32 CORONARY CARE UNIT		282,317		282,317	32
34 SURGICAL INTENSIVE CARE UNIT		323,602		323,602	34
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		174,529		174,529	41
43 NURSERY		1,817		1,817	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		2,322,055		2,322,055	50
51 RECOVERY ROOM		83,608		83,608	51
52 DELIVERY ROOM & LABOR ROOM		13,243		13,243	52
53 ANESTHESIOLOGY		7,706		7,706	53
54 RADIOLOGY-DIAGNOSTIC		1,026,390		1,026,390	54
56 RADIOISOTOPE		52		52	56
60 LABORATORY		4,744,118		4,744,118	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		53,463		53,463	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		374,270		374,270	65
66 PHYSICAL THERAPY		2,589,789		2,589,789	66
69 ELECTROCARDIOLOGY		694,390		694,390	69
69.01 CARDIAC CATH LAB		1,785,633		1,785,633	69.01
69.02 CARDIAC REHAB					69.02
70 ELECTROENCEPHALOGRAPHY		71,985		71,985	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		32,532		32,532	71
72 IMPL. DEV. CHARGED TO PATIENT		33,032		33,032	72
73 DRUGS CHARGED TO PATIENTS		255,087		255,087	73
75 ASC (NON-DISTINCT PART)		576,961		576,961	75
75.01 WOUND CARE					75.01
76 ACUTE DIALYSIS					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY		434		434	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY		670,898		670,898	91
91.01 SLEEP LAB		182,206		182,206	91.01
91.02 BRONCH & GASTRO LAB		1,512,550		1,512,550	91.02
91.03 SURGICENTER					91.03
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT		163,881		163,881	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		139,239		139,239	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE		132,929		132,929	116

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
118 SUBTOTALS (SUM OF LINES 1-117)		23,773,735		23,773,735	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		36,412		36,412	190
191 RESEARCH					191
192 PHYSICIANS' PRIVATE OFFICES		4		4	192
192.01 CHEMOTHERAPY RX		1,235		1,235	192.01
192.02 RURAL HEALTH		76,658		76,658	192.02
192.03 ARBOURS RX					192.03
192.04 FUND DEVELOPMENT					192.04
192.05 MARKETING					192.05
192.06 CARLE CLINIC					192.06
192.08 CARLE FOUNDATION #14-8077					192.08
192.09 CARLE ARBOURS #14-1439					192.09
192.10 OTHER REL ENTITIES					192.10
192.11 CHAMPAIGN ASC		155,200		155,200	192.11
192.12 SOUTH PARKING GARAGE					192.12
192.13 PARISH NRSG		7,794		7,794	192.13
192.14 COMM HLTH & WLNS		40,598		40,598	192.14
192.15 MOBILE CLINIC					192.15
192.16 PALLIATIVE CARE					192.16
192.17 SMOKING CESSATION					192.17
192.18 HRT DISEASE PRVT					192.18
192.19 STRATUM					192.19
193.01 CONTRACT MANAGEMENT		8,999		8,999	193.01
193.02 TELEMEDICINE		22,655		22,655	193.02
193.04 NORTH GARAGE					193.04
193.05 HOME INFUSION		70,250		70,250	193.05
193.06 MISSION RELATED					193.06
193.07 GRANT RELATED		2,005,518		2,005,518	193.07
193.08 EMERGENCY MEDICAL SERVICES		1,444		1,444	193.08
194 UNDERGRADUATE MEDICAL EDUCATION		224,670		224,670	194
200 CROSS FOOT ADJUSTMENTS	6,956	179,097		179,097	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	6,956	26,604,269		26,604,269	202

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 E PHONE INSTR	DATA PROCESSING INVOICES	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	490,010					1
2 CAP REL COSTS-MVBLE EQUIP		5,891,912				2
4 EMPLOYEE BENEFITS			94,580,726			4
5.01 NON-PATIENT TELEPHONE				3,488		5.01
5.02 DATA PROCESSING					3,103,368	5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING	3,574	19,060	1,676,528	95	42,847	5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	1,976	117,955	1,640,019	379	143,245	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	4,998	26,391	1,269,434	60	43,591	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,889	181,158	535,592	66	78,476	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			144,957			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,372	14,851	3,302,368	90	43,042	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	122,980	270,223	20,911,186	538	584,745	30
31.01 NEONATAL ICU	17,164	111,506	4,010,810	60	49,835	31.01
32 CORONARY CARE UNIT	7,538	3,826	2,366,374	45	28,321	32
34 SURGICAL INTENSIVE CARE UNIT	7,510	28,900	2,340,972	46	55,126	34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	5,029	5,695	1,414,579	27	34,068	41
43 NURSERY			393,719			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	41,719	523,186	6,310,474	190	176,189	50
51 RECOVERY ROOM	2,504		1,040,553	30	26,024	51
52 DELIVERY ROOM & LABOR ROOM			3,503,413			52
53 ANESTHESIOLOGY	128	1,156		10	5,340	53
54 RADIOLOGY-DIAGNOSTIC	17,290	262,454	183,635	44	94,984	54
56 RADIOISOTOPE						56
60 LABORATORY	54,292	1,609,557	8,653,009	466	476,595	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,086	5,833	283,450	6	995	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,191	76,803	2,094,419	42	26,893	65
66 PHYSICAL THERAPY	65,041	221,078	9,491,644	415	271,662	66
69 ELECTROCARDIOLOGY	4,213	303,392	820,281	51	74,241	69
69.01 CARDIAC CATH LAB	15,802	693,844	2,662,113	107	102,232	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	466	30,993	128,727	9	5,949	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	4,674	34,091	3,474,993	27	64,858	73
75 ASC (NON-DISTINCT PART)	10,670	130,364	650,149		30,052	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS				6		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			120,764		557	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	18,462	31,861	3,652,514	181	102,201	91
91.01 SLEEP LAB	4,538	15,805	649,115	15	25,324	91.01
91.02 BRONCH & GASTRO LAB	15,778	549,499	1,456,958	72	76,762	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	4,944	1,822	1,043,770	22	39,043	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	105	23,685	2,828,781	149	55,373	101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE	NEW CAP RE	EMPLOYEE B	NON-PATIENT TELEPHONE	DATA PROCESSING	
	L COSTS-BLDG & FIXT SQ FEET	L COSTS-MVBLE EQUIP DOLLAR VALUE	ENEFFITS GROSS SALARIES	E PHONE INSTR	INVOICES	
	1	2	4	5.01	5.02	
116 HOSPICE	105	21,007	1,265,445	43	55,373	116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	444,038	5,315,995	90,320,745	3,291	2,813,943	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,156			6	2,898	190
191 RESEARCH					850	191
192 PHYSICIANS' PRIVATE OFFICES				2		192
192.01 CHEMOTHERAPY RX		231	366,747		532	192.01
192.02 RURAL HEALTH	936	25,009	424,997	15	86,881	192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES					9,493	192.10
192.11 CHAMPAIGN ASC	4,898	553	67,846	15	2,287	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	231		20,529	6	4,580	192.13
192.14 COMM HLTH & WLNS		17,895	51,609	11	3,944	192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT			397,916		52,292	193.01
193.02 TELEMEDICINE	114	10,309	49,213	4	2,332	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	350	9,259	660,508	24	27,686	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	31,153	512,189	2,080,356	90	89,006	193.07
193.08 EMERGENCY MEDICAL SERVICES		472	140,260		4,178	193.08
194 UNDERGRADUATE MEDICAL EDUCATION	7,134			24	2,466	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	15,351,048	10,764,423				202
203 UNIT COST MULT-WS B PT I	31.328030	1.826983				203
204 COST TO BE ALLOC PER B PT II						204
205 UNIT COST MULT-WS B PT II						205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	FOUNDATION OVERHEAD	ADMITTING	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON-CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD	100					5.03
5.04 ADMITTING		1,262,271,704				5.04
5.05 SHARED ADMINISTRATIVE & GENERAL			1,000,000			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	100		1,000,000	-94,529,009	262,409,197	5.06
6 MAINTENANCE & REPAIRS					9,612,409	6
7 OPERATION OF PLANT					6,107,995	7
8 LAUNDRY & LINEN SERVICE					171,238	8
9 HOUSEKEEPING					4,629,626	9
10 DIETARY					4,062,484	10
11 CAFETERIA				1,923,276		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					1,265,827	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY					3,133,499	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					3,267,015	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					3,404,605	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		158,293,582			36,224,262	30
31.01 NEONATAL ICU		21,370,430			6,581,278	31.01
32 CORONARY CARE UNIT		16,974,959			3,757,348	32
34 SURGICAL INTENSIVE CARE UNIT		18,126,377			3,924,117	34
40 SUBPROVIDER - IPF				5,695		40
41 SUBPROVIDER - IRF		9,567,855			2,171,694	41
43 NURSERY		2,016,643			769,788	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		95,266,047			21,362,265	50
51 RECOVERY ROOM		13,142,691			1,626,165	51
52 DELIVERY ROOM & LABOR ROOM		14,952,204			5,596,711	52
53 ANESTHESIOLOGY		233,324			755,391	53
54 RADIOLOGY-DIAGNOSTIC		5,064,713			1,438,121	54
56 RADIOISOTOPE		422,595			713	56
60 LABORATORY		271,110,264			27,890,968	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		21,362,319			2,982,832	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		53,232,192			4,049,480	65
66 PHYSICAL THERAPY		60,371,970			16,074,694	66
69 ELECTROCARDIOLOGY		24,004,152			2,348,990	69
69.01 CARDIAC CATH LAB		56,598,017			7,128,279	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		733,480			306,923	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		92,678,689			10,434,769	71
72 IMPL. DEV. CHARGED TO PATIENT		50,318,801			13,188,008	72
73 DRUGS CHARGED TO PATIENTS		133,367,318			14,580,236	73
75 ASC (NON-DISTINCT PART)		4,426,547			1,949,508	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		848,051			162,737	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		91,393,054			10,490,692	91
91.01 SLEEP LAB		7,084,706			1,079,737	91.01
91.02 BRONCH & GASTRO LAB		26,515,515			4,687,837	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		12,795,209			1,684,201	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY					4,029,407	101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	FOUNDATION OVERHEAD	ADMITTING	SHARED ADM INISTRATIVE & GENERA	RECON-CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	
	TOTAL COST	GROSS REVENUE	TOTAL COST			
	5.03	5.04	5.05	5A.06	5.06	
116 HOSPICE					3,130,222	116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	100	1,262,271,704	1,000,000	-92,600,038	246,062,071	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					41,924	190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES					1,759	192
192.01 CHEMOTHERAPY RX					398,125	192.01
192.02 RURAL HEALTH					760,673	192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC					364,560	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG					74,025	192.13
192.14 COMM HLTH & WLNS					3,868,958	192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT					1,365,415	193.01
193.02 TELEMEDICINE					116,948	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION					2,988,536	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED					5,842,807	193.07
193.08 EMERGENCY MEDICAL SERVICES					284,931	193.08
194 UNDERGRADUATE MEDICAL EDUCATION					238,465	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		2,129,123	82,378,789		94,529,009	202
203 UNIT COST MULT-WS B PT I		0.001687	82.378789		0.360235	203
204 COST TO BE ALLOC PER B PT II		146,788	324,169		536,042	204
205 UNIT COST MULT-WS B PT II		0.000116	0.324169		0.002043	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSEKEEPING SQ FEET	DIETARY MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING						5.04
5.05 SHARED ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS	432,611					6
7 OPERATION OF PLANT		427,344				7
8 LAUNDRY & LINEN SERVICE			1,904,967			8
9 HOUSEKEEPING				430,984		9
10 DIETARY					271,705	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,889	1,889		1,889		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,372	3,372		3,372		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	122,980	122,980	859,621	122,980	232,243	30
31.01 NEONATAL ICU	17,164	17,164	33,382	17,164		31.01
32 CORONARY CARE UNIT	7,538	7,538	49,496	7,538	8,443	32
34 SURGICAL INTENSIVE CARE UNIT	7,510	7,510	54,201	7,510	8,685	34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	5,029	5,029	40,709	5,029	15,974	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	41,719	41,719	165,792	41,719		50
51 RECOVERY ROOM	2,504	2,504	44,498	2,504		51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY	128	128		128		53
54 RADIOLOGY-DIAGNOSTIC	17,290	17,290	46,465	17,290		54
56 RADIOISOTOPE						56
60 LABORATORY	54,292	54,292	100,387	54,292		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,086	1,086		1,086		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	6,191	6,191		6,191		65
66 PHYSICAL THERAPY	46,762	45,135	44,691	45,135		66
69 ELECTROCARDIOLOGY	4,213	4,213	20,902	4,213		69
69.01 CARDIAC CATH LAB	15,802	15,802	53,259	15,802		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	466	466	3,652	466		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	4,674	4,674		4,674		73
75 ASC (NON-DISTINCT PART)						75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	18,462	18,462	200,775	18,462		91
91.01 SLEEP LAB	2,709	2,709	28,103	2,709		91.01
91.02 BRONCH & GASTRO LAB	15,778	15,778	118,700	15,778		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	4,944	4,944	40,334	4,944	6,360	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANC	OPERATION	LAUNDRY &	HOUSEKEEPI	DIETARY	
	E & REPAIR S SQ FEET	OF PLANT SQ FEET	LINEN SERV ICE POUNDS OF LAUNDRY 8	NG SQ FEET	MEALS SERVED 10	
	6	7		9		
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	402,502	400,875	1,904,967	400,875	271,705	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,156	1,156		1,156		190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX						192.01
192.02 RURAL HEALTH	936	936		936		192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC						192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	231	231		231		192.13
192.14 COMM HLTH & WLNS						192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT						193.01
193.02 TELEMEDICINE	114	114		114		193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	350	350		350		193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	20,188	16,548		20,188		193.07
193.08 EMERGENCY MEDICAL SERVICES						193.08
194 UNDERGRADUATE MEDICAL EDUCATION	7,134	7,134		7,134		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	13,075,135	8,308,309	232,924	6,297,379	5,525,933	202
203 UNIT COST MULT-WS B PT I	30.223769	19.441735	0.122272	14.611631	20.337988	203
204 COST TO BE ALLOC PER B PT II	19,638	12,479	350	9,458	8,300	204
205 UNIT COST MULT-WS B PT II	0.045394	0.029201	0.000184	0.021945	0.030548	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING AD MINISTRATI ON FTES	MEDICAL RE CORDS & LI BRARY GROSS REVENUE	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME	
	11	13	16	21	22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING						5.04
5.05 SHARED ADMINISTRATIVE & GENERAL						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	161,839					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	758	60,432				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	50		1,262,271,704			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	5,001			332		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					332	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	41,115	41,115	158,293,582	300	300	30
31.01 NEONATAL ICU	6,140	6,140	21,370,430	20	20	31.01
32 CORONARY CARE UNIT	4,376	4,376	16,974,959			32
34 SURGICAL INTENSIVE CARE UNIT	3,740	3,740	18,126,377			34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	2,400		9,567,855			41
43 NURSERY	713		2,016,643	10	10	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,196		95,266,047			50
51 RECOVERY ROOM	1,731		13,142,691			51
52 DELIVERY ROOM & LABOR ROOM	4,472		14,952,204			52
53 ANESTHESIOLOGY			233,324			53
54 RADIOLOGY-DIAGNOSTIC	3,553		5,064,713			54
56 RADIOISOTOPE			422,595			56
60 LABORATORY	23,134		271,110,264			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	503		21,362,319			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,797	3,797	53,232,192			65
66 PHYSICAL THERAPY	16,061		60,371,970			66
69 ELECTROCARDIOLOGY	3,896		24,004,152			69
69.01 CARDIAC CATH LAB	4,076		56,598,017			69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	313		733,480			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			92,678,689			71
72 IMPL. DEV. CHARGED TO PATIENT			50,318,801			72
73 DRUGS CHARGED TO PATIENTS	4,451		133,367,318			73
75 ASC (NON-DISTINCT PART)	1,007		4,426,547			75
75.01 WOUND CARE	2,285					75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			848,051			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	6,041		91,393,054	2	2	91
91.01 SLEEP LAB	1,205	1,205	7,084,706			91.01
91.02 BRONCH & GASTRO LAB	2,529		26,515,515			91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,769		12,795,209			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	
	FTES	MINISTRATI ON FTES	CORDS & LI BRARY GROSS REVENUE	ES-SALARY & FRINGES ASSIGNED TIME	ES-OTHER P RGM COSTS ASSIGNED TIME	
	11	13	16	21	22	
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	156,312	60,373	1,262,271,704	332	332	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX	503					192.01
192.02 RURAL HEALTH	636					192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC						192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	59	59				192.13
192.14 COMM HLTH & WLNS	68					192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT						193.01
193.02 TELEMEDICINE						193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION						193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	3,979					193.07
193.08 EMERGENCY MEDICAL SERVICES	282					193.08
194 UNDERGRADUATE MEDICAL EDUCATION						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		1,843,241	4,262,295	4,660,651	4,631,063	202
203 UNIT COST MULT-WS B PT I		30.501076	0.003377	14,038.105422	13,948.984940	203
204 COST TO BE ALLOC PER B PT II		392,920	6,402	172,141	6,956	204
205 UNIT COST MULT-WS B PT II		6.501853	0.000005	518.496988	20.951807	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
5.01	NON-PATIENT TELEPHONE	5.01
5.02	DATA PROCESSING	5.02
5.03	FOUNDATION OVERHEAD	5.03
5.04	ADMITTING	5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	5.06
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SRVCES-SALARY & FRINGES APPRVD	21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31.01	NEONATAL ICU	31.01
32	CORONARY CARE UNIT	32
34	SURGICAL INTENSIVE CARE UNIT	34
40	SUBPROVIDER - IPF	40
41	SUBPROVIDER - IRF	41
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
56	RADIOISOTOPE	56
60	LABORATORY	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
69	ELECTROCARDIOLOGY	69
69.01	CARDIAC CATH LAB	69.01
69.02	CARDIAC REHAB	69.02
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
75	ASC (NON-DISTINCT PART)	75
75.01	WOUND CARE	75.01
76	ACUTE DIALYSIS	76
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
91	EMERGENCY	91
91.01	SLEEP LAB	91.01
91.02	BRONCH & GASTRO LAB	91.02
91.03	SURGICENTER	91.03
92	OBSERVATION BEDS	92
92.01	OBSERVATION BEDS-DISTINCT	92.01
OTHER REIMBURSABLE COST CENTERS		
99.10	CORF	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
101	HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS		

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

116	HOSPICE	116
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190
191	RESEARCH	191
192	PHYSICIANS' PRIVATE OFFICES	192
192.01	CHEMOTHERAPY RX	192.01
192.02	RURAL HEALTH	192.02
192.03	ARBOURS RX	192.03
192.04	FUND DEVELOPMENT	192.04
192.05	MARKETING	192.05
192.06	CARLE CLINIC	192.06
192.08	CARLE FOUNDATION #14-8077	192.08
192.09	CARLE ARBOURS #14-1439	192.09
192.10	OTHER REL ENTITIES	192.10
192.11	CHAMPAIGN ASC	192.11
192.12	SOUTH PARKING GARAGE	192.12
192.13	PARISH NRSG	192.13
192.14	COMM HLTH & WLNS	192.14
192.15	MOBILE CLINIC	192.15
192.16	PALLIATIVE CARE	192.16
192.17	SMOKING CESSATION	192.17
192.18	HRT DISEASE PRVT	192.18
192.19	STRATUM	192.19
193.01	CONTRACT MANAGEMENT	193.01
193.02	TELEMEDICINE	193.02
193.04	NORTH GARAGE	193.04
193.05	HOME INFUSION	193.05
193.06	MISSION RELATED	193.06
193.07	GRANT RELATED	193.07
193.08	EMERGENCY MEDICAL SERVICES	193.08
194	UNDERGRADUATE MEDICAL EDUCATION	194
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	63,795,412		63,795,412	185,841	63,981,253	30
31.01 NEONATAL ICU	10,318,865		10,318,865		10,318,865	31.01
32 CORONARY CARE UNIT	5,963,960		5,963,960	4,657	5,968,617	32
34 SURGICAL INTENSIVE CARE UNI	6,178,991		6,178,991	16,214	6,195,205	34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	3,639,431		3,639,431		3,639,431	41
43 NURSERY	1,053,903		1,053,903		1,053,903	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,081,264		32,081,264	85,921	32,167,185	50
51 RECOVERY ROOM	2,422,741		2,422,741		2,422,741	51
52 DELIVERY ROOM & LABOR ROOM	7,663,336		7,663,336		7,663,336	52
53 ANESTHESIOLOGY	1,036,525		1,036,525		1,036,525	53
54 RADIOLOGY-DIAGNOSTIC	3,090,320		3,090,320	16,998	3,107,318	54
56 RADIOISOTOPE	2,397		2,397		2,397	56
60 LABORATORY	42,355,424		42,355,424	6,718	42,362,142	60
62 WHOLE BLOOD & PACKED RED BL	4,199,298		4,199,298		4,199,298	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,201,762		6,201,762	517	6,202,279	65
66 PHYSICAL THERAPY	25,025,024		25,025,024	27,404	25,052,428	66
69 ELECTROCARDIOLOGY	3,549,596		3,549,596		3,549,596	69
69.01 CARDIAC CATH LAB	10,909,486		10,909,486	12,004	10,921,490	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	450,364		450,364		450,364	70
71 MEDICAL SUPPLIES CHRGED TO	14,506,714		14,506,714		14,506,714	71
72 IMPL. DEV. CHARGED TO PATIE	18,108,717		18,108,717		18,108,717	72
73 DRUGS CHARGED TO PATIENTS	20,583,360		20,583,360		20,583,360	73
75 ASC (NON-DISTINCT PART)	2,666,737		2,666,737	26,748	2,693,485	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	224,225		224,225		224,225	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15,789,673		15,789,673		15,789,673	91
91.01 SLEEP LAB	1,706,938		1,706,938	12,256	1,719,194	91.01
91.02 BRONCH & GASTRO LAB	7,494,782		7,494,782		7,494,782	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS	1,747,972		1,747,972		1,747,972	92
92.01 OBSERVATION BEDS-DISTINCT	2,786,186		2,786,186	15,430	2,801,616	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,480,940		5,480,940		5,480,940	101
116 HOSPICE	4,257,838		4,257,838		4,257,838	116
200 SUBTOTAL (SEE INSTRUCTIONS)	325,292,181		325,292,181	410,708	325,702,889	200
201 LESS OBSERVATION BEDS	1,747,972		1,747,972		1,747,972	201
202 TOTAL (SEE INSTRUCTIONS)	323,544,209		323,544,209		323,954,917	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	146,007,735		146,007,735			30
31.01 NEONATAL ICU	21,370,430		21,370,430			31.01
32 CORONARY CARE UNIT	16,974,959		16,974,959			32
34 SURGICAL INTENSIVE CARE UNI	18,126,377		18,126,377			34
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	9,567,855		9,567,855			41
43 NURSERY	2,016,643		2,016,643			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	66,036,771	29,229,276	95,266,047	0.336754	0.336754	0.337656 50
51 RECOVERY ROOM	8,118,988	5,023,703	13,142,691	0.184341	0.184341	0.184341 51
52 DELIVERY ROOM & LABOR ROOM	14,065,038	887,166	14,952,204	0.512522	0.512522	0.512522 52
53 ANESTHESIOLOGY	148,065	85,259	233,324	4.442428	4.442428	4.442428 53
54 RADIOLOGY-DIAGNOSTIC	2,881,949	2,182,764	5,064,713	0.610167	0.610167	0.613523 54
56 RADIOISOTOPE	421,552	1,043	422,595	0.005672	0.005672	0.005672 56
60 LABORATORY	117,805,647	153,304,617	271,110,264	0.156230	0.156230	0.156254 60
62 WHOLE BLOOD & PACKED RED BL	19,700,853	1,661,466	21,362,319	0.196575	0.196575	0.196575 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	51,350,339	1,881,853	53,232,192	0.116504	0.116504	0.116514 65
66 PHYSICAL THERAPY	15,508,558	44,863,412	60,371,970	0.414514	0.414514	0.414968 66
69 ELECTROCARDIOLOGY	17,352,017	6,652,135	24,004,152	0.147874	0.147874	0.147874 69
69.01 CARDIAC CATH LAB	33,172,198	23,425,819	56,598,017	0.192754	0.192754	0.192966 69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	217,996	515,484	733,480	0.614010	0.614010	0.614010 70
71 MEDICAL SUPPLIES CHRGED TO	65,426,277	27,252,412	92,678,689	0.156527	0.156527	0.156527 71
72 IMPL. DEV. CHARGED TO PATIE	34,492,760	15,826,041	50,318,801	0.359880	0.359880	0.359880 72
73 DRUGS CHARGED TO PATIENTS	105,215,884	28,151,434	133,367,318	0.154336	0.154336	0.154336 73
75 ASC (NON-DISTINCT PART)	87,979	4,338,568	4,426,547	0.602442	0.602442	0.608484 75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	848,051		848,051	0.264400	0.264400	0.264400 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	28,722,506	62,670,548	91,393,054	0.172767	0.172767	0.172767 91
91.01 SLEEP LAB	10,045	7,074,661	7,084,706	0.240933	0.240933	0.242663 91.01
91.02 BRONCH & GASTRO LAB	4,979,465	21,536,050	26,515,515	0.282656	0.282656	0.282656 91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS	3,947,918	8,337,929	12,285,847	0.142275	0.142275	0.142275 92
92.01 OBSERVATION BEDS-DISTINCT	1,713,412	11,081,797	12,795,209	0.217752	0.217752	0.218958 92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	806,288,267	455,983,437	1,262,271,704			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	806,288,267	455,983,437	1,262,271,704			202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,725,969		66,508	71.06	24,673	1,753,263	30
31 INTENSIVE CARE UNIT							31
31.01 NEONATAL ICU	799,050		9,117	87.64			31.01
32 CORONARY CARE UNIT	282,317		3,377	83.60	1,210	101,156	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT	323,602		3,474	93.15	1,244	115,879	34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	174,529		4,564	38.24	1,650	63,096	41
42 SUBPROVIDER I							42
43 NURSERY	1,817		4,061	0.45			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,307,284	6,307,284	91,101		28,777	2,033,394	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0091) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,322,055	95,266,047	0.024374	19,932,282	485,829	50
51	RECOVERY ROOM	83,608	13,142,691	0.006362	2,684,680	17,080	51
52	DELIVERY ROOM & LABOR ROOM	13,243	14,952,204	0.000886	8,759	8	52
53	ANESTHESIOLOGY	7,706	233,324	0.033027	47,323	1,563	53
54	RADIOLOGY-DIAGNOSTIC	1,026,390	5,064,713	0.202655	2,291,870	464,459	54
56	RADIOISOTOPE	52	422,595	0.000123	196,809	24	56
60	LABORATORY	4,744,118	271,110,264	0.017499	47,106,398	824,315	60
62	WHOLE BLOOD & PACKED RED BLOO	53,463	21,362,319	0.002503	7,379,098	18,470	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	374,270	53,232,192	0.007031	18,289,535	128,594	65
66	PHYSICAL THERAPY	2,589,789	60,371,970	0.042897	4,224,917	181,236	66
69	ELECTROCARDIOLOGY	694,390	24,004,152	0.028928	5,845,281	169,092	69
69.01	CARDIAC CATH LAB	1,785,633	56,598,017	0.031549	15,100,244	476,398	69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	71,985	733,480	0.098142	50,524	4,959	70
71	MEDICAL SUPPLIES CHRGED TO PA	32,532	92,678,689	0.000351	23,560,553	8,270	71
72	IMPL. DEV. CHARGED TO PATIENT	33,032	50,318,801	0.000656	15,256,086	10,008	72
73	DRUGS CHARGED TO PATIENTS	255,087	133,367,318	0.001913	36,807,015	70,412	73
75	ASC (NON-DISTINCT PART)	576,961	4,426,547	0.130341	7,594	990	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	434	848,051	0.000512			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	670,898	91,393,054	0.007341	10,236,522	75,146	91
91.01	SLEEP LAB	182,206	7,084,706	0.025718			91.01
91.02	BRONCH & GASTRO LAB	1,512,550	26,515,515	0.057044	2,054,116	117,175	91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS	129,114	12,285,847	0.010509	1,791,033	18,822	92
92.01	OBSERVATION BEDS-DISTINCT	163,881	12,795,209	0.012808	79,187	1,014	92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	17,323,397	1,048,207,705	1,048,207,705	212,949,826	3,073,864	200

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/28/2012 18:13

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL ICU					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

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	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 ÷ COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	66,508		24,673		30
31	INTENSIVE CARE UNIT					31
31.01	NEONATAL ICU	9,117				31.01
32	CORONARY CARE UNIT	3,377		1,210		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT	3,474		1,244		34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF	4,564		1,650		41
42	SUBPROVIDER I					42
43	NURSERY	4,061				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	91,101		28,777		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8) 7	(COL. 5 ÷ COL. 7) 8	(COL. 6 ÷ COL. 7) 9	PGM CHARGES 10	(COL. 8 x COL. 10) 11	CHARGES 12	(COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	95,266,047			19,932,282		6,665,229	50
51 RECOVERY ROOM	13,142,691			2,684,680		797,796	51
52 DELIVERY ROOM & LABOR ROOM	14,952,204			8,759		523	52
53 ANESTHESIOLOGY	233,324			47,323		28,291	53
54 RADIOLOGY-DIAGNOSTIC	5,064,713			2,291,870		1,214,365	54
56 RADIOISOTOPE	422,595			196,809			56
60 LABORATORY	271,110,264			47,106,398		11,057,204	60
62 WHOLE BLOOD & PACKED RED BLO	21,362,319			7,379,098		239,423	62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	53,232,192			18,289,535		400,207	65
66 PHYSICAL THERAPY	60,371,970			4,224,917		2,935,404	66
69 ELECTROCARDIOLOGY	24,004,152			5,845,281		1,264,494	69
69.01 CARDIAC CATH LAB	56,598,017			15,100,244		10,179,611	69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	733,480			50,524		34,190	70
71 MEDICAL SUPPLIES CHRGED TO P	92,678,689			23,560,553		6,635,290	71
72 IMPL. DEV. CHARGED TO PATIEN	50,318,801			15,256,086		6,325,108	72
73 DRUGS CHARGED TO PATIENTS	133,367,318			36,807,015		6,880,552	73
75 ASC (NON-DISTINCT PART)	4,426,547			7,594		548,606	75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	848,051						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	91,393,054			10,236,522		8,478,276	91
91.01 SLEEP LAB	7,084,706					1,174,931	91.01
91.02 BRONCH & GASTRO LAB	26,515,515			2,054,116		5,526,760	91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS	12,285,847			1,791,033		4,644,378	92
92.01 OBSERVATION BEDS-DISTINCT	12,795,209			79,187		108,205	92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,048,207,705			212,949,826		75,138,843	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0091) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.336754	6,665,229			2,244,543				50
51 RECOVERY ROOM	0.184341	797,796			147,067				51
52 DELIVERY ROOM & LABOR ROOM	0.512522	523			268				52
53 ANESTHESIOLOGY	4.442428	28,291			125,681				53
54 RADIOLOGY-DIAGNOSTIC	0.610167	1,214,365			740,965				54
56 RADIOISOTOPE	0.005672								56
60 LABORATORY	0.156230	11,057,204			1,727,467				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.196575	239,423			47,065				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.116504	400,207			46,626				65
66 PHYSICAL THERAPY	0.414514	2,935,404			1,216,766				66
69 ELECTROCARDIOLOGY	0.147874	1,264,494			186,986				69
69.01 CARDIAC CATH LAB	0.192754	10,179,611			1,962,161				69.01
69.02 CARDIAC REHAB									69.02
70 ELECTROENCEPHALOGRAPHY	0.614010	34,190			20,993				70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.156527	6,635,290			1,038,602				71
72 IMPL. DEV. CHARGED TO PATIENT	0.359880	6,325,108			2,276,280				72
73 DRUGS CHARGED TO PATIENTS	0.154336	6,880,552		36,512	1,061,917			5,635	73
75 ASC (NON-DISTINCT PART)	0.602442	548,606			330,503				75
75.01 WOUND CARE									75.01
76 ACUTE DIALYSIS									76
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.264400								76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.172767	8,478,276			1,464,766				91
91.01 SLEEP LAB	0.240933	1,174,931			283,080				91.01
91.02 BRONCH & GASTRO LAB	0.282656	5,526,760			1,562,172				91.02
91.03 SURGICENTER									91.03
92 OBSERVATION BEDS	0.142275	4,644,378			660,779				92
92.01 OBSERVATION BEDS-DISTINCT	0.217752	108,205			23,562				92.01
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		75,138,843		36,512	17,168,249			5,635	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		75,138,843		36,512	17,168,249			5,635	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T091)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	COST CENTER DESCRIPTION	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,322,055	95,266,047	0.024374	15,426	376	50
51	RECOVERY ROOM	83,608	13,142,691	0.006362	508	3	51
52	DELIVERY ROOM & LABOR ROOM	13,243	14,952,204	0.000886			52
53	ANESTHESIOLOGY	7,706	233,324	0.033027			53
54	RADIOLOGY-DIAGNOSTIC	1,026,390	5,064,713	0.202655	157,535	31,925	54
56	RADIOISOTOPE	52	422,595	0.000123			56
60	LABORATORY	4,744,118	271,110,264	0.017499	196,665	3,441	60
62	WHOLE BLOOD & PACKED RED BLOO	53,463	21,362,319	0.002503	7,809	20	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	374,270	53,232,192	0.007031	228,984	1,610	65
66	PHYSICAL THERAPY	2,589,789	60,371,970	0.042897	2,114,623	90,711	66
69	ELECTROCARDIOLOGY	694,390	24,004,152	0.028928			69
69.01	CARDIAC CATH LAB	1,785,633	56,598,017	0.031549	51,387	1,621	69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	71,985	733,480	0.098142			70
71	MEDICAL SUPPLIES CHRGED TO PA	32,532	92,678,689	0.000351	39,084	14	71
72	IMPL. DEV. CHARGED TO PATIENT	33,032	50,318,801	0.000656			72
73	DRUGS CHARGED TO PATIENTS	255,087	133,367,318	0.001913	658,505	1,260	73
75	ASC (NON-DISTINCT PART)	576,961	4,426,547	0.130341			75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	434	848,051	0.000512			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	670,898	91,393,054	0.007341	3,008	22	91
91.01	SLEEP LAB	182,206	7,084,706	0.025718			91.01
91.02	BRONCH & GASTRO LAB	1,512,550	26,515,515	0.057044			91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS	129,114	12,285,847	0.010509			92
92.01	OBSERVATION BEDS-DISTINCT	163,881	12,795,209	0.012808	19,799	254	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	17,323,397	1,048,207,705	1,048,207,705	3,493,333	131,257	200

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T091)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	95,266,047			15,426		50
51	RECOVERY ROOM	13,142,691			508		51
52	DELIVERY ROOM & LABOR ROOM	14,952,204					52
53	ANESTHESIOLOGY	233,324					53
54	RADIOLOGY-DIAGNOSTIC	5,064,713			157,535		54
56	RADIOISOTOPE	422,595					56
60	LABORATORY	271,110,264			196,665		60
62	WHOLE BLOOD & PACKED RED BLO	21,362,319			7,809		62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	53,232,192			228,984		65
66	PHYSICAL THERAPY	60,371,970			2,114,623		66
69	ELECTROCARDIOLOGY	24,004,152					69
69.01	CARDIAC CATH LAB	56,598,017			51,387		69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	733,480					70
71	MEDICAL SUPPLIES CHRGED TO P	92,678,689			39,084		71
72	IMPL. DEV. CHARGED TO PATIEN	50,318,801					72
73	DRUGS CHARGED TO PATIENTS	133,367,318			658,505		73
75	ASC (NON-DISTINCT PART)	4,426,547					75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	848,051					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	91,393,054			3,008		91
91.01	SLEEP LAB	7,084,706					91.01
91.02	BRONCH & GASTRO LAB	26,515,515					91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS	12,285,847					92
92.01	OBSERVATION BEDS-DISTINCT	12,795,209			19,799		92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,048,207,705			3,493,333		200

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	(COL.5 x COL.6)	(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,725,969		4,725,969	66,508	71.06	10,452	742,719 30
31 INTENSIVE CARE UNIT							31
31.01 NEONATAL ICU	799,050		799,050	9,117	87.64	5,141	450,557 31.01
32 CORONARY CARE UNIT	282,317		282,317	3,377	83.60	254	21,234 32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT	323,602		323,602	3,474	93.15	776	72,284 34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	174,529		174,529	4,564	38.24	797	30,477 41
42 SUBPROVIDER I							42
43 NURSERY	1,817		1,817	4,061	0.45	1,802	811 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,307,284		6,307,284	91,101		19,222	1,318,082 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0091) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,322,055	95,266,047	0.024374				50
51	RECOVERY ROOM	83,608	13,142,691	0.006362				51
52	DELIVERY ROOM & LABOR ROOM	13,243	14,952,204	0.000886				52
53	ANESTHESIOLOGY	7,706	233,324	0.033027				53
54	RADIOLOGY-DIAGNOSTIC	1,026,390	5,064,713	0.202655				54
56	RADIOISOTOPE	52	422,595	0.000123				56
60	LABORATORY	4,744,118	271,110,264	0.017499				60
62	WHOLE BLOOD & PACKED RED BLOO	53,463	21,362,319	0.002503				62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	374,270	53,232,192	0.007031				65
66	PHYSICAL THERAPY	2,589,789	60,371,970	0.042897				66
69	ELECTROCARDIOLOGY	694,390	24,004,152	0.028928				69
69.01	CARDIAC CATH LAB	1,785,633	56,598,017	0.031549				69.01
69.02	CARDIAC REHAB							69.02
70	ELECTROENCEPHALOGRAPHY	71,985	733,480	0.098142				70
71	MEDICAL SUPPLIES CHRGED TO PA	32,532	92,678,689	0.000351				71
72	IMPL. DEV. CHARGED TO PATIENT	33,032	50,318,801	0.000656				72
73	DRUGS CHARGED TO PATIENTS	255,087	133,367,318	0.001913				73
75	ASC (NON-DISTINCT PART)	576,961	4,426,547	0.130341				75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	434	848,051	0.000512				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	670,898	91,393,054	0.007341				91
91.01	SLEEP LAB	182,206	7,084,706	0.025718				91.01
91.02	BRONCH & GASTRO LAB	1,512,550	26,515,515	0.057044				91.02
91.03	SURGICENTER							91.03
92	OBSERVATION BEDS	129,114	12,285,847	0.010509				92
92.01	OBSERVATION BEDS-DISTINCT	163,881	12,795,209	0.012808				92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	17,323,397	1,048,207,705	1,048,207,705				200

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

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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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL ICU					31.01
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

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	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 ÷ COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	66,508		10,452		30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL ICU	9,117		5,141		31.01
32 CORONARY CARE UNIT	3,377		254		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	3,474		776		34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,564		797		41
42 SUBPROVIDER I					42
43 NURSERY	4,061		1,802		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	91,101		19,222		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	MEDICAL EDUCATION COST 4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	95,266,047						50
51 RECOVERY ROOM	13,142,691						51
52 DELIVERY ROOM & LABOR ROOM	14,952,204						52
53 ANESTHESIOLOGY	233,324						53
54 RADIOLOGY-DIAGNOSTIC	5,064,713						54
56 RADIOISOTOPE	422,595						56
60 LABORATORY	271,110,264						60
62 WHOLE BLOOD & PACKED RED BLO	21,362,319						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	53,232,192						65
66 PHYSICAL THERAPY	60,371,970						66
69 ELECTROCARDIOLOGY	24,004,152						69
69.01 CARDIAC CATH LAB	56,598,017						69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	733,480						70
71 MEDICAL SUPPLIES CHRGED TO P	92,678,689						71
72 IMPL. DEV. CHARGED TO PATIEN	50,318,801						72
73 DRUGS CHARGED TO PATIENTS	133,367,318						73
75 ASC (NON-DISTINCT PART)	4,426,547						75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	848,051						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	91,393,054						91
91.01 SLEEP LAB	7,084,706						91.01
91.02 BRONCH & GASTRO LAB	26,515,515						91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS	12,285,847						92
92.01 OBSERVATION BEDS-DISTINCT	12,795,209						92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,048,207,705						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T091)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,322,055	95,266,047	0.024374	50
51	RECOVERY ROOM	83,608	13,142,691	0.006362	51
52	DELIVERY ROOM & LABOR ROOM	13,243	14,952,204	0.000886	52
53	ANESTHESIOLOGY	7,706	233,324	0.033027	53
54	RADIOLOGY-DIAGNOSTIC	1,026,390	5,064,713	0.202655	54
56	RADIOISOTOPE	52	422,595	0.000123	56
60	LABORATORY	4,744,118	271,110,264	0.017499	60
62	WHOLE BLOOD & PACKED RED BLOO	53,463	21,362,319	0.002503	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	374,270	53,232,192	0.007031	65
66	PHYSICAL THERAPY	2,589,789	60,371,970	0.042897	66
69	ELECTROCARDIOLOGY	694,390	24,004,152	0.028928	69
69.01	CARDIAC CATH LAB	1,785,633	56,598,017	0.031549	69.01
69.02	CARDIAC REHAB				69.02
70	ELECTROENCEPHALOGRAPHY	71,985	733,480	0.098142	70
71	MEDICAL SUPPLIES CHRGED TO PA	32,532	92,678,689	0.000351	71
72	IMPL. DEV. CHARGED TO PATIENT	33,032	50,318,801	0.000656	72
73	DRUGS CHARGED TO PATIENTS	255,087	133,367,318	0.001913	73
75	ASC (NON-DISTINCT PART)	576,961	4,426,547	0.130341	75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	434	848,051	0.000512	76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	670,898	91,393,054	0.007341	91
91.01	SLEEP LAB	182,206	7,084,706	0.025718	91.01
91.02	BRONCH & GASTRO LAB	1,512,550	26,515,515	0.057044	91.02
91.03	SURGICENTER				91.03
92	OBSERVATION BEDS	129,114	12,285,847	0.010509	92
92.01	OBSERVATION BEDS-DISTINCT	163,881	12,795,209	0.012808	92.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	17,323,397	1,048,207,705	1,048,207,705	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	MEDICAL EDUCATION COST 4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 CARDIAC CATH LAB						69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
75 ASC (NON-DISTINCT PART)						75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T091)	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	95,266,047					50
51	RECOVERY ROOM	13,142,691					51
52	DELIVERY ROOM & LABOR ROOM	14,952,204					52
53	ANESTHESIOLOGY	233,324					53
54	RADIOLOGY-DIAGNOSTIC	5,064,713					54
56	RADIOISOTOPE	422,595					56
60	LABORATORY	271,110,264					60
62	WHOLE BLOOD & PACKED RED BLO	21,362,319					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	53,232,192					65
66	PHYSICAL THERAPY	60,371,970					66
69	ELECTROCARDIOLOGY	24,004,152					69
69.01	CARDIAC CATH LAB	56,598,017					69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	733,480					70
71	MEDICAL SUPPLIES CHRGED TO P	92,678,689					71
72	IMPL. DEV. CHARGED TO PATIEN	50,318,801					72
73	DRUGS CHARGED TO PATIENTS	133,367,318					73
75	ASC (NON-DISTINCT PART)	4,426,547					75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	848,051					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	91,393,054					91
91.01	SLEEP LAB	7,084,706					91.01
91.02	BRONCH & GASTRO LAB	26,515,515					91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS	12,285,847					92
92.01	OBSERVATION BEDS-DISTINCT	12,795,209					92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,048,207,705					200

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0091) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	66,508	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	66,508	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	66,508	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	24,673	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	63,981,253	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	63,981,253	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	165,352,943	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	165,352,943	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.386937	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,486.21	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	63,981,253	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0091)	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)			962.01	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)			23,735,673	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)				40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)			23,735,673	41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42	NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT					43
43.01	10,318,865	9,117	1,131.83			43.01
44	5,968,617	3,377	1,767.43	1,210	2,138,590	44
45						45
46	6,195,205	3,474	1,783.31	1,244	2,218,438	46
47	OTHER SPECIAL CARE (SPECIFY)					47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					42,836,413
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					70,929,114

PASS-THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,970,298	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					3,073,864	51
52	TOTAL PROGRAM EXCLUDABLE COST					5,044,162	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					65,884,952	53

TARGET AMOUNT AND LIMIT COMPUTATION							
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (LINE 54 x LINE 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT (SEE INSTRUCTIONS)						58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET						59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E						61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)						63

PROGRAM INPATIENT ROUTINE SWING BED COST							
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)						69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)			1,817	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)			962.01	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)			1,747,972	89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
90	CAPITAL-RELATED COST	4,725,969	63,981,253	0.073865	1,747,972
91	NURSING SCHOOL COST				129,114
92	ALLIED HEALTH COST				90
93	ALL OTHER MEDICAL EDUCATION				91

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T091)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	797.42 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,315,743 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,315,743 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,160,920 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,476,663 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	63,096 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	131,257 51
52	TOTAL PROGRAM EXCLUDABLE COST	194,353 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,282,310 53

TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63

PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0091)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	66,508	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	66,508	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	66,508	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,452	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	4,061	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,802	16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	63,981,253	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	63,981,253	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	165,352,943	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	165,352,943	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.386937	31							
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32							
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	2,486.21	33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	63,981,253	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0091) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 962.01 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,054,929 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 10,054,929 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,053,903	4,061	259.52	1,802	467,655 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					43
43.01 NEONATAL ICU	10,318,865	9,117	1,131.83	5,141	5,818,738 43.01
44 CORONARY CARE UNIT	5,968,617	3,377	1,767.43	254	448,927 44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT	6,195,205	3,474	1,783.31	776	1,383,849 46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					18,174,098 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,287,605 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,287,605 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 16,886,493 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,817 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST				5
90 CAPITAL-RELATED COST				90
91 NURSING SCHOOL COST				91
92 ALLIED HEALTH COST				92
93 ALL OTHER MEDICAL EDUCATION				93

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T091)			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	797.42 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	635,544 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	635,544 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	635,544 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	30,477 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	30,477 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0091)	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		51,122,731		30
31.01 NEONATAL ICU				31.01
32 CORONARY CARE UNIT		8,723,700		32
34 SURGICAL INTENSIVE CARE UNIT		4,931,999		34
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.337656	19,932,282	6,730,255	50
51 RECOVERY ROOM	0.184341	2,684,680	494,897	51
52 DELIVERY ROOM & LABOR ROOM	0.512522	8,759	4,489	52
53 ANESTHESIOLOGY	4.442428	47,323	210,229	53
54 RADIOLOGY-DIAGNOSTIC	0.613523	2,291,870	1,406,115	54
56 RADIOISOTOPE	0.005672	196,809	1,116	56
60 LABORATORY	0.156254	47,106,398	7,360,563	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.196575	7,379,098	1,450,546	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.116514	18,289,535	2,130,987	65
66 PHYSICAL THERAPY	0.414968	4,224,917	1,753,205	66
69 ELECTROCARDIOLOGY	0.147874	5,845,281	864,365	69
69.01 CARDIAC CATH LAB	0.192966	15,100,244	2,913,834	69.01
69.02 CARDIAC REHAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.614010	50,524	31,022	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.156527	23,560,553	3,687,863	71
72 IMPL. DEV. CHARGED TO PATIENT	0.359880	15,256,086	5,490,360	72
73 DRUGS CHARGED TO PATIENTS	0.154336	36,807,015	5,680,647	73
75 ASC (NON-DISTINCT PART)	0.608484	7,594	4,621	75
75.01 WOUND CARE				75.01
76 ACUTE DIALYSIS				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.264400			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.172767	10,236,522	1,768,533	91
91.01 SLEEP LAB	0.242663			91.01
91.02 BRONCH & GASTRO LAB	0.282656	2,054,116	580,608	91.02
91.03 SURGICENTER				91.03
92 OBSERVATION BEDS	0.142275	1,791,033	254,819	92
92.01 OBSERVATION BEDS-DISTINCT	0.218958	79,187	17,339	92.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		212,949,826	42,836,413	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		212,949,826		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	IRF (14-T091)	[]	NF	[]	ICF/MR	[]	OTHER
COST CENTER DESCRIPTION	RATIO OF COST		INPATIENT		INPATIENT					
	TO CHARGES		PROGRAM CHARGES	PROGRAM COSTS	(COL.1 x COL.2)					
	1		2	3						
INPATIENT ROUTINE SERVICE COST CENTERS										
30		ADULTS & PEDIATRICS								30
31.01		NEONATAL ICU								31.01
32		CORONARY CARE UNIT								32
34		SURGICAL INTENSIVE CARE UNIT								34
40		SUBPROVIDER - IPF								40
41		SUBPROVIDER - IRF			3,362,708					41
ANCILLARY SERVICE COST CENTERS										
50		OPERATING ROOM	0.337656		15,426		5,209			50
51		RECOVERY ROOM	0.184341		508		94			51
52		DELIVERY ROOM & LABOR ROOM	0.512522							52
53		ANESTHESIOLOGY	4.442428							53
54		RADIOLOGY-DIAGNOSTIC	0.613523		157,535		96,651			54
56		RADIOISOTOPE	0.005672							56
60		LABORATORY	0.156254		196,665		30,730			60
62		WHOLE BLOOD & PACKED RED BLOOD	0.196575		7,809		1,535			62
62.30		BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65		RESPIRATORY THERAPY	0.116514		228,984		26,680			65
66		PHYSICAL THERAPY	0.414968		2,114,623		877,501			66
69		ELECTROCARDIOLOGY	0.147874							69
69.01		CARDIAC CATH LAB	0.192966		51,387		9,916			69.01
69.02		CARDIAC REHAB								69.02
70		ELECTROENCEPHALOGRAPHY	0.614010							70
71		MEDICAL SUPPLIES CHRGED TO PATI	0.156527		39,084		6,118			71
72		IMPL. DEV. CHARGED TO PATIENT	0.359880							72
73		DRUGS CHARGED TO PATIENTS	0.154336		658,505		101,631			73
75		ASC (NON-DISTINCT PART)	0.608484							75
75.01		WOUND CARE								75.01
76		ACUTE DIALYSIS								76
76.97		CARDIAC REHABILITATION								76.97
76.98		HYPERBARIC OXYGEN THERAPY	0.264400							76.98
76.99		LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
91		EMERGENCY	0.172767		3,008		520			91
91.01		SLEEP LAB	0.242663							91.01
91.02		BRONCH & GASTRO LAB	0.282656							91.02
91.03		SURGICENTER								91.03
92		OBSERVATION BEDS	0.142275							92
92.01		OBSERVATION BEDS-DISTINCT	0.218958		19,799		4,335			92.01
OTHER REIMBURSABLE COST CENTERS										
200		TOTAL (SUM OF LINES 50-94 AND 96-98)			3,493,333		1,160,920			200
201		LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES								201
202		NET CHARGES (LINE 200 MINUS LINE 201)			3,493,333					202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0091)	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31.01 NEONATAL ICU			31.01
32 CORONARY CARE UNIT			32
34 SURGICAL INTENSIVE CARE UNIT			34
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.337656		50
51 RECOVERY ROOM	0.184341		51
52 DELIVERY ROOM & LABOR ROOM	0.512522		52
53 ANESTHESIOLOGY	4.442428		53
54 RADIOLOGY-DIAGNOSTIC	0.613523		54
56 RADIOISOTOPE	0.005672		56
60 LABORATORY	0.156254		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.196575		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.116514		65
66 PHYSICAL THERAPY	0.414968		66
69 ELECTROCARDIOLOGY	0.147874		69
69.01 CARDIAC CATH LAB	0.192966		69.01
69.02 CARDIAC REHAB			69.02
70 ELECTROENCEPHALOGRAPHY	0.614010		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.156527		71
72 IMPL. DEV. CHARGED TO PATIENT	0.359880		72
73 DRUGS CHARGED TO PATIENTS	0.154336		73
75 ASC (NON-DISTINCT PART)	0.608484		75
75.01 WOUND CARE			75.01
76 ACUTE DIALYSIS			76
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.264400		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.172767		91
91.01 SLEEP LAB	0.242663		91.01
91.02 BRONCH & GASTRO LAB	0.282656		91.02
91.03 SURGICENTER			91.03
92 OBSERVATION BEDS	0.142275		92
92.01 OBSERVATION BEDS-DISTINCT	0.218958		92.01
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	IRF (14-T091)	[]	NF	[]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2)
			3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31.01 NEONATAL ICU			31.01
32 CORONARY CARE UNIT			32
34 SURGICAL INTENSIVE CARE UNIT			34
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.336754		50
51 RECOVERY ROOM	0.184341		51
52 DELIVERY ROOM & LABOR ROOM	0.512522		52
53 ANESTHESIOLOGY	4.442428		53
54 RADIOLOGY-DIAGNOSTIC	0.610167		54
56 RADIOISOTOPE	0.005672		56
60 LABORATORY	0.156230		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.196575		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.116504		65
66 PHYSICAL THERAPY	0.414514		66
69 ELECTROCARDIOLOGY	0.147874		69
69.01 CARDIAC CATH LAB	0.192754		69.01
69.02 CARDIAC REHAB			69.02
70 ELECTROENCEPHALOGRAPHY	0.614010		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.156527		71
72 IMPL. DEV. CHARGED TO PATIENT	0.359880		72
73 DRUGS CHARGED TO PATIENTS	0.154336		73
75 ASC (NON-DISTINCT PART)	0.602442		75
75.01 WOUND CARE			75.01
76 ACUTE DIALYSIS			76
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.264400		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.172767		91
91.01 SLEEP LAB	0.240933		91.01
91.02 BRONCH & GASTRO LAB	0.282656		91.02
91.03 SURGICENTER			91.03
92 OBSERVATION BEDS	0.142275		92
92.01 OBSERVATION BEDS-DISTINCT	0.217752		92.01
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0091)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	51,823,207	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,590,021	2
3	MANAGED CARE SIMULATED PAYMENTS	15,799,096	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	289.30	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	28.35	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	28.35	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	49.61	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	4.40	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	32.75	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	32.29	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	32.29	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	32.44	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	32.44	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.112133	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.113217	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.112133	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	4,015,209	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	21.26	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	4,015,209	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0409	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2419	31
32	SUM OF LINES 30 AND 31	0.2828	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1255	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,503,812	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	63,932,249	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	63,932,249	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,813,576	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL (14-0091)
APPLICABLE BOX: SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	787,062	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	69,532,887	59
60	PRIMARY PAYER PAYMENTS	41,494	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	69,491,393	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,505,404	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	106,974	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	64,879,015	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	64,879,015	71
72	INTERIM PAYMENTS	65,231,750	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-352,735	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	281,436	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0091) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,635	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	17,168,249	2
3	PPS PAYMENTS	15,555,105	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	5,635	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	36,512	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	36,512	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	36,512	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	30,877	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	5,635	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	15,555,105	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	3,262,688	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	12,298,052	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	184,210	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	12,482,262	30
31	PRIMARY PAYER PAYMENTS	3,119	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	12,479,143	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	12,479,143	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	12,479,143	40
41	INTERIM PAYMENTS	12,194,069	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	285,074	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [XX] IRF (14-T091)
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.940	5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0091) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		61,340,942		12,291,268	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		2,568,094		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 11/18/2011 .02 .03 .04 .05 .06 .07 .08 .09 .50 02/18/2011 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	1,322,714	02/18/2011 11/18/2011	NONE 97,199	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		1,322,714		-97,199	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		65,231,750		12,194,069	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE NONE		NONE NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			285,074	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		64,879,015		12,479,143	7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/28/2012 18:13

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0091) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	20,114 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	27,127 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	8,167 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	80,659 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,262,271,704 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	117,795,969 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,795,742 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	2,636,446 30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	159,296 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK HOSPITAL
APPLICABLE BOX: IRF (14-T091)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,045,236	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.031900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	185,030	3
4	OUTLIER PAYMENTS	38,729	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.504110	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	2,268,995	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	2,268,995	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,268,995	19
20	DEDUCTIBLES	6,792	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,262,203	21
22	COINSURANCE	3,396	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,258,807	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	2,258,807	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,258,807	32
33	INTERIM PAYMENTS	2,192,778	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	66,029	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0091) [] SNF [XX] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [XX] IRF (14-T091) [] ICF/MR [XX] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	635,544	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	635,544	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	635,544	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	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)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	635,544	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29	SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)		30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	14.29			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA	-13.86			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)				4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)	28.15			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	54.37			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	28.15			7
			PRIMARY CARE	OTHER	TOTAL
			1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	45.57	7.03		52.60
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	23.59	3.64		27.23
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.73		10
11	TOTAL WEIGHTED FTE COUNT	23.59	7.37		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	26.40	4.94		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	22.34	5.00		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	24.11	5.77		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS				15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE				16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	24.11	5.77		17
18	PER RESIDENT AMOUNT	77,402.53	77,402.53		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,866,175	446,613		2,312,788
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				28.35
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)				26.22
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)				25.37
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)				2,312,788
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT	MANAGED	
			PART A	CARE	
26	INPATIENT DAYS	28,777	8,167		26
27	TOTAL INPATIENT DAYS	85,223	85,223		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.337667	0.095831		28
29	PROGRAM DIRECT GME AMOUNT	780,952	221,637		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		31,317		30
31	NET PROGRAM DIRECT GME AMOUNT				971,272
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)				33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (SEE INSTRUCTIONS)				73,405,777
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)				38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)				39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				41,494
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)				73,364,283
PART B REASONABLE COST					
42	REASONABLE COST (SEE INSTRUCTIONS)				17,173,884
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)				3,119
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)				17,170,765
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)				90,535,048
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)				0.810341
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)				0.189659
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (LINE 31)				971,272
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				787,062
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)				184,210

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	17,420		26
27	TOTAL INPATIENT DAYS	85,223		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.204405		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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	-7,267,445			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	367,721,560			4
5 OTHER RECEIVABLES	7,732,763			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-282,994,811			6
7 INVENTORY	5,917,364			7
8 PREPAID EXPENSES	1,678,237			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	92,787,668			11
FIXED ASSETS				
12 LAND	485,000			12
13 LAND IMPROVEMENTS	687,739			13
14 ACCUMULATED DEPRECIATION	-481,953			14
15 BUILDINGS	10,138,204			15
16 ACCUMULATED DEPRECIATION	-2,275,595			16
17 LEASEHOLD IMPROVEMENTS	319,801			17
18 ACCUMULATED AMORTIZATION	-184,529			18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS	35,680			21
22 ACCUMULATED DEPRECIATION	-30,894			22
23 MAJOR MOVABLE EQUIPMENT	52,436,242			23
24 ACCUMULATED DEPRECIATION	-20,740,578			24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	40,389,117			30
OTHER ASSETS				
31 INVESTMENTS				31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	-2,570			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	-2,570			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	133,174,215			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	9,529,509			37
38 SALARIES, WAGES & FEES PAYABLE	25,146,760			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	-64,845,316			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	-30,169,047			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES				49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)				50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	-30,169,047			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	163,343,262			52
53 SPECIFIC PURPOSE FUND BALANCE				53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57 PLANT FUND BALANCE - INVESTED IN PLANT				57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	163,343,262			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	133,174,215			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		100,826,166							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		103,282,223							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		204,108,389							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		204,108,389							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET AFFILIATE TRANSFERS		40,765,127							13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		40,765,127							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		163,343,262							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	165,352,943		165,352,943	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF	9,567,970		9,567,970	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	174,920,913		174,920,913	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT				11
11.01 NEONATAL ICU	21,427,054		21,427,054	11.01
12 CORONARY CARE UNIT	17,420,975		17,420,975	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT	18,155,997		18,155,997	14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	57,004,026		57,004,026	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	231,924,939		231,924,939	17
18 ANCILLARY SERVICES	576,100,702		576,100,702	18
19 OUTPATIENT SERVICES		464,054,068	464,054,068	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		3,873,850	3,873,850	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE	486,815	4,540,124	5,026,939	26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	808,512,456	472,468,042	1,280,980,498	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		317,410,675	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35 INCOME TAX			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		317,410,675	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,280,980,498	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	878,004,144	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	402,976,354	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	317,410,675	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	85,565,679	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	333,408	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		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF 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.)	172,194	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	43,200	22
23	GOVERNMENTAL APPROPRIATIONS	449,619	23
24	OTHER (MISSION AND DEVELOPMENT)	2,896,500	24
24.01	OTHER (OTHER)	3,690,788	24.01
24.02	OTHER (GOVT SUBSIDIES)	2,000,000	24.02
24.03	OTHER (GRANT)	8,130,835	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	17,716,544	25
26	TOTAL (LINE 5 PLUS LINE 25)	103,282,223	26
27	OTHER EXPENSES (LOSSES)		27
27.01	OTHER EXPENSES (INCOME TAXES)		27.01
27.02	OTHER EXPENSES (OTHER)		27.02
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	103,282,223	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7241

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	1,099,697	291,147	4,143		824,663	2,219,650 5
6 SKILLED NURSING CARE	1,234,568	261,497	119,691		55,684	1,671,440 6
7 PHYSICAL THERAPY	400,432	103,239	61,574		271,081	836,326 7
8 OCCUPATIONAL THERAPY	71,673	13,190	18,285		49	103,197 8
9 SPEECH PATHOLOGY	15,095	3,635	3,595		35	22,360 9
10 MEDICAL SOCIAL SERVICES	9,329	1,789	1,714			12,832 10
11 HOME HEALTH AIDE	43,260	14,053	11,953		6,910	76,176 11
12 SUPPLIES (SEE INSTRUCTIONS)					83,215	83,215 12
13 DRUGS						13
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
24 TOTAL (SUM OF LINES 1-23)	2,874,054	688,550	220,955		1,241,637	5,025,196 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7241

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-1,038,170	1,181,480	-4,180	1,177,300	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	-1,038,170	3,987,026	-4,180	3,982,846	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7241

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS. 0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	1,177,300				1,177,300	1,177,300		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	1,671,440				1,671,440	701,391	2,372,831	8
9	PHYSICAL THERAPY	836,326				836,326	350,950	1,187,276	9
10	OCCUPATIONAL THERAPY	103,197				103,197	43,305	146,502	10
11	SPEECH PATHOLOGY	22,360				22,360	9,383	31,743	11
12	MEDICAL SOCIAL SERVICES	12,832				12,832	5,385	18,217	12
13	HOME HEALTH AIDE	76,176				76,176	31,966	108,142	13
14	SUPPLIES (SEE INSTRUCTIONS)	83,215				83,215	34,920	118,135	14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	3,982,846				3,982,846		3,982,846	27

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL 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-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1,177,300	2,805,546	5
6 SKILLED NURSING CARE						1,671,440	6
7 PHYSICAL THERAPY						836,326	7
8 OCCUPATIONAL THERAPY						103,197	8
9 SPEECH PATHOLOGY						22,360	9
10 MEDICAL SOCIAL SERVICES						12,832	10
11 HOME HEALTH AIDE						76,176	11
12 SUPPLIES (SEE INSTRUCTIONS)						83,215	12
13 DRUGS							13
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 (SUM OF LINES 1-23)					-1,177,300	2,805,546	24
25 COST TO BE ALLOC (PER W/S H)						1,177,300	25
26 UNIT COST MULTIPLIER						0.419633	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7241

WORKSHEET H-2
 PART I

HHA COST CENTER	ALLOCATED		TOTAL HHA COSTS	
	HHA A&G (SEE PT.2) 27			
1 ADMINISTRATIVE AND GENERAL				1
2 SKILLED NURSING CARE	37,732	3,265,340		2
3 PHYSICAL THERAPY	18,879	1,633,853		3
4 OCCUPATIONAL THERAPY	2,330	201,607		4
5 SPEECH PATHOLOGY	505	43,683		5
6 MEDICAL SOCIAL SERVICES	290	25,069		6
7 HOME HEALTH AIDE	1,720	148,819		7
8 SUPPLIES	1,878	162,569		8
9 DRUGS				9
10 DME				10
11 HOME DIALYSIS AIDE SERVICES				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIES				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGRAM				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
20 TOTAL (SUM OF LINES 1-19)	63,334	5,480,940		20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.	0.011690			21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE B ENEFITS GROSS SALARIES	NON-PATIENT TELEPHONE E PHONE INSTR	DATA PROCES SSING INVOICES	FOUNDATION OVERHEAD TOTAL COST	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL	105	23,685		1,054,424	149	55,373		1
2 SKILLED NURSING CARE				1,234,568				2
3 PHYSICAL THERAPY				400,432				3
4 OCCUPATIONAL THERAPY				71,673				4
5 SPEECH PATHOLOGY				15,095				5
6 MEDICAL SOCIAL SERVICES				9,329				6
7 HOME HEALTH AIDE				43,260				7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	105	23,685		2,828,781	149	55,373		20
21 TOTAL COST TO BE ALLOCATED	3,289	43,272						21
22 UNIT COST MULTIPLIER	31.323810							22
22 UNIT COST MULTIPLIER		1.826979						22

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
 05/28/2012 18:13

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-2
 PART II

HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME 20	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME 21	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
19.50					19.50
20					20
21					21
22					22
22					22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7241

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-2,	(FROM	ANCILLARY	COSTS	VISITS	COST PER	
		PART I,	WKST H-2,	(FROM	COLS. 1+2)	4	(COL.3 ÷	
		COL 28,	PART I)	PART II)			COL.4)	
		LINE	1	2	3		5	
1	SKILLED NURSING CARE	2	3,265,340		3,265,340	193	16,918.86	1
2	PHYSICAL THERAPY	3	1,633,853		1,633,853	119	13,729.86	2
3	OCCUPATIONAL THERAPY	4	201,607		201,607	1,329	151.70	3
4	SPEECH PATHOLOGY	5	43,683		43,683	13,052	3.35	4
5	MEDICAL SOCIAL SERVICES	6	25,069		25,069	6,663	3.76	5
6	HOME HEALTH AIDE	7	148,819		148,819	1,489	99.95	6
7	TOTAL (SUM OF LINES 1-6)		5,318,371		5,318,371	22,845		7

PATIENT SERVICES

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
8.04	SKILLED NURSING CARE							8.04
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
9.02	PHYSICAL THERAPY							9.02
9.03	PHYSICAL THERAPY							9.03
9.04	PHYSICAL THERAPY							9.04
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
10.02	OCCUPATIONAL THERAPY							10.02
10.03	OCCUPATIONAL THERAPY							10.03
10.04	OCCUPATIONAL THERAPY							10.04
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
11.02	SPEECH PATHOLOGY							11.02
11.03	SPEECH PATHOLOGY							11.03
11.04	SPEECH PATHOLOGY							11.04
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
12.02	MEDICAL SOCIAL SERVICES							12.02
12.03	MEDICAL SOCIAL SERVICES							12.03
12.04	MEDICAL SOCIAL SERVICES							12.04
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
13.02	HOME HEALTH AIDE							13.02
13.03	HOME HEALTH AIDE							13.03
13.04	HOME HEALTH AIDE							13.04
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-2,	(FROM	ANCILLARY	COSTS	(FROM HHA	(COL.3 ÷	
		PART I,	WKST H-2,	(FROM	COLS. 1+2)	RECORD)	COL.4)	
		COL 28,	PART I)	PART II)				
		LINE	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	162,569		162,569	74,253	2.189393	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7241

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	3,389	2,420		57,338,017	40,943,641		98,281,658
2 PHYSICAL THERAPY	1,883	1,073		25,853,326	14,732,140		40,585,466
3 OCCUPATIONAL THERAPY	511	356		77,519	54,005		131,524
4 SPEECH PATHOLOGY	75	7		251	23		274
5 MEDICAL SOCIAL SERVICES	28	33		105	124		229
6 HOME HEALTH AIDE	298	611		29,785	61,069		90,854
7 TOTAL (SUM OF LINES 1-6)	6,184	4,500		83,299,003	55,791,002		139,090,005

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL PROGRAM COST
		PART A	PART B	
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		1	2	3
8 SKILLED NURSING CARE	16580	1,793	1,437	8
8.01 SKILLED NURSING CARE	19180	939	384	8.01
8.02 SKILLED NURSING CARE	14060	10	5	8.02
8.03 SKILLED NURSING CARE	19500			8.03
8.04 SKILLED NURSING CARE	99914	647	594	8.04
9 PHYSICAL THERAPY	16580	1,080	516	9
9.01 PHYSICAL THERAPY	19180	468	288	9.01
9.02 PHYSICAL THERAPY	14060	3	1	9.02
9.03 PHYSICAL THERAPY	19500			9.03
9.04 PHYSICAL THERAPY	99914	332	268	9.04
10 OCCUPATIONAL THERAPY	16580	332	175	10
10.01 OCCUPATIONAL THERAPY	19180	138	145	10.01
10.02 OCCUPATIONAL THERAPY	14060			10.02
10.03 OCCUPATIONAL THERAPY	19500			10.03
10.04 OCCUPATIONAL THERAPY	99914	41	36	10.04
11 SPEECH PATHOLOGY	16580	52	2	11
11.01 SPEECH PATHOLOGY	19180	13	3	11.01
11.02 SPEECH PATHOLOGY	14060			11.02
11.03 SPEECH PATHOLOGY	19500			11.03
11.04 SPEECH PATHOLOGY	99914	10	2	11.04
12 MEDICAL SOCIAL SERVICES	16580	13	18	12
12.01 MEDICAL SOCIAL SERVICES	19180	13	12	12.01
12.02 MEDICAL SOCIAL SERVICES	14060			12.02
12.03 MEDICAL SOCIAL SERVICES	19500			12.03
12.04 MEDICAL SOCIAL SERVICES	99914	2	3	12.04
13 HOME HEALTH AIDE	16580	81	458	13
13.01 HOME HEALTH AIDE	19180	164	123	13.01
13.02 HOME HEALTH AIDE	14060			13.02
13.03 HOME HEALTH AIDE	19500			13.03
13.04 HOME HEALTH AIDE	99914	53	30	13.04
14 TOTAL (SUM OF LINES 8-13)		6,184	4,500	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES	18,564	19,513		40,644	42,722		15
16 COST OF DRUGS							16

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 (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED
1	1	2	3	4
1 PHYSICAL THERAPY	66	0.414514		COL 2, LINE 2
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3
3 SPEECH PATHOLOGY	68			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.156527		COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	73	0.154336		COL 2, LINE 16

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7241

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 TOTAL CHARGES	1,013,339			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				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 (SEE INSTRUCTIONS)	1,013,339			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,013,339			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,079,391	673,784	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	17,001	19,978	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	53,900	30,924	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	14,272	8,197	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7,615	14,037	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	588		16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,172,767	746,920	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,172,767	746,920	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,172,767	746,920	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,172,767	746,920	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,172,767	746,920	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,172,825	746,921	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)	-58	-1	34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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

HHA NO.: 14-7241

WORKSHEET H-5

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,172,825		746,921	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 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,172,825		746,921	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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM		-58	-1	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,172,767		746,920	7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1526

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3)	OTHER 5	TOTAL (COLS. 1-5) 6
	1	2	3	4	5	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 INPATIENT CARE SERVICE	105,643		15,901		1,452,366	1,573,910 6
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
9 VISITING SERVICES PHYSICIAN SERVICES						9
10 NURSING CARE	804,954		65,233		170,506	1,040,693 10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY			50			50 12
13 OCCUPATIONAL THERAPY						13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	83,143		4,395		17,520	105,058 15
16 SPIRITUAL COUNSELING	103,361		7,098		19,804	130,263 16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	95,736		32,616		35,445	163,797 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER						21
22 OTHER HOSPICE SERVICE COSTS						22
23 DRUGS, BIOLOGICAL & INFUSION THERAPY						23
24 ANALGESICS						24
25 SEDATIVES/HYPNOTICS						25
26 OTHER - SPECIFY						26
27 DURABLE MEDICAL EQUIPMENT/OXYGEN						27
28 PATIENT TRANSPORTATION						28
29 IMAGING SERVICES						29
30 LABS AND DIAGNOSTICS						30
31 MEDICAL SUPPLIES						31
32 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						32
33 RADIATION THERAPY						33
34 CHEMOTHERAPY						34
35 OTHER						35
36 HOSPICE NONREIMBURSABLE SERVICE						36
37 BEREAVEMENT PROGRAM COSTS	4,309				6,278	10,587 37
38 VOLUNTEER PROGRAM COSTS	37,546		805		8,382	46,733 38
39 FUNDRAISING						39
40 OTHER PROGRAM COSTS						40
41 TOTAL (SUM OF LINES 1-38)	1,234,692		126,098		1,710,301	3,071,091 41

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1526

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1					1
2					2
3					3
4					4
5					5
6	26,397	1,600,307	-8,934	1,591,373	6
7					7
8					8
9					9
10		1,040,693		1,040,693	10
11					11
12		50		50	12
13					13
14					14
15		105,058		105,058	15
16		130,263		130,263	16
17					17
18					18
19		163,797		163,797	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		10,587		10,587	35
36		46,733		46,733	36
37					37
38					38
39	52,794	3,097,488	-17,868	3,088,554	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1526

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								
3	CAP REL COSTS-MOVABLE EQUIP.								
4	PLANT OPERATION & MAINT.								
5	TRANSPORTATION - STAFF								
6	VOLUNTEER SERVICE COORD.								
7		77,774		-195				28,064	105,643
8	ADMINISTRATIVE AND GENERAL								
9	INPATIENT CARE SERVICE								
10	INPATIENT - GENERAL CARE								
11	INPATIENT - RESPITE CARE								
12	VISITING SERVICES								
13	PHYSICIAN SERVICES								
14	NURSING CARE								
15	NURSING CARE-CONT.HOME CARE								
16	PHYSICAL THERAPY								
17	OCCUPATIONAL THERAPY								
18	SPEECH/LANGUAGE PATHOLOGY								
19	MEDICAL SOCIAL SERVICES								
20			83,143						83,143
21	SPIRITUAL COUNSELING								
22	DIETARY COUNSELING								
23	COUNSELING - OTHER								
24	HH AIDE AND HOMEMAKER								
25	HH AIDE & HMKR-CONT.HME CARE								
26	OTHER								
27	OTHER HOSPICE SERVICE COSTS								
28	DRUGS, BIOL. & INFUS. THER.								
29	ANALGESICS								
30	SEDATIVES / HYPNOTICS								
31	OTHER - SPECIFY								
32	DURABLE MED. EQUIP./OXYGEN								
33	PATIENT TRANSPORTATION								
34	IMAGING SERVICES								
35	LABS AND DIAGNOSTICS								
36	MEDICAL SUPPLIES								
37	OUTPAT.SERV.(INCL.E/R DEPT.)								
38	RADIATION THERAPY								
39	CHEMOTHERAPY								
40	OTHER								
41	HOSPICE NONREIMBURSABLE SERVICE								
42	BEREAVEMENT PROGRAM COSTS								
43	VOLUNTEER PROGRAM COSTS								
44	FUNDRAISING								
45	OTHER PROGRAM COSTS								
46		77,774	83,143	-195	804,954		95,736	173,280	1,234,692
47	TOTAL (SUM OF LINES 1-38)								

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1526

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDGCOSTS EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	6	7
1									
2									
3									
4									
5									
6	1,591,373						1,591,373	1,591,373	
7									
8									
9									
10	1,040,693						1,040,693	1,106,166	2,146,859
11									
12	50						50	53	103
13									
14									
15	105,058						105,058	111,668	216,726
16	130,263						130,263	138,458	268,721
17									
18									
19	163,797						163,797	174,102	337,899
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35	10,587						10,587	11,253	21,840
36	46,733						46,733	49,673	96,406
37									
38									
39	3,088,554						3,088,554		3,088,554

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCU COST) 6	
	1	2	3	4	5			
1								1
2								2
3								3
4								4
5								5
6						-1,591,373	1,497,181	6
7								7
8								8
9								9
10							1,040,693	10
11								11
12							50	12
13								13
14								14
15							105,058	15
16							130,263	16
17								17
18								18
19							163,797	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							10,587	35
36							46,733	36
37								37
38								38
39							1,591,373	39
40							1.062913	40

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

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	ALLOC HOSP TOTAL HOSP		
	A&G (SEE PART II) 27	COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL			1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE	39,397	2,959,630	5
6 NURSING CARE-CONTINUOUS HOM			6
7 PHYSICAL THERAPY	2	142	7
8 OCCUPATIONAL THERAPY			8
9 SPEECH/LANGUAGE PATHOLOGY			9
10 MEDICAL SOCIAL SERV. - DIRE	3,977	298,775	10
11 SPIRITUAL COUNSELING	4,931	370,455	11
12 DIETARY COUNSELING			12
13 COUNSELING - OTHER			13
14 HOME HLTH AIDE & HOMEMAKERS	6,201	465,823	14
15 HH AIDE & HMKR-CONT. HOME C			15
16 OTHER			16
17 DRUGS,BIOLOGICALS & INFUSIO			17
18 ANALGESICS			18
19 SEDATIVES / HYPNOTICS			19
20 OTHER - SPECIFY			20
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
30 BEREAVEMENT PROGRAM COSTS	401	30,109	30
31 VOLUNTEER PROGRAM COSTS	1,769	132,904	31
32 FUNDRAISING			32
33 OTHER PROGRAM COSTS			33
34 TOTALS (SUM OF LINES 1-33)		4,257,838	34
35 UNIT COST MULTIPLIER	0.013491		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE B ENEFFITS	NON-PATIE N TELEPHON E PHONE INSTR	DATA SSING INVOICES	PROCE OVERHEAD TOTAL COST	FOUNDATION ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL	105	21,007		105,643				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				804,954				5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE				83,143				10
11 SPIRITUAL COUNSELING				103,361				11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				95,736				14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
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
30 BEREAVEMENT PROGRAM COSTS				4,309				30
31 VOLUNTEER PROGRAM COSTS				37,546				31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	105	21,007		1,234,692				34
35 TOTAL COST TO BE ALLOCATED	3,289	38,379						35
36 UNIT COST MULTIPLIER	31.323810	1.826962						36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILLIATION 4A.06	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAINTENANC E & REPAIR S SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERV NG ICE POUNDS OF LAUNDRY	HOUSEKEEPI NG SQ FEET	DIETARY MEALS SERVED
	5.05	4A.06	5.06	6	7	8	9	10
1 ADMINISTRATIVE AND GENERAL			41,668		110		110	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE			2,146,859					5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY			103					7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE			216,726					10
11 SPIRITUAL COUNSELING			268,721					11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			337,899					14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
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
30 BEREAVEMENT PROGRAM COSTS			21,840					30
31 VOLUNTEER PROGRAM COSTS			96,406					31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)			3,130,222		110		110	34
35 TOTAL COST TO BE ALLOCATED			1,127,616					35
36 UNIT COST MULTIPLIER			0.360235					36

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

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NURSING SCHOOL ASSIGNED TIME 20	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME 21	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	
1 ADMINISTRATIVE AND GENERAL					1
2 INPATIENT - GENERAL CARE					2
3 INPATIENT - RESPITE CARE					3
4 PHYSICIAN SERVICES					4
5 NURSING CARE					5
6 NURSING CARE-CONTINUOUS HOM					6
7 PHYSICAL THERAPY					7
8 OCCUPATIONAL THERAPY					8
9 SPEECH/LANGUAGE PATHOLOGY					9
10 MEDICAL SOCIAL SERV. - DIRE					10
11 SPIRITUAL COUNSELING					11
12 DIETARY COUNSELING					12
13 COUNSELING - OTHER					13
14 HOME HLTH AIDE & HOMEMAKERS					14
15 HH AIDE & HMKR-CONT. HOME C					15
16 OTHER					16
17 DRUGS,BIOLOGICALS & INFUSIO					17
18 ANALGESICS					18
19 SEDATIVES / HYPNOTICS					19
20 OTHER - SPECIFY					20
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
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTALS (SUM OF LINES 1-33)					34
35 TOTAL COST TO BE ALLOCATED					35
36 UNIT COST MULTIPLIER					36

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 (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.414514		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.154336		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.156230		6
7	MEDICAL SUPPLIES	71	0.156527		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	ACUTE DIALYSIS	76			10
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.264400		10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/28/2012 18:13

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 (SEE INSTRUCTIONS)				4,257,838	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				28,069	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				151.69	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	24,838				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,767,676				5
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		908			6
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		137,735			7
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	4,927				8
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	747,377				9
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		274			10
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)		41,563			11
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			2,323		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			352,376		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-009) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1 CAPITAL DRG OTHER THAN OUTLIER	4,206,745	1
2 CAPITAL DRG OUTLIER PAYMENTS	181,109	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	220.98	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	32.44	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0423	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	177,945	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0409	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2419	8
9 SUM OF LINES 7 AND 8	0.2828	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0589	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	247,777	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,813,576	12

PART II - PAYMENT UNDER REASONABLE COST

1 PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4 CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1 PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3 NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9 CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13 CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK TITLE V HOSPITAL ((14-009) PPS
APPLICABLE TITLE XVIII-PT A SUB (OTHER) COST METHOD
BOXES TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT	1
1 CAPITAL DRG OTHER THAN OUTLIER	1
2 CAPITAL DRG OUTLIER PAYMENTS	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9 SUM OF LINES 7 AND 8	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

1 PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4 CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1 PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3 NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9 CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13 CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)	15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)	16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT TELEPHONE					5.01
5.02 DATA PROCESSING					5.02
5.03 FOUNDATION OVERHEAD					5.03
5.04 ADMITTING					5.04
5.05 SHARED ADMINISTRATIVE & GENERA					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31.01 NEONATAL ICU					31.01
32 CORONARY CARE UNIT					32
34 SURGICAL INTENSIVE CARE UNIT					34
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
56 RADIOISOTOPE					56
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILLIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
69 ELECTROCARDIOLOGY					69
69.01 CARDIAC CATH LAB					69.01
69.02 CARDIAC REHAB					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
75 ASC (NON-DISTINCT PART)					75
75.01 WOUND CARE					75.01
76 ACUTE DIALYSIS					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
91.01 SLEEP LAB					91.01
91.02 BRONCH & GASTRO LAB					91.02
91.03 SURGICENTER					91.03
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS						118
190 GIFT, FLOWER, COFFEE SHOP & CA						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX						192.01
192.02 RURAL HEALTH						192.02
192.03 ARBOURS RX						192.03
192.04 FUND DEVELOPMENT						192.04
192.05 MARKETING						192.05
192.06 CARLE CLINIC						192.06
192.08 CARLE FOUNDATION #14-8077						192.08
192.09 CARLE ARBOURS #14-1439						192.09
192.10 OTHER REL ENTITIES						192.10
192.11 CHAMPAIGN ASC						192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG						192.13
192.14 COMM HLTH & WLNS						192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE						192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT						193.01
193.02 TELEMEDICINE						193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION						193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED						193.07
193.08 EMERGENCY MEDICAL SERVICES						193.08
194 UNDERGRADUATE MEDICAL EDUCATIO						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204