

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 DATE: 04-10-2013 TIME: 15:03
 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.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 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 01/01/2012 AND ENDING 12/31/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		4,116,447	706,913	230,002	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		26,895			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					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		4,143,342	706,913	230,002	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: 1
 ZIP CODE: 61801-2595 COUNTY: CHAMPAIGN 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	CARLE FOUNDATION HOSPITAL	14-0091	16580	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	CARLE INPATIENT REHAB	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	CARLE HOME CARE	14-7241	16580		09/13/1983	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	CARLE 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: 01/01/2012				TO: 12/31/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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.								1	2
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 23

		IN-STATE		OUT-OF-STATE		OUT-OF-STATE		OTHER	
		MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID HMO	MEDICAID		
		1	2	3	4	5	6		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	18,229	5,910						24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		840						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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				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
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1	2

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX	
		1	2	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 ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	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	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			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
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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

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, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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	0.43	UNWEIGHTED FTEs IN HOSPITAL	5.82
				RATIO (COL.1/ (COL.1+COL.2))	0.068800
					64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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					
65	FAMILY MEDICINE	1350	0.93	12.58	0.068838
65.01	OSTEOPATHIC	3600	0.08	1.76	0.043478
65.02	INTERNAL MEDICINE	1400		26.87	
					65
					65.01
					65.02

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	0.43	UNWEIGHTED FTEs IN HOSPITAL	9.64
				RATIO (COL.1/ (COL.1+COL.2))	0.042701
					66

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	
67 FAMILY MEDICINE	1350	0.52	11.63	0.042798	67
67.01 OSTEOPATHIC	3600	0.17	3.71	0.043814	67.01
67.02 INTERNAL MEDICINE	1400		28.85		67.02

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.				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
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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

		V	XIX	
		1	2	
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

		1	2	
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.	N	N	109

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	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: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER 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 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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
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, LINE 74 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)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	N 157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
04/10/2013 15:03

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

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 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

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

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. 0.75 169

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		1	2	1	
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		Y/N	DATE	V/I	
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	
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		1	2	3	
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	4	
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		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		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 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.			N 14	
BED COMPLEMENT				Y/N	
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		1	2	3	4
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		N	
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	02/26/2013	Y	02/26/2013
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 RELIEFED 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. | N | | 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 |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|--|---|-----------------------------|----|
| 41 FIRST NAME: THERESA | LAST NAME: O'BANION | TITLE: MANAGER - BUDGET & R | 41 |
| 42 EMPLOYER: CARLE FOUNDATION HOSPITAL | | | 42 |
| 43 PHONE NUMBER: 217-383-4717 | E-MAIL ADDRESS: THERESA.OBANION@CARLE.COM | | 43 |

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	105,299,173	191,703	105,490,876	3,672,990.00	28.72
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A ADMINISTRATIVE						
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	3,257,667	11,093	3,268,760	103,956.00	31.44
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)		1,500		1,500	35.00	42.86
8	HOME OFFICE PERSONNEL						
9	SNF	44					
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		11,789,351	34,500	11,823,851	366,465.00	32.26
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		2,935,938		2,935,938	35,258.00	83.27
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		5,081,234		5,081,234	69,878.00	72.72
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 - ADMINISTRATIVE						
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		24,457,728		24,457,728		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		2,940,259		2,940,259		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A - ADMINISTRATIVE						
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		343,137		343,137		
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS						
27	ADMINISTRATIVE & GENERAL		6,837,874	-855,232	5,982,642	183,845.00	32.54
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		346,262		346,262	1,564.00	221.40
29	MAINTENANCE & REPAIRS						
30	OPERATION OF PLANT						
31	LAUNDRY & LINEN SERVICE						
32	HOUSEKEEPING						
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY						
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA						
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		572,957	8,513	581,470	15,198.00	38.26
39	CENTRAL SERVICES AND SUPPLY						
40	PHARMACY						
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		145,355		145,355	1,046.00	138.96
42	SOCIAL SERVICE						
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	102,386,268	180,610	102,566,878	3,570,563.00	28.73	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	11,789,351	34,500	11,823,851	366,465.00	32.26	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	90,596,917	146,110	90,743,027	3,204,098.00	28.32	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	72,261,530		72,261,530	1,940,342.00	37.24	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	24,457,728		24,457,728		26.95	5
6	TOTAL (SUM OF LINES 3 THRU 5)	187,316,175	146,110	187,462,285	5,144,440.00	36.44	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	7,902,448	-846,719	7,055,729	201,653.00	34.99	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 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	5,198,810 3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	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)	13,680,348 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	72,539 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	328,260 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	7,348,997 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	1,112,170 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	27,741,124 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
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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	BENEFIT
0		LABOR	COST
		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		2,476		1,026	3,502	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,000.00		1,261.00	2,261.00	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)			TOTAL 3		
	STAFF 1	CONTRACT 2				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.00	1.00	3	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)					4	
5 OTHER ADMINISTRATIVE PERSONNEL			5.60	5.60	5	
6 DIRECT NURSING SERVICE			19.57	0.04	19.61	6
7 NURSING SUPERVISOR			1.01		1.01	7
8 PHYSICAL THERAPY SERVICE			6.43	1.99	8.42	8
9 PHYSICAL THERAPY SUPERVISOR						9
10 OCCUPATIONAL THERAPY SERVICE			2.81		2.81	10
11 OCCUPATIONAL THERAPY SUPERVISOR						11
12 SPEECH PATHOLOGY SERVICE			0.62		0.62	12
13 SPEECH PATHOLOGY SUPERVISOR						13
14 MEDICAL SOCIAL SERVICE			0.23		0.23	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR						15
16 HOME HEALTH AIDE			1.68		1.68	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				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	6,134	1,495	439	65	8,133	21
22 SKILLED NURSING VISIT CHARGES	1,078,164	255,100	81,728	11,546	1,426,538	22
23 PHYSICAL THERAPY VISITS	3,665	39	128	72	3,904	23
24 PHYSICAL THERAPY VISIT CHARGES	681,483	7,250	23,425	13,386	725,544	24
25 OCCUPATIONAL THERAPY VISITS	911	6	19	31	967	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	170,323	1,123	3,556	5,801	180,803	26
27 SPEECH PATHOLOGY VISITS	124		3	3	130	27
28 SPEECH PATHOLOGY VISIT CHARGES	25,049		606	606	26,261	28
29 MEDICAL SOCIAL SERVICE VISITS	51	6	2		59	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	13,812	1,635	545		15,992	30
31 HOME HEALTH AIDE VISITS	1,285	80	3	11	1,379	31
32 HOME HEALTH AIDE VISIT CHARGES	99,542	6,160	231	847	106,780	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	12,170	1,626	594	182	14,572	33
34 OTHER CHARGES	79,462	9,921	2,718	57	92,158	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,147,835	281,189	112,809	32,243	2,574,076	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	925		216	14	1,155	36
37 TOTAL NUMBER OF OUTLIER EPISODES		32			32	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	27,196	960	3,894		32,050	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						1
2	ROUTINE HOME CARE	25,363	1,004	6,724	247	2,117	28,484 2
3	INPATIENT RESPITE CARE	109				15	124 3
4	GENERAL INPATIENT CARE	534	43		6	59	636 4
5	TOTAL HOSPICE DAYS	26,006	1,047	6,724	253	2,191	29,244 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	591	38	126	6	71	700 6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	44.00	27.55	53.37	42.17	30.86	41.78 8
9	UNDUPLICATED CENSUS COUNT	526	35	104	6	66	627 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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.284765	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				41,520,901	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				237,152,957	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				67,532,862	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				26,011,961	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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					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)				26,011,961	19
		UNINSURED	INSURED			
		PATIENTS	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	81,503,200	92,803,042	174,306,242		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	23,209,259	26,427,058	49,636,317		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	4,071,409	24,877,096	28,948,505		22
23	COST OF CHARITY CARE	19,137,850	1,549,962	20,687,812		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				N	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)			24,552,200		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			942,587		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			23,609,613		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			6,723,191		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			27,411,003		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			53,422,964		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				243,183	1
2	00200				6,052,214	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	1,725,000	499,973	2,224,973	-125,479	5.04
5.05	00580	2,319,474	75,912,293	78,231,767	17,696,041	5.05
5.06	00590	2,793,400	13,814,626	16,608,026	-2,237,200	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	572,957	622,548	1,195,505	-260,515	13
14	01400					14
15	01500					15
16	01600	145,355	176,314	321,669		16
17	01700					17
19	01900					19
20	02000					20
21	02100	3,257,667	3,713,075	6,970,742	-3,706,567	21
22	02200				3,690,367	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	27,299,712	16,704,616	44,004,328	-11,325,919	30
31.01	03101	4,832,315	2,448,030	7,280,345	-464,587	31.01
32	03200	2,691,034	1,421,025	4,112,059	-224,134	32
34	03400	2,532,960	1,812,272	4,345,232	-438,237	34
41	04100	1,362,247	713,442	2,075,689	-144,147	41
43	04300				2,096,855	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,900,665	30,262,984	37,163,649	-16,694,409	50
51	05100	1,050,202	551,194	1,601,396	-71,466	51
52	05200				6,134,614	52
53	05300		807,832	807,832	-4,859	53
54	05400	3,492,360	6,090,158	9,582,518	-1,588,071	54
57	05700	693,912	1,553,833	2,247,745	-298,701	57
58	05800	272,332	573,960	846,292	-222,013	58
59	05900	723,721	3,268,000	3,991,721	-2,789,640	59
60	06000	5,747,195	12,470,591	18,217,786	-1,178,258	60
62	06200	277,902	2,772,995	3,050,897	-43,337	62
62.30	06250					62.30
65	06500	1,981,776	1,567,789	3,549,565	-257,430	65
66	06600	8,998,527	7,556,989	16,555,516	-2,029,490	66
69	06900	975,881	864,559	1,840,440	-256,577	69
69.01	03650	2,258,892	11,547,069	13,805,961	-9,250,034	69.01
69.02	06901					69.02
70	07000	130,107	151,080	281,187	-45,744	70
71	07100		-249	-249	12,334,627	71
72	07200				13,577,419	72
73	07300	3,485,325	14,443,272	17,928,597	-169,652	73
75	07500	645,175	1,781,056	2,426,231	-1,071,938	75
75.01	07501					75.01
76	03950		434,997	434,997	-434,997	76
76.97	07697					76.97
76.98	07698	108,402	33,614	142,016		76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	3,902,761	6,803,262	10,706,023	-618,900	91
91.01	09101	684,732	522,469	1,207,201	-282,900	91.01
91.02	09102	1,606,506	2,831,444	4,437,950	-1,023,183	91.02
91.03	09103					91.03
92	09200					92
92.01	09201	1,403,575	730,146	2,133,721	-156,923	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	3,585,337	2,341,595	5,926,932	-1,200,646	101
SPECIAL PURPOSE COST CENTERS						
116	11600	1,499,445	2,379,906	3,879,351	-87,405	116

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	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	99,956,851	230,178,759	330,135,610	3,121,962	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		47,414	47,414	-32,873	190
191	19100 RESEARCH					191
192	19200 PHYSICIANS' PRIVATE OFFICES		910	910		192
192.01	19201 CHEMOTHERAPY RX	473,150	53,381	526,531	-1,450	192.01
192.02	19202 RURAL HEALTH	316,566	356,720	673,286	-56,378	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	60,760	325,920	386,680	-226,379	192.11
192.12	19212 SOUTH PARKING GARAGE					192.12
192.13	19213 PARISH NRSG	21,656	62,269	83,925	-15,381	192.13
192.14	19214 COMM HLTH & WLNS	49,146	2,116,013	2,165,159	-33,640	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	1,182,082	4,629,891	5,811,973	-1,076	193.01
193.02	19302 TELEMEDICINE	56,221	61,169	117,390	-13,559	193.02
193.04	19304 NORTH GARAGE					193.04
193.05	19305 HOME INFUSION	672,350	2,830,572	3,502,922	-147,719	193.05
193.06	19306 MISSION RELATED					193.06
193.07	19307 GRANT RELATED	2,385,831	4,657,089	7,042,920	-2,390,436	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	124,560	98,580	223,140	-274	193.08
194	07950 UNDERGRADUATE MEDICAL EDUCATION		214,573	214,573	-202,797	194
200	TOTAL (SUM OF LINES 118-199)	105,299,173	245,633,260	350,932,433		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	243,183	15,011,123	15,254,306	1
2	00200	6,052,214	11,222,182	17,274,396	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	2,099,494	-4,171	2,095,323	5.04
5.05	00580	95,927,808	54,614,291	150,542,099	5.05
5.06	00590	14,370,826	-666,490	13,704,336	5.06
6	00600				6
7	00700		14,375,965	14,375,965	7
8	00800				8
9	00900		4,932,307	4,932,307	9
10	01000		5,257,204	5,257,204	10
11	01100				11
12	01200				12
13	01300	934,990	-6	934,984	13
14	01400				14
15	01500				15
16	01600	321,669	4,770,850	5,092,519	16
17	01700				17
19	01900				19
20	02000				20
21	02100	3,264,175	-241,855	3,022,320	21
22	02200	3,690,367	-848	3,689,519	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	32,678,409	-762,881	31,915,528	30
31.01	03101	6,815,758		6,815,758	31.01
32	03200	3,887,925	-4,657	3,883,268	32
34	03400	3,906,995	-16,832	3,890,163	34
41	04100	1,931,542	-6,711	1,924,831	41
43	04300	2,096,855		2,096,855	43
ANCILLARY SERVICE COST CENTERS					
50	05000	20,469,240	-73,868	20,395,372	50
51	05100	1,529,930		1,529,930	51
52	05200	6,134,614		6,134,614	52
53	05300	802,973		802,973	53
54	05400	7,994,447	-10,963	7,983,484	54
57	05700	1,949,044		1,949,044	57
58	05800	624,279		624,279	58
59	05900	1,202,081	-12,005	1,190,076	59
60	06000	17,039,528	-2,525	17,037,003	60
62	06200	3,007,560		3,007,560	62
62.30	06250				62.30
65	06500	3,292,135	-3,377	3,288,758	65
66	06600	14,526,026	-294,736	14,231,290	66
69	06900	1,583,863	-13,925	1,569,938	69
69.01	03650	4,555,927		4,555,927	69.01
69.02	06901				69.02
70	07000	235,443		235,443	70
71	07100	12,334,378		12,334,378	71
72	07200	13,577,419		13,577,419	72
73	07300	17,758,945		17,758,945	73
75	07500	1,354,293	-26,683	1,327,610	75
75.01	07501				75.01
76	03950				76
76.97	07697				76.97
76.98	07698	142,016		142,016	76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	10,087,123	-12,048	10,075,075	91
91.01	09101	924,301	-11,998	912,303	91.01
91.02	09102	3,414,767		3,414,767	91.02
91.03	09103				91.03
92	09200				92
92.01	09201	1,976,798	-13,436	1,963,362	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	4,726,286	-6,581	4,719,705	101
SPECIAL PURPOSE COST CENTERS					
116	11600	3,791,946	-10,731	3,781,215	116

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	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	333,257,572	107,986,595	441,244,167	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,541		14,541	190
191	19100 RESEARCH				191
192	19200 PHYSICIANS' PRIVATE OFFICES	910		910	192
192.01	19201 CHEMOTHERAPY RX	525,081		525,081	192.01
192.02	19202 RURAL HEALTH	616,908		616,908	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	160,301		160,301	192.11
192.12	19212 SOUTH PARKING GARAGE				192.12
192.13	19213 PARISH NRSG	68,544		68,544	192.13
192.14	19214 COMM HLTH & WLNS	2,131,519		2,131,519	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	5,810,897		5,810,897	193.01
193.02	19302 TELEMEDICINE	103,831		103,831	193.02
193.04	19304 NORTH GARAGE				193.04
193.05	19305 HOME INFUSION	3,355,203		3,355,203	193.05
193.06	19306 MISSION RELATED				193.06
193.07	19307 GRANT RELATED	4,652,484		4,652,484	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	222,866		222,866	193.08
194	07950 UNDERGRADUATE MEDICAL EDUCATION	11,776		11,776	194
200	TOTAL (SUM OF LINES 118-199)	350,932,433	107,986,595	458,919,028	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 INTERNS AND RESIDENTS	A	I&R SRVCES-OTHER PRGM COSTS A	22			3,713,075 1
500 TOTAL RECLASSIFICATIONS						3,713,075 500
CODE LETTER - A						
1 HHA HOME OFFICE	B	HOSPICE	116		210,901	78,927 1
2		HOME INFUSION	193.05		190,436	71,269 2
500 TOTAL RECLASSIFICATIONS					401,337	150,196 500
CODE LETTER - B						
1 INTERNAL FEES	C	SHARED ADMINISTRATIVE & GENER	5.05			85,950,834 1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
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34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
500 TOTAL RECLASSIFICATIONS						85,950,834 500
CODE LETTER - C						
1 OBSTETRICS	E	NURSERY	43		1,077,226	1,019,629 1
500 TOTAL RECLASSIFICATIONS					1,077,226	1,019,629 500
CODE LETTER - E						
1 RESIDUAL RENAL COST	F	ADULTS & PEDIATRICS	30			417,025 1
500 TOTAL RECLASSIFICATIONS						417,025 500
CODE LETTER - F						
1 L&D DEPT FROM ROUTINE	G	DELIVERY ROOM & LABOR ROOM	52		3,685,799	2,448,815 1
500 TOTAL RECLASSIFICATIONS					3,685,799	2,448,815 500
CODE LETTER - G						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 DEPRECIATION	H	CAP REL COSTS-BLDG & FIXT	1		243,183
2		CAP REL COSTS-MVBLE EQUIP	2		6,052,214
3					
4					
5					
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35					
36					
37					
38					
39					
40					
500 TOTAL RECLASSIFICATIONS					6,295,397
CODE LETTER - H					500

1 BONUSES	I	OTHER ADMINISTRATIVE & GENERA	5.06	7,500	1
2		NURSING ADMINISTRATION	13	8,513	2
3		I&R SRVCES-SALARY & FRINGES A	21	11,093	3
4		ADULTS & PEDIATRICS	30	12,500	4
5		NEONATAL ICU	31.01	11,188	5
6		CORONARY CARE UNIT	32	1,000	6
7		OPERATING ROOM	50	2,500	7
8		RADIOLOGY-DIAGNOSTIC	54	24,409	8
9		COMPUTED TOMOGRAPHY (CT) SCAN	57	12,500	9
10		CARDIAC CATHETERIZATION	59	5,000	10
11		LABORATORY	60	5,000	11
12		PHYSICAL THERAPY	66	37,500	12
13		ELECTROCARDIOLOGY	69	15,000	13
14		EMERGENCY	91	3,500	14
15		HOME HEALTH AGENCY	101	34,500	15
500 TOTAL RECLASSIFICATIONS				191,703	500
CODE LETTER - I					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 SUPPLIES	O	MEDICAL SUPPLIES CHRGED TO PA	71		12,334,627	1
2		IMPL. DEV. CHARGED TO PATIENT	72		13,577,419	2
3		ELECTROENCEPHALOGRAPHY	70		147	3
4		ACUTE DIALYSIS	76		10	4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
500 TOTAL RECLASSIFICATIONS					25,912,203	500
CODE LETTER - O						
1 SPORTS MEDICINE	Q	PHYSICAL THERAPY	66	862,732	666,075	1
500 TOTAL RECLASSIFICATIONS				862,732	666,075	500
CODE LETTER - Q						
GRAND TOTAL (INCREASES)				6,218,797	126,573,249	

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 INTERNS AND RESIDENTS	A	I&R SRVCES-SALARY & FRINGES A	21		3,713,075	1
500 TOTAL RECLASSIFICATIONS					3,713,075	500
CODE LETTER - A						
1 HHA HOME OFFICE	B	HOME HEALTH AGENCY	101	401,337	150,196	1
2						2
500 TOTAL RECLASSIFICATIONS				401,337	150,196	500
CODE LETTER - B						
1 INTERNAL FEES	C	ADMITTING	5.04		106,755	1
2		SHARED ADMINISTRATIVE & GENER	5.05		68,130,733	2
3		OTHER ADMINISTRATIVE & GENERA	5.06		672,995	3
4		NURSING ADMINISTRATION	13		60,685	4
5		I&R SRVCES-SALARY & FRINGES A	21		4,585	5
6		ADULTS & PEDIATRICS	30		3,162,425	6
7		NEONATAL ICU	31.01		356,060	7
8		CORONARY CARE UNIT	32		214,288	8
9		SURGICAL INTENSIVE CARE UNIT	34		396,484	9
10		SUBPROVIDER - IRF	41		137,661	10
11		OPERATING ROOM	50		1,326,007	11
12		RECOVERY ROOM	51		71,193	12
13		ANESTHESIOLOGY	53		3,557	13
14		RADIOLOGY-DIAGNOSTIC	54		574,526	14
15		COMPUTED TOMOGRAPHY (CT) SCAN	57		44,113	15
16		MAGNETIC RESONANCE IMAGING (M	58		38,989	16
17		CARDIAC CATHETERIZATION	59		285,061	17
18		LABORATORY	60		700,930	18
19		WHOLE BLOOD & PACKED RED BLOO	62		30,880	19
20		RESPIRATORY THERAPY	65		175,999	20
21		PHYSICAL THERAPY	66		3,159,803	21
22		ELECTROCARDIOLOGY	69		84,421	22
23		SPECIAL PROCEDURES	69.01		220,784	23
24		ELECTROENCEPHALOGRAPHY	70		13,241	24
25		DRUGS CHARGED TO PATIENTS	73		128,649	25
26		ASC (NON-DISTINCT PART)	75		800,331	26
27		ACUTE DIALYSIS	76		16,371	27
28		EMERGENCY	91		535,689	28
29		SLEEP LAB	91.01		267,882	29
30		BRONCH & GASTRO LAB	91.02		448,541	30
31		OBSERVATION BEDS-DISTINCT	92.01		140,547	31
32		HOME HEALTH AGENCY	101		531,799	32
33		HOSPICE	116		357,259	33
34		GIFT, FLOWER, COFFEE SHOP & C	190		32,873	34
35		RURAL HEALTH	192.02		26,616	35
36		CHAMPAIGN ASC	192.11		224,188	36
37		PARISH NRSG	192.13		15,381	37
38		CONTRACT MANAGEMENT	193.01		1,076	38
39		TELEMEDICINE	193.02		3,250	39
40		HOME INFUSION	193.05		386,000	40
41		GRANT RELATED	193.07		1,859,410	41
42						42
43						43
44		UNDERGRADUATE MEDICAL EDUCATI	194		202,797	44
500 TOTAL RECLASSIFICATIONS					85,950,834	500
CODE LETTER - C						
1 OBSTETRICS	E	ADULTS & PEDIATRICS	30	1,077,226	1,019,629	1
500 TOTAL RECLASSIFICATIONS				1,077,226	1,019,629	500
CODE LETTER - E						
1 RESIDUAL RENAL COST	F	ACUTE DIALYSIS	76		417,025	1
500 TOTAL RECLASSIFICATIONS					417,025	500
CODE LETTER - F						
1 L&D DEPT FROM ROUTINE	G	ADULTS & PEDIATRICS	30	3,685,799	2,448,815	1
500 TOTAL RECLASSIFICATIONS				3,685,799	2,448,815	500
CODE LETTER - G						

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 DEPRECIATION	H	ADMITTING	5.04		18,724	9 1
2		SHARED ADMINISTRATIVE & GENER	5.05		124,060	9 2
3		OTHER ADMINISTRATIVE & GENERA	5.06		35,398	3
4		NURSING ADMINISTRATION	13		199,830	4
5		I&R SRVCES-OTHER PRGM COSTS A	22		11,615	5
6		ADULTS & PEDIATRICS	30		306,451	6
7		NEONATAL ICU	31.01		108,481	7
8		CORONARY CARE UNIT	32		5,992	8
9		SURGICAL INTENSIVE CARE UNIT	34		28,019	9
10		SUBPROVIDER - IRF	41		5,558	10
11		OPERATING ROOM	50		1,059,163	11
12		ANESTHESIOLOGY	53		1,302	12
13		RADIOLOGY-DIAGNOSTIC	54		602,668	13
14		COMPUTED TOMOGRAPHY (CT) SCAN	57		254,041	14
15		MAGNETIC RESONANCE IMAGING (M	58		182,875	15
16		CARDIAC CATHETERIZATION	59		306,547	16
17		LABORATORY	60		467,599	17
18		WHOLE BLOOD & PACKED RED BLOO	62		12,457	18
19		RESPIRATORY THERAPY	65		81,431	19
20		PHYSICAL THERAPY	66		173,574	20
21		ELECTROCARDIOLOGY	69		172,151	21
22		SPECIAL PROCEDURES	69.01		555,228	22
23		ELECTROENCEPHALOGRAPHY	70		32,650	23
24		DRUGS CHARGED TO PATIENTS	73		37,278	24
25		ASC (NON-DISTINCT PART)	75		180,860	25
26		ACUTE DIALYSIS	76		1,611	26
27		EMERGENCY	91		49,434	27
28		SLEEP LAB	91.01		15,018	28
29		BRONCH & GASTRO LAB	91.02		574,108	29
30		OBSERVATION BEDS-DISTINCT	92.01		14,839	30
31		HOME HEALTH AGENCY	101		24,385	31
32		HOSPICE	116		19,974	32
33		CHEMOTHERAPY RX	192.01		1,450	33
34		RURAL HEALTH	192.02		29,762	34
35		CHAMPAIGN ASC	192.11		2,191	35
36		COMM HLTH & WLNS	192.14		33,640	36
37		TELEMEDICINE	193.02		10,309	37
38		HOME INFUSION	193.05		23,424	38
39		GRANT RELATED	193.07		531,026	39
40		EMERGENCY MEDICAL SERVICES	193.08		274	40
500 TOTAL RECLASSIFICATIONS					6,295,397	500
CODE LETTER - H						

1 BONUSES	I	OTHER ADMINISTRATIVE & GENERA	5.06		7,500	1
2		NURSING ADMINISTRATION	13		8,513	2
3		I&R SRVCES-OTHER PRGM COSTS A	22		11,093	3
4		ADULTS & PEDIATRICS	30		12,500	4
5		NEONATAL ICU	31.01		11,188	5
6		CORONARY CARE UNIT	32		1,000	6
7		OPERATING ROOM	50		2,500	7
8		RADIOLOGY-DIAGNOSTIC	54		24,409	8
9		COMPUTED TOMOGRAPHY (CT) SCAN	57		12,500	9
10		CARDIAC CATHETERIZATION	59		5,000	10
11		LABORATORY	60		5,000	11
12		PHYSICAL THERAPY	66		37,500	12
13		ELECTROCARDIOLOGY	69		15,000	13
14		EMERGENCY	91		3,500	14
15		HOME HEALTH AGENCY	101		34,500	15
500 TOTAL RECLASSIFICATIONS					191,703	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 SUPPLIES	O	ADULTS & PEDIATRICS	30		42,599	1
2		NEONATAL ICU	31.01		46	2
3		CORONARY CARE UNIT	32		3,854	3
4		SURGICAL INTENSIVE CARE UNIT	34		13,734	4
5		SUBPROVIDER - IRF	41		928	5
6		OPERATING ROOM	50		14,309,239	6
7		RECOVERY ROOM	51		273	7
8		RADIOLOGY-DIAGNOSTIC	54		410,877	8
9		COMPUTED TOMOGRAPHY (CT) SCAN	57		547	9
10		MAGNETIC RESONANCE IMAGING (M	58		149	10
11		CARDIAC CATHETERIZATION	59		2,198,032	11
12		LABORATORY	60		9,729	12
13		PHYSICAL THERAPY	66		224,920	13
14		ELECTROCARDIOLOGY	69		5	14
15		SPECIAL PROCEDURES	69.01		8,474,022	15
16		DRUGS CHARGED TO PATIENTS	73		3,725	16
17		ASC (NON-DISTINCT PART)	75		90,747	17
18		EMERGENCY	91		33,777	18
19		BRONCH & GASTRO LAB	91.02		534	19
20		OBSERVATION BEDS-DISTINCT	92.01		1,537	20
21		HOME HEALTH AGENCY	101		92,929	21
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					25,912,203	500
1 SPORTS MEDICINE	Q	OTHER ADMINISTRATIVE & GENERA	5.06	862,732	666,075	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q				862,732	666,075	500
GRAND TOTAL (DECREASES)				6,027,094	126,764,952	

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	632		632		688,371		2
3 BUILDINGS AND FIXTURES	10,138,204				4,574,493	5,563,711		3
4 BUILDING IMPROVEMENTS	319,801	23,914		23,914		343,715		4
5 FIXED EQUIPMENT	52,436,243	7,937,254		7,937,254		60,373,497		5
6 MOVABLE EQUIPMENT	35,680	62,189		62,189		97,869		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	64,102,667	8,023,989		8,023,989	5,059,493	67,067,163		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	64,102,667	8,023,989		8,023,989	5,059,493	67,067,163		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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)
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

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	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)
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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)
1 CAP REL COSTS-BLDG & FIXT	15,254,306						15,254,306 1
2 CAP REL COSTS-MVBLE EQUIP	17,274,396						17,274,396 2
3 TOTAL	32,528,702						32,528,702 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 REF
			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)					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	-47,835	SHARED ADMINISTRATIVE & GENERAL	5.05	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,067,870			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	115,321,229			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		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
34 AHA AND IHA LOBBYING EXPENSE	A	-34,803	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35 CAOS TUITION	B	-190,842	PHYSICAL THERAPY	66	35
35.03 CHILD CARE	B	-31,911	PHYSICAL THERAPY	66	35.03
35.05 AQUATIC PROGRAM	B	-16,555	PHYSICAL THERAPY	66	35.05
35.06 EDUCATION REVENUE	B	-2,285	ADULTS & PEDIATRICS	30	35.06
35.07 EDUCATION REVENUE	B	-8,086	EMERGENCY	91	35.07
35.08 EDUCATION REVENUE	B	-15,624	PHYSICAL THERAPY	66	35.08
36					36
37 MISC REVENUE/CCA REVENUE	B	-3,864,612	SHARED ADMINISTRATIVE & GENERAL	5.05	37
38 MISC REVENUE & CCA REVENUE, SER	B	-117,561	OTHER ADMINISTRATIVE & GENERAL	5.06	38
39 INTERNAL RENT REVENUE	B	-40,600	OTHER ADMINISTRATIVE & GENERAL	5.06	39
40 U OF I SUBSIDY	B	-241,855	I&R SRVCES-SALARY & FRINGES APP	21	40
41 REFERENCE LAB	B	-259,484	OTHER ADMINISTRATIVE & GENERAL	5.06	41
42					42
43 PATIENT ADVISORY NURSE	A	-152,049	OTHER ADMINISTRATIVE & GENERAL	5.06	43
44					44
45					45
45.01 MISC & CCA REVENUE	B	4,193	LABORATORY	60	45.01
45.02 MISC & CCA REVENUE	B	-10,574	PHYSICAL THERAPY	66	45.02
45.05 MISC REVENUE	B	-12,225	ELECTROCARDIOLOGY	69	45.05
45.06 MISC REVENUE	B	65	ASC (NON-DISTINCT PART)	75	45.06
45.07 MISC REVENUE	B	-6,581	HOME HEALTH AGENCY	101	45.07
45.08 MISC REVENUE	B	-10,731	HOSPICE	116	45.08
45.09 MISC REVENUE	B	-395	RADIOLOGY-DIAGNOSTIC	54	45.09
45.10 MISC REVENUE	B	-3,962	EMERGENCY	91	45.10
45.12 UNALLOWABLE EXPENSE	A	-1,051	SHARED ADMINISTRATIVE & GENERAL	5.05	45.12
45.15 UNALLOWABLE EXPENSE	A	-6	NURSING ADMINISTRATION	13	45.15
45.16 UNALLOWABLE EXPENSE	A	-848	I&R SRVCES-OTHER PRGM COSTS APP	22	45.16

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	
45.38 DONATIONS	A	-137,964	SHARED ADMINISTRATIVE & GENERAL	5.05	45.38
45.39 DONATIONS	A	-16,268	OTHER ADMINISTRATIVE & GENERAL	5.06	45.39
45.60 NON ALLOWABLE LOBYING AND BEV	A	-1,922	OTHER ADMINISTRATIVE & GENERAL	5.06	45.60
46 LOBBYING	A	-34,803	OTHER ADMINISTRATIVE & GENERAL	5.06	46
47					47
47.01 CONF TRAINING REVENUE	B	-860	SHARED ADMINISTRATIVE & GENERAL	5.05	47.01
47.02 CONF TRAINING REVENUE	B	-4,170	ADULTS & PEDIATRICS	30	47.02
47.03 CONF TRAINING REVENUE	B	-2,860	RESPIRATORY THERAPY	65	47.03
47.04 CONF TRAINING REVENUE	B	-1,700	ELECTROCARDIOLOGY	69	47.04
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		107,986,595			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	DIRECT HO ALLOCATION	8,221,696	8,221,696	9 1
2	2	CAP REL COSTS-MVBLE EQUIP	DIRECT HO ALLOCATION	11,222,182	11,222,182	9 2
3						3
4	10	DIETARY	FUNCTIONAL HO ALLOCATION	5,257,204	5,257,204	4
4.01	9	HOUSEKEEPING	FUNCTIONAL HO ALLOCATION	4,932,307	4,932,307	11 4.01
4.02	7	OPERATION OF PLANT	FUNCTIONAL HO ALLOCATION	14,375,965	14,375,965	4.02
4.04	16	MEDICAL RECORDS & LIBRARY	FUNCTIONAL HO ALLOCATION	4,834,804	4,834,804	4.04
4.08	5.05	SHARED ADMINISTRATIVE & GENERAL	INTERNAL MGMT FEE	85,950,834	85,950,834	4.08
4.18	1	CAP REL COSTS-BLDG & FIXT	POOLED HO ALLOCATION	6,789,427	6,789,427	9 4.18
4.19	5.05	SHARED ADMINISTRATIVE & GENERAL	POOLED HO ALLOCATION	59,687,644	59,687,644	9 4.19
5		TOTALS (SUM OF LINES 1-4)		201,272,063	85,950,834	115,321,229
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B		CARLE FOUNDATIO	100.00	HOME OFFICE
7					
8					
9					
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	AGGREGATE	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	
1	2		3	4	5	6	7	8	9	
1	5.04 ADMITTING	AGGREGATE	21,064		21,064	171,400	205	16,893	845	1
2	5.05 SHARED ADMINISTRATIVE &	AGGREGATE	1,563,331	757,204	806,127	171,400	6,581	542,300	27,115	2
3	5.06 OTHER ADMINISTRATIVE & G	AGGREGATE	9,000	9,000						3
4	16 MEDICAL RECORDS & LIBRAR	AGGREGATE	157,070		157,070	171,400	1,130	93,116	4,656	4
5	30 ADULTS & PEDIATRICS	AGGREGATE	787,191	725,074	62,116	194,500	329	30,765	1,538	5
7	32 CORONARY CARE UNIT	AGGREGATE	8,778		8,778	204,100	42	4,121	206	7
8	34 SURGICAL INTENSIVE CARE	AGGREGATE	38,257		38,257	171,400	260	21,425	1,071	8
9	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE	17,408		17,408	171,400	83	6,840	342	9
10	50 OPERATING ROOM	AGGREGATE	135,884		135,884	200,300	644	62,016	3,101	10
11	65 RESPIRATORY THERAPY	AGGREGATE	1,176		1,176	171,400	8	659	33	11
12	66 PHYSICAL THERAPY	AGGREGATE	62,356		62,356	171,400	402	33,126	1,656	12
14	60 LABORATORY	AGGREGATE	15,288		15,288	171,400	104	8,570	429	14
15	75 ASC (NON-DISTINCT PART)	AGGREGATE	43,888		43,888	171,400	208	17,140	857	15
16	91 EMERGENCY	AGGREGATE	3,622,297		3,622,297	171,400	59,313	4,887,619	244,381	16
17	91.01 SLEEP LAB	AGGREGATE	23,917		23,917	152,100	163	11,919	596	17
18	92.01 OBSERVATION BEDS-DISTINC	AGGREGATE	30,576		30,576	171,400	208	17,140	857	18
19	41 SUBPROVIDER - IRF	AGGREGATE	15,281		15,281	171,400	104	8,570	429	19
20	59 CARDIAC CATHETERIZATION	AGGREGATE	19,751		19,751	171,400	94	7,746	387	20
200	TOTAL		6,572,513	1,491,278	5,081,234		69,878	5,769,965	288,499	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				16,893	4,171	4,171	1
2	5.05 SHARED ADMINISTRATIVE &	AGGREGATE				542,300	263,827	1,021,031	2
3	5.06 OTHER ADMINISTRATIVE & G	AGGREGATE						9,000	3
4	16 MEDICAL RECORDS & LIBRAR	AGGREGATE				93,116	63,954	63,954	4
5	30 ADULTS & PEDIATRICS	AGGREGATE				30,765	31,351	756,426	5
7	32 CORONARY CARE UNIT	AGGREGATE				4,121	4,657	4,657	7
8	34 SURGICAL INTENSIVE CARE	AGGREGATE				21,425	16,832	16,832	8
9	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE				6,840	10,568	10,568	9
10	50 OPERATING ROOM	AGGREGATE				62,016	73,868	73,868	10
11	65 RESPIRATORY THERAPY	AGGREGATE				659	517	517	11
12	66 PHYSICAL THERAPY	AGGREGATE				33,126	29,230	29,230	12
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				4,887,619			16
17	91.01 SLEEP LAB	AGGREGATE				11,919	11,998	11,998	17
18	92.01 OBSERVATION BEDS-DISTINC	AGGREGATE				17,140	13,436	13,436	18
19	41 SUBPROVIDER - IRF	AGGREGATE				8,570	6,711	6,711	19
20	59 CARDIAC CATHETERIZATION	AGGREGATE				7,746	12,005	12,005	20
200	TOTAL					5,769,965	576,591	2,067,870	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	15,254,306	15,254,306				1
2 CAP REL COSTS-MVBLE EQUIP	17,274,396		17,274,396			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	2,095,323	120,841	38,559	2,254,723		5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	150,542,099	83,784	238,449		150,864,332	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	13,704,336	273,875	78,916		150,864,332	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	14,375,965					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,932,307					9
10 DIETARY	5,257,204					10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	934,984	56,727	450,530			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,092,519					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,022,320	53,874	24,375			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,689,519					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,915,528	3,360,968	685,242	271,263		30
31.01 NEONATAL ICU	6,815,758	434,506	246,347	44,051		31.01
32 CORONARY CARE UNIT	3,883,268	225,887	10,903	30,380		32
34 SURGICAL INTENSIVE CARE UNIT	3,890,163	225,526	56,013	33,358		34
41 SUBPROVIDER - IRF	1,924,831	116,457	13,088	15,999		41
43 NURSERY	2,096,855			12,519		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,395,372	1,143,427	2,494,185	163,447		50
51 RECOVERY ROOM	1,529,930	94,114		22,271		51
52 DELIVERY ROOM & LABOR ROOM	6,134,614			27,526		52
53 ANESTHESIOLOGY	802,973		3,066			53
54 RADIOLOGY-DIAGNOSTIC	7,983,484	2,097,183	3,034,102	70,023		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,949,044	104,325	808,081	102,350		57
58 MAGNETIC RESONANCE IMAGING (MRI)	624,279	104,655	1,127,170	22,438		58
59 CARDIAC CATHETERIZATION	1,190,076	57,628	721,876	55,302		59
60 LABORATORY	17,037,003	617,900	1,094,821	342,604		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,007,560	33,964	29,335	21,218		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,288,758	178,619	191,344	100,623		65
66 PHYSICAL THERAPY	14,231,290	1,930,426	378,490	89,318		66
69 ELECTROCARDIOLOGY	1,569,938	148,078	907,762	41,081		69
69.01 SPECIAL PROCEDURES	4,555,927	322,794	1,303,898	45,024		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	235,443	56,967	76,886	1,209		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	12,334,378			142,124		71
72 IMPL. DEV. CHARGED TO PATIENT	13,577,419			112,181		72
73 DRUGS CHARGED TO PATIENTS	17,758,945	140,361	87,785	236,828		73
75 ASC (NON-DISTINCT PART)	1,327,610	319,731	346,973	7,577		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	142,016			3,633		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	10,075,075	474,926	105,816	160,371		91
91.01 SLEEP LAB	912,303	81,742	32,985	11,683		91.01
91.02 BRONCH & GASTRO LAB	3,414,767	473,815	1,328,614	44,569		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	1,963,362	357,539	33,001	23,753		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	4,719,705	103,964	37,562			101
SPECIAL PURPOSE COST CENTERS						

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	
116 HOSPICE	3,781,215	103,274	27,255			116
118 SUBTOTALS (SUM OF LINES 1-117)	441,244,167	13,897,877	16,013,429	2,254,723	150,864,332	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,541	107,057				190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES	910					192
192.01 CHEMOTHERAPY RX	525,081		3,415			192.01
192.02 RURAL HEALTH	616,908	16,006	69,650			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	160,301	147,087	2,418			192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	68,544	6,937				192.13
192.14 COMM HLTH & WLNS	2,131,519		38,559			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	5,810,897					193.01
193.02 TELEMEDICINE	103,831	6,246	24,276			193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	3,355,203	72,853	49,843			193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	4,652,484	786,008	1,072,163			193.07
193.08 EMERGENCY MEDICAL SERVICES	222,866		643			193.08
194 UNDERGRADUATE MEDICAL EDUCATION	11,776	214,235				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	458,919,028	15,254,306	17,274,396	2,254,723	150,864,332	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	OTHER ADMI NISTRATIVE & GENERAL 5.06	OPERATION OF PLANT 7	HOUSEKEEPI NG 9	DIETARY 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	164,921,459	164,921,459				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	14,375,965	8,064,370	22,440,335			7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,932,307	2,766,837		7,699,144		9
10 DIETARY	5,257,204	2,949,092			8,206,296	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,442,241	809,042	86,152	29,558		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,092,519	2,856,710				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,100,569	1,739,301	81,820	28,072		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,689,519	2,069,680				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,233,001	20,325,332	5,104,377	1,751,281	7,014,426	30
31.01 NEONATAL ICU	7,540,662	4,230,025	659,893	226,405		31.01
32 CORONARY CARE UNIT	4,150,438	2,328,238	343,059	117,701	255,004	32
34 SURGICAL INTENSIVE CARE UNIT	4,205,060	2,358,879	342,511	117,514	262,313	34
41 SUBPROVIDER - IRF	2,070,375	1,161,402	176,865	60,681	482,462	41
43 NURSERY	2,109,374	1,183,279				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	24,196,431	13,573,278	1,736,547	595,799		50
51 RECOVERY ROOM	1,646,315	923,520	142,934	49,040		51
52 DELIVERY ROOM & LABOR ROOM	6,162,140	3,456,726				52
53 ANESTHESIOLOGY	806,039	452,157				53
54 RADIOLOGY-DIAGNOSTIC	13,184,792	7,396,167	3,185,037	1,092,767		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,963,800	1,662,579	158,440	54,360		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,878,542	1,053,791	158,942	54,532		58
59 CARDIAC CATHETERIZATION	2,024,882	1,135,882	87,521	30,028		59
60 LABORATORY	19,092,328	10,710,070	938,417	321,965		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,092,077	1,734,538	51,582	17,697		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,759,344	2,108,849	271,273	93,072		65
66 PHYSICAL THERAPY	16,629,524	9,328,531	2,931,779	1,005,876		66
69 ELECTROCARDIOLOGY	2,666,859	1,496,007	224,890	77,158		69
69.01 SPECIAL PROCEDURES	6,227,643	3,493,471	490,234	168,196		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	370,505	207,839	86,517	29,684		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	12,476,502	6,998,844				71
72 IMPL. DEV. CHARGED TO PATIENT	13,689,600	7,679,345				72
73 DRUGS CHARGED TO PATIENTS	18,223,919	10,222,926	213,169	73,137		73
75 ASC (NON-DISTINCT PART)	2,001,891	1,122,985	485,582	166,600		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	145,649	81,704				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	10,816,188	6,067,470	721,281	247,467		91
91.01 SLEEP LAB	1,038,713	582,679	124,143	42,593		91.01
91.02 BRONCH & GASTRO LAB	5,261,765	2,951,650	719,593	246,888		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	2,377,655	1,333,774	543,001	186,301	192,091	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	4,861,231	2,726,966	157,893	54,172		101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL (COLS.0-4) 4A	OTHER ADMI NISTRATIVE & GENERAL 5.06	OPERATION OF PLANT 7	HOUSEKEEPI NG 9	DIETARY 10	
116	HOSPICE	3,911,744	2,194,340	156,844	53,812		116
118	SUBTOTALS (SUM OF LINES 1-117)	438,626,771	153,538,275	20,380,296	6,992,356	8,206,296	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	121,598	68,212	162,590	55,784		190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES	910	510				192
192.01	CHEMOTHERAPY RX	528,496	296,466				192.01
192.02	RURAL HEALTH	702,564	394,112	24,309	8,340		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	309,806	173,789	223,385	76,642		192.11
192.12	SOUTH PARKING GARAGE						192.12
192.13	PARISH NRSG	75,481	42,342	10,535	3,615		192.13
192.14	COMM HLTH & WLNS	2,170,078	1,217,331				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	5,810,897	3,259,692				193.01
193.02	TELEMEDICINE	134,353	75,367	9,486	3,255		193.02
193.04	NORTH GARAGE						193.04
193.05	HOME INFUSION	3,477,899	1,950,969	110,643	37,961		193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED	6,510,655	3,652,230	1,193,728	409,561		193.07
193.08	EMERGENCY MEDICAL SERVICES	223,509	125,380				193.08
194	UNDERGRADUATE MEDICAL EDUCATION	226,011	126,784	325,363	111,630		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	458,919,028	164,921,459	22,440,335	7,699,144	8,206,296	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING AD MINISTRATI ON 13	MEDICAL RE CORDS & LI BRARY 16	I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	
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	2,366,993					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		7,949,229				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,949,762			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				5,759,199		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,610,387	956,237	4,472,677	5,204,095	82,671,813	30
31.01 NEONATAL ICU	240,491	155,285	298,178	346,940	13,697,879	31.01
32 CORONARY CARE UNIT	171,399	107,094			7,472,933	32
34 SURGICAL INTENSIVE CARE UNIT	146,488	117,592			7,550,357	34
41 SUBPROVIDER - IRF		56,400			4,008,185	41
43 NURSERY		44,131	149,089	173,470	3,659,343	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		576,171			40,678,226	50
51 RECOVERY ROOM		78,507			2,840,316	51
52 DELIVERY ROOM & LABOR ROOM		97,032			9,715,898	52
53 ANESTHESIOLOGY					1,258,196	53
54 RADIOLOGY-DIAGNOSTIC		246,841			25,105,604	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		360,796			5,199,975	57
58 MAGNETIC RESONANCE IMAGING (MRI)		79,098			3,224,905	58
59 CARDIAC CATHETERIZATION		194,946			3,473,259	59
60 LABORATORY		1,208,768			32,271,548	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		74,795			4,970,689	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	148,720	354,710			6,735,968	65
66 PHYSICAL THERAPY		314,858			30,210,568	66
69 ELECTROCARDIOLOGY		144,814			4,609,728	69
69.01 SPECIAL PROCEDURES		158,714			10,538,258	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		4,262			698,807	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		501,004			19,976,350	71
72 IMPL. DEV. CHARGED TO PATIENT		395,452			21,764,397	72
73 DRUGS CHARGED TO PATIENTS		834,851			29,568,002	73
75 ASC (NON-DISTINCT PART)		26,710			3,803,768	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		12,807			240,160	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		565,328	29,818	34,694	18,482,246	91
91.01 SLEEP LAB	47,197	41,184			1,876,509	91.01
91.02 BRONCH & GASTRO LAB		157,111			9,337,007	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		83,731			4,716,553	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					7,800,262	101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING AD MINISTRATI ON 13	MEDICAL RE CORDS & LI BRARY 16	I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	
116 HOSPICE					6,316,740	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,364,682	7,949,229	4,949,762	5,759,199	424,474,449	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					408,184	190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES					1,420	192
192.01 CHEMOTHERAPY RX					824,962	192.01
192.02 RURAL HEALTH					1,129,325	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					783,622	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	2,311				134,284	192.13
192.14 COMM HLTH & WLNS					3,387,409	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					9,070,589	193.01
193.02 TELEMEDICINE					222,461	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION					5,577,472	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED					11,766,174	193.07
193.08 EMERGENCY MEDICAL SERVICES					348,889	193.08
194 UNDERGRADUATE MEDICAL EDUCATION					789,788	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,366,993	7,949,229	4,949,762	5,759,199	458,919,028	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		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			22
23	PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	-9,676,772	72,995,041	30
31.01	NEONATAL ICU	-645,118	13,052,761	31.01
32	CORONARY CARE UNIT		7,472,933	32
34	SURGICAL INTENSIVE CARE UNIT		7,550,357	34
41	SUBPROVIDER - IRF		4,008,185	41
43	NURSERY	-322,559	3,336,784	43
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM		40,678,226	50
51	RECOVERY ROOM		2,840,316	51
52	DELIVERY ROOM & LABOR ROOM		9,715,898	52
53	ANESTHESIOLOGY		1,258,196	53
54	RADIOLOGY-DIAGNOSTIC		25,105,604	54
57	COMPUTED TOMOGRAPHY (CT) SCAN		5,199,975	57
58	MAGNETIC RESONANCE IMAGING (MRI)		3,224,905	58
59	CARDIAC CATHETERIZATION		3,473,259	59
60	LABORATORY		32,271,548	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS		4,970,689	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65	RESPIRATORY THERAPY		6,735,968	65
66	PHYSICAL THERAPY		30,210,568	66
69	ELECTROCARDIOLOGY		4,609,728	69
69.01	SPECIAL PROCEDURES		10,538,258	69.01
69.02	CARDIAC REHAB			69.02
70	ELECTROENCEPHALOGRAPHY		698,807	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		19,976,350	71
72	IMPL. DEV. CHARGED TO PATIENT		21,764,397	72
73	DRUGS CHARGED TO PATIENTS		29,568,002	73
75	ASC (NON-DISTINCT PART)		3,803,768	75
75.01	WOUND CARE			75.01
76	ACUTE DIALYSIS			76
76.97	CARDIAC REHABILITATION			76.97
76.98	HYPERBARIC OXYGEN THERAPY		240,160	76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	-64,512	18,417,734	91
91.01	SLEEP LAB		1,876,509	91.01
91.02	BRONCH & GASTRO LAB		9,337,007	91.02
91.03	SURGICENTER			91.03
92	OBSERVATION BEDS			92
92.01	OBSERVATION BEDS-DISTINCT		4,716,553	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		7,800,262	101
SPECIAL PURPOSE COST CENTERS				

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
116	HOSPICE		6,316,740	116
118	SUBTOTALS (SUM OF LINES 1-117)	-10,708,961	413,765,488	118
NONREIMBURSABLE COST CENTERS				
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		408,184	190
191	RESEARCH			191
192	PHYSICIANS' PRIVATE OFFICES		1,420	192
192.01	CHEMOTHERAPY RX		824,962	192.01
192.02	RURAL HEALTH		1,129,325	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		783,622	192.11
192.12	SOUTH PARKING GARAGE			192.12
192.13	PARISH NRSG		134,284	192.13
192.14	COMM HLTH & WLNS		3,387,409	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		9,070,589	193.01
193.02	TELEMEDICINE		222,461	193.02
193.04	NORTH GARAGE			193.04
193.05	HOME INFUSION		5,577,472	193.05
193.06	MISSION RELATED			193.06
193.07	GRANT RELATED		11,766,174	193.07
193.08	EMERGENCY MEDICAL SERVICES		348,889	193.08
194	UNDERGRADUATE MEDICAL EDUCATION		789,788	194
200	CROSS FOOT ADJUSTMENTS			200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)	-10,708,961	448,210,067	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			
	0	1	2	2A	5.04	
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		120,841	38,559	159,400	159,400	5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	46,763	83,784	238,449	368,996		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	7,080	273,875	78,916	359,871		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		56,727	450,530	507,257		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	53,874	24,375	110,619		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,360,968	685,242	4,046,210	19,226	30
31.01 NEONATAL ICU		434,506	246,347	680,853	3,122	31.01
32 CORONARY CARE UNIT		225,887	10,903	236,790	2,153	32
34 SURGICAL INTENSIVE CARE UNIT		225,526	56,013	281,539	2,364	34
41 SUBPROVIDER - IRF		116,457	13,088	129,545	1,134	41
43 NURSERY					887	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,143,427	2,494,185	3,637,612	11,585	50
51 RECOVERY ROOM		94,114		94,114	1,578	51
52 DELIVERY ROOM & LABOR ROOM					1,951	52
53 ANESTHESIOLOGY			3,066	3,066		53
54 RADIOLOGY-DIAGNOSTIC		2,097,183	3,034,102	5,131,285	4,963	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		104,325	808,081	912,406	7,254	57
58 MAGNETIC RESONANCE IMAGING (MRI)		104,655	1,127,170	1,231,825	1,590	58
59 CARDIAC CATHETERIZATION		57,628	721,876	779,504	3,920	59
60 LABORATORY	7,127	617,900	1,094,821	1,719,848	23,876	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		33,964	29,335	63,299	1,504	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		178,619	191,344	369,963	7,132	65
66 PHYSICAL THERAPY	103,692	1,930,426	378,490	2,412,608	6,331	66
69 ELECTROCARDIOLOGY		148,078	907,762	1,055,840	2,912	69
69.01 SPECIAL PROCEDURES		322,794	1,303,898	1,626,692	3,191	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		56,967	76,886	133,853	86	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS					10,073	71
72 IMPL. DEV. CHARGED TO PATIENT					7,951	72
73 DRUGS CHARGED TO PATIENTS		140,361	87,785	228,146	16,786	73
75 ASC (NON-DISTINCT PART)		319,731	346,973	666,704	537	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY					257	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		474,926	105,816	580,742	11,366	91
91.01 SLEEP LAB		81,742	32,985	114,727	828	91.01
91.02 BRONCH & GASTRO LAB		473,815	1,328,614	1,802,429	3,159	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		357,539	33,001	390,540	1,684	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	103,964	37,562	225,972		101
SPECIAL PURPOSE COST CENTERS						

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 0	L COSTS-BL DG & FIXT 1	L COSTS-MV BLE EQUIP 2				2A
116 HOSPICE	84,866	103,274	27,255	215,395	5.04	116
118 SUBTOTALS (SUM OF LINES 1-117)	366,344	13,897,877	16,013,429	30,277,650		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		107,057		107,057		190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX			3,415	3,415		192.01
192.02 RURAL HEALTH		16,006	69,650	85,656		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		147,087	2,418	149,505		192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG		6,937		6,937		192.13
192.14 COMM HLTH & WLNS			38,559	38,559		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		6,246	24,276	30,522		193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	36,229	72,853	49,843	158,925		193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	80,016	786,008	1,072,163	1,938,187		193.07
193.08 EMERGENCY MEDICAL SERVICES			643	643		193.08
194 UNDERGRADUATE MEDICAL EDUCATION		214,235		214,235		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	488,798	15,254,306	17,274,396	33,017,500	159,400	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	OPERATION OF PLANT 7	HOUSEKEEPI NG 9	DIETARY 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	368,996					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	368,996	728,867				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		35,638	35,638			7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		12,227		12,227		9
10 DIETARY		13,033			13,033	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,575	137	47		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		12,624				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		7,686	130	45		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		9,146				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		89,873	8,105	2,781	11,140	30
31.01 NEONATAL ICU		18,693	1,048	360		31.01
32 CORONARY CARE UNIT		10,289	545	187	405	32
34 SURGICAL INTENSIVE CARE UNIT		10,424	544	187	417	34
41 SUBPROVIDER - IRF		5,132	281	96	766	41
43 NURSERY		5,229				43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		59,983	2,758	946		50
51 RECOVERY ROOM		4,081	227	78		51
52 DELIVERY ROOM & LABOR ROOM		15,276				52
53 ANESTHESIOLOGY		1,998				53
54 RADIOLOGY-DIAGNOSTIC		32,685	5,058	1,735		54
57 COMPUTED TOMOGRAPHY (CT) SCAN		7,347	252	86		57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,657	252	87		58
59 CARDIAC CATHETERIZATION		5,020	139	48		59
60 LABORATORY		47,330	1,490	511		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		7,665	82	28		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		9,319	431	148		65
66 PHYSICAL THERAPY		41,225	4,656	1,597		66
69 ELECTROCARDIOLOGY		6,611	357	123		69
69.01 SPECIAL PROCEDURES		15,438	779	267		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		918	137	47		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		30,929				71
72 IMPL. DEV. CHARGED TO PATIENT		33,937				72
73 DRUGS CHARGED TO PATIENTS		45,177	339	116		73
75 ASC (NON-DISTINCT PART)		4,963	771	265		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		361				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		26,813	1,145	393		91
91.01 SLEEP LAB		2,575	197	68		91.01
91.02 BRONCH & GASTRO LAB		13,044	1,143	392		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		5,894	862	296	305	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		12,051	251	86		101
SPECIAL PURPOSE COST CENTERS						

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	OPERATION OF PLANT 7	HOUSEKEEPI NG 9	DIETARY 10	
116	HOSPICE		9,697	249	85		116
118	SUBTOTALS (SUM OF LINES 1-117)	368,996	678,563	32,365	11,105	13,033	118
NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		301	258	89		190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES		2				192
192.01	CHEMOTHERAPY RX		1,310				192.01
192.02	RURAL HEALTH		1,742	39	13		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		768	355	122		192.11
192.12	SOUTH PARKING GARAGE						192.12
192.13	PARISH NRSG		187	17	6		192.13
192.14	COMM HLTH & WLNS		5,380				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		14,405				193.01
193.02	TELEMEDICINE		333	15	5		193.02
193.04	NORTH GARAGE						193.04
193.05	HOME INFUSION		8,622	176	60		193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED		16,140	1,896	650		193.07
193.08	EMERGENCY MEDICAL SERVICES		554				193.08
194	UNDERGRADUATE MEDICAL EDUCATION		560	517	177		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	368,996	728,867	35,638	12,227	13,033	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING AD MINISTRATI ON	MEDICAL RE CORDS & LI BRARY	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	SUBTOTAL	
	13	16	21	22	24	
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	511,016					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		12,624				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			118,480			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				9,146		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	347,669	1,573			4,526,577	30
31.01 NEONATAL ICU	51,920	255			756,251	31.01
32 CORONARY CARE UNIT	37,004	176			287,549	32
34 SURGICAL INTENSIVE CARE UNIT	31,626	193			327,294	34
41 SUBPROVIDER - IRF		93			137,047	41
43 NURSERY		73			6,189	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		948			3,713,832	50
51 RECOVERY ROOM		129			100,207	51
52 DELIVERY ROOM & LABOR ROOM		160			17,387	52
53 ANESTHESIOLOGY					5,064	53
54 RADIOLOGY-DIAGNOSTIC		406			5,176,132	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		594			927,939	57
58 MAGNETIC RESONANCE IMAGING (MRI)		130			1,238,541	58
59 CARDIAC CATHETERIZATION		321			788,952	59
60 LABORATORY		1,535			1,794,590	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		123			72,701	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	32,108	584			419,685	65
66 PHYSICAL THERAPY		518			2,466,935	66
69 ELECTROCARDIOLOGY		238			1,066,081	69
69.01 SPECIAL PROCEDURES		261			1,646,628	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		7			135,048	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		824			41,826	71
72 IMPL. DEV. CHARGED TO PATIENT		651			42,539	72
73 DRUGS CHARGED TO PATIENTS		1,373			291,937	73
75 ASC (NON-DISTINCT PART)		44			673,284	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		21			639	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		930			621,389	91
91.01 SLEEP LAB	10,190	68			128,653	91.01
91.02 BRONCH & GASTRO LAB		258			1,820,425	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT		138			399,719	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					238,360	101
SPECIAL PURPOSE COST CENTERS						

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING AD MINISTRATI ON	MEDICAL RE CORDS & LI BRARY	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	SUBTOTAL	
	13	16	21	22	24	
116 HOSPICE					225,426	116
118 SUBTOTALS (SUM OF LINES 1-117)	510,517	12,624			30,094,826	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					107,705	190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES					2	192
192.01 CHEMOTHERAPY RX					4,725	192.01
192.02 RURAL HEALTH					87,450	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					150,750	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	499				7,646	192.13
192.14 COMM HLTH & WLNS					43,939	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					20,614	193.01
193.02 TELEMEDICINE					30,875	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION					167,783	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED					1,956,873	193.07
193.08 EMERGENCY MEDICAL SERVICES					1,197	193.08
194 UNDERGRADUATE MEDICAL EDUCATION					215,489	194
200 CROSS FOOT ADJUSTMENTS			118,480	9,146	127,626	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	511,016	12,624	118,480	9,146	33,017,500	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	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 & 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		4,526,577		30
31.01 NEONATAL ICU		756,251		31.01
32 CORONARY CARE UNIT		287,549		32
34 SURGICAL INTENSIVE CARE UNIT		327,294		34
41 SUBPROVIDER - IRF		137,047		41
43 NURSERY		6,189		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		3,713,832		50
51 RECOVERY ROOM		100,207		51
52 DELIVERY ROOM & LABOR ROOM		17,387		52
53 ANESTHESIOLOGY		5,064		53
54 RADIOLOGY-DIAGNOSTIC		5,176,132		54
57 COMPUTED TOMOGRAPHY (CT) SCAN		927,939		57
58 MAGNETIC RESONANCE IMAGING (MRI)		1,238,541		58
59 CARDIAC CATHETERIZATION		788,952		59
60 LABORATORY		1,794,590		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		72,701		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		419,685		65
66 PHYSICAL THERAPY		2,466,935		66
69 ELECTROCARDIOLOGY		1,066,081		69
69.01 SPECIAL PROCEDURES		1,646,628		69.01
69.02 CARDIAC REHAB				69.02
70 ELECTROENCEPHALOGRAPHY		135,048		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		41,826		71
72 IMPL. DEV. CHARGED TO PATIENT		42,539		72
73 DRUGS CHARGED TO PATIENTS		291,937		73
75 ASC (NON-DISTINCT PART)		673,284		75
75.01 WOUND CARE				75.01
76 ACUTE DIALYSIS				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY		639		76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY		621,389		91
91.01 SLEEP LAB		128,653		91.01
91.02 BRONCH & GASTRO LAB		1,820,425		91.02
91.03 SURGICENTER				91.03
92 OBSERVATION BEDS				92
92.01 OBSERVATION BEDS-DISTINCT		399,719		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		238,360		101
SPECIAL PURPOSE COST CENTERS				

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
116 HOSPICE		225,426	116
118 SUBTOTALS (SUM OF LINES 1-117)		30,094,826	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		107,705	190
191 RESEARCH			191
192 PHYSICIANS' PRIVATE OFFICES		2	192
192.01 CHEMOTHERAPY RX		4,725	192.01
192.02 RURAL HEALTH		87,450	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		150,750	192.11
192.12 SOUTH PARKING GARAGE			192.12
192.13 PARISH NRSG		7,646	192.13
192.14 COMM HLTH & WLNS		43,939	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		20,614	193.01
193.02 TELEMEDICINE		30,875	193.02
193.04 NORTH GARAGE			193.04
193.05 HOME INFUSION		167,783	193.05
193.06 MISSION RELATED			193.06
193.07 GRANT RELATED		1,956,873	193.07
193.08 EMERGENCY MEDICAL SERVICES		1,197	193.08
194 UNDERGRADUATE MEDICAL EDUCATION		215,489	194
200 CROSS FOOT ADJUSTMENTS		127,626	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		33,017,500	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE	NEW CAP RE	EMPLOYEE B	NON-PATIENT TELEPHONE	DATA PROCES	
	L COSTS-BLDG & FIXT SQ FEET	L COSTS-MVBLE EQUIP DOLLAR VALUE	ENEFITS GROSS SALARIES	E PHONE INSTR	SSING INVOICES	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	507,967					1
2 CAP REL COSTS-MVBLE EQUIP		7,335,624				2
4 EMPLOYEE BENEFITS			105,496,875			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	4,024	16,374	1,725,000	95	42,847	5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	2,790	101,258	2,319,474	379	143,245	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	9,120	33,512	1,938,168	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	191,319	581,470	66	78,476	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			145,355			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,794	10,351	3,268,760	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	111,920	290,990	22,606,784	538	584,745	30
31.01 NEONATAL ICU	14,469	104,612	4,843,503	60	49,835	31.01
32 CORONARY CARE UNIT	7,522	4,630	2,692,034	45	28,321	32
34 SURGICAL INTENSIVE CARE UNIT	7,510	23,786	2,532,960	46	55,126	34
41 SUBPROVIDER - IRF	3,878	5,558	1,362,247	27	34,068	41
43 NURSERY			1,019,629			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	38,076	1,059,163	6,903,165	190	176,189	50
51 RECOVERY ROOM	3,134		1,050,202	30	26,024	51
52 DELIVERY ROOM & LABOR ROOM			3,685,799			52
53 ANESTHESIOLOGY		1,302		10	5,340	53
54 RADIOLOGY-DIAGNOSTIC	69,836	1,288,441	3,516,768	44	94,984	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,474	343,154	706,412			57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,485	478,656	272,332			58
59 CARDIAC CATHETERIZATION	1,919	306,547	728,721			59
60 LABORATORY	20,576	464,919	5,752,195	466	476,595	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,131	12,457	277,902	6	995	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,948	81,255	1,981,776	42	26,893	65
66 PHYSICAL THERAPY	64,283	160,727	9,898,759	415	271,662	66
69 ELECTROCARDIOLOGY	4,931	385,484	990,881	51	74,241	69
69.01 SPECIAL PROCEDURES	10,749	553,704	2,258,892	107	102,232	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	1,897	32,650	130,107	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	37,278	3,487,825	27	64,858	73
75 ASC (NON-DISTINCT PART)	10,647	147,343	645,175		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			108,402		557	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	15,815	44,935	3,906,261	181	102,201	91
91.01 SLEEP LAB	2,722	14,007	684,732	15	25,324	91.01
91.02 BRONCH & GASTRO LAB	15,778	564,200	1,606,506	72	76,762	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT	11,906	14,014	1,404,575	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	3,462	15,951	3,218,500	149	55,373	101

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	ENEFITS GROSS SALARIES	E PHONE INSTR	INVOICES	
	1	2	4	5.01	5.02	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,439	11,574	1,710,346	43	55,373	116
118 SUBTOTALS (SUM OF LINES 1-117)	462,798	6,800,151	99,961,617	3,291	2,813,943	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,565			6	2,898	190
191 RESEARCH					850	191
192 PHYSICIANS' PRIVATE OFFICES				2		192
192.01 CHEMOTHERAPY RX		1,450	473,150		532	192.01
192.02 RURAL HEALTH	533	29,577	316,566	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	1,027	60,760	15	2,287	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	231		21,656	6	4,580	192.13
192.14 COMM HLTH & WLNS		16,374	49,146	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			1,182,082		52,292	193.01
193.02 TELEMEDICINE	208	10,309	56,221	4	2,332	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	2,426	21,166	862,786	24	27,686	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	26,174	455,297	2,388,331	90	89,006	193.07
193.08 EMERGENCY MEDICAL SERVICES		273	124,560		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	15,254,306	17,274,396				202
203 UNIT COST MULT-WS B PT I	30.030112	2.354864				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	
	TOTAL COST 5.03	GROSS REVENUE 5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01						5.01
5.02						5.02
5.03	100					5.03
5.04		1,453,005,752				5.04
5.05			1,000,000			5.05
5.06	100		1,000,000	-164,921,459	293,997,569	5.06
6						6
7					14,375,965	7
8						8
9					4,932,307	9
10					5,257,204	10
11						11
12						12
13					1,442,241	13
14						14
15						15
16					5,092,519	16
17						17
19						19
20						20
21					3,100,569	21
22					3,689,519	22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30		174,782,908			36,233,001	30
31.01		28,383,225			7,540,662	31.01
32		19,574,790			4,150,438	32
34		21,493,726			4,205,060	34
41		10,308,823			2,070,375	41
43		8,066,383			2,109,374	43
ANCILLARY SERVICE COST CENTERS						
50		105,313,642			24,196,431	50
51		14,349,721			1,646,315	51
52		17,735,735			6,162,140	52
53					806,039	53
54		45,117,986			13,184,792	54
57		65,946,907			2,963,800	57
58		14,457,672			1,878,542	58
59		35,632,605			2,024,882	59
60		220,971,390			19,092,328	60
62		13,671,171			3,092,077	62
62.30						62.30
65		64,834,654			3,759,344	65
66		57,550,307			16,629,524	66
69		26,469,451			2,666,859	69
69.01		29,010,059			6,227,643	69.01
69.02						69.02
70		778,952			370,505	70
71		91,574,497			12,476,502	71
72		72,281,407			13,689,600	72
73		152,595,613			18,223,919	73
75		4,882,135			2,001,891	75
75.01						75.01
76						76
76.97						76.97
76.98		2,340,900			145,649	76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
91		103,331,773			10,816,188	91
91.01		7,527,728			1,038,713	91.01
91.02		28,717,003			5,261,765	91.02
91.03						91.03
92						92
92.01		15,304,589			2,377,655	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10						99.10
99.20						99.20
99.30						99.30
99.40						99.40
101					4,861,231	101

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	
	TOTAL COST 5.03	GROSS REVENUE 5.04	TOTAL COST 5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					3,911,744	116
118 SUBTOTALS (SUM OF LINES 1-117)	100	1,453,005,752	1,000,000	-164,921,459	273,705,312	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					121,598	190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES					910	192
192.01 CHEMOTHERAPY RX					528,496	192.01
192.02 RURAL HEALTH					702,564	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					309,806	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG					75,481	192.13
192.14 COMM HLTH & WLNS					2,170,078	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					5,810,897	193.01
193.02 TELEMEDICINE					134,353	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION					3,477,899	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED					6,510,655	193.07
193.08 EMERGENCY MEDICAL SERVICES					223,509	193.08
194 UNDERGRADUATE MEDICAL EDUCATION					226,011	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		2,254,723	150,864,332		164,921,459	202
203 UNIT COST MULT-WS B PT I		0.001552	150.864332		0.560962	203
204 COST TO BE ALLOC PER B PT II		159,400	368,996		728,867	204
205 UNIT COST MULT-WS B PT II		0.000110	0.368996		0.002479	205

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	NG SQ FEET	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	492,033				6
7 OPERATION OF PLANT		492,033			7
8 LAUNDRY & LINEN SERVICE			1,904,967		8
9 HOUSEKEEPING				492,033	9
10 DIETARY					271,705
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	1,794	1,794		1,794	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	111,920	111,920	859,621	111,920	232,243
31.01 NEONATAL ICU	14,469	14,469	33,382	14,469	31.01
32 CORONARY CARE UNIT	7,522	7,522	49,496	7,522	8,443
34 SURGICAL INTENSIVE CARE UNIT	7,510	7,510	54,201	7,510	8,685
41 SUBPROVIDER - IRF	3,878	3,878	40,709	3,878	15,974
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	38,076	38,076	165,792	38,076	50
51 RECOVERY ROOM	3,134	3,134	44,498	3,134	51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	69,836	69,836	46,465	69,836	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,474	3,474		3,474	57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,485	3,485		3,485	58
59 CARDIAC CATHETERIZATION	1,919	1,919		1,919	59
60 LABORATORY	20,576	20,576	100,387	20,576	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,131	1,131		1,131	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	5,948	5,948		5,948	65
66 PHYSICAL THERAPY	64,283	64,283	44,691	64,283	66
69 ELECTROCARDIOLOGY	4,931	4,931	20,902	4,931	69
69.01 SPECIAL PROCEDURES	10,749	10,749	53,259	10,749	69.01
69.02 CARDIAC REHAB					69.02
70 ELECTROENCEPHALOGRAPHY	1,897	1,897	3,652	1,897	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)	10,647	10,647		10,647	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	15,815	15,815	200,775	15,815	91
91.01 SLEEP LAB	2,722	2,722	28,103	2,722	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	11,906	11,906	40,334	11,906	6,360
92.01 OTHER REIMBURSABLE COST CENTERS					92.01
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	3,462	3,462		3,462	101

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		
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,439	3,439		3,439		116
118 SUBTOTALS (SUM OF LINES 1-117)	446,864	446,864	1,904,967	446,864	271,705	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,565	3,565		3,565		190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX						192.01
192.02 RURAL HEALTH	533	533		533		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	4,898	4,898		4,898		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	208	208		208		193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	2,426	2,426		2,426		193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	26,174	26,174		26,174		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		22,440,335		7,699,144	8,206,296	202
203 UNIT COST MULT-WS B PT I		45.607378		15.647617	30.202963	203
204 COST TO BE ALLOC PER B PT II		35,638		12,227	13,033	204
205 UNIT COST MULT-WS B PT II		0.072430		0.024850	0.047967	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC
	FTE	MINISTRATI	CORDS & LI	ES-SALARY	ES-OTHER P
		ON	BRARY	& FRINGES	RGM COSTS
		FTE	GROSS	ASSIGNED	ASSIGNED
			REVENUE	TIME	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		1,453,005,752		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
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	41,115	41,115	174,782,908	300	300
31.01 NEONATAL ICU	6,140	6,140	28,383,225	20	20
32 CORONARY CARE UNIT	4,376	4,376	19,574,790		
34 SURGICAL INTENSIVE CARE UNIT	3,740	3,740	21,493,726		
41 SUBPROVIDER - IRF	2,400		10,308,823		
43 NURSERY	713		8,066,383	10	10
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	11,196		105,313,642		50
51 RECOVERY ROOM	1,731		14,349,721		51
52 DELIVERY ROOM & LABOR ROOM	4,472		17,735,735		52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	3,553		45,117,986		54
57 COMPUTED TOMOGRAPHY (CT) SCAN			65,946,907		57
58 MAGNETIC RESONANCE IMAGING (MRI)			14,457,672		58
59 CARDIAC CATHETERIZATION			35,632,605		59
60 LABORATORY	23,134		220,971,390		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	503		13,671,171		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	3,797	3,797	64,834,654		65
66 PHYSICAL THERAPY	16,061		57,550,307		66
69 ELECTROCARDIOLOGY	3,896		26,469,451		69
69.01 SPECIAL PROCEDURES	4,076		29,010,059		69.01
69.02 CARDIAC REHAB					69.02
70 ELECTROENCEPHALOGRAPHY	313		778,952		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			91,574,497		71
72 IMPL. DEV. CHARGED TO PATIENT			72,281,407		72
73 DRUGS CHARGED TO PATIENTS	4,451		152,595,613		73
75 ASC (NON-DISTINCT PART)	1,007		4,882,135		75
75.01 WOUND CARE	2,285				75.01
76 ACUTE DIALYSIS					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY			2,340,900		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	6,041		103,331,773	2	2
91.01 SLEEP LAB	1,205	1,205	7,527,728		
91.02 BRONCH & GASTRO LAB	2,529		28,717,003		
91.03 SURGICENTER					91.03
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT	1,769		15,304,589		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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING AD	MEDICAL RE	I&R SERVIC	I&R SERVIC	
	FTE	MINISTRATI	CORDS & LI	ES-SALARY	ES-OTHER P	
		ON	BRARY	& FRINGES	RGM COSTS	
		FTE	GROSS	ASSIGNED	ASSIGNED	
			REVENUE	TIME	TIME	
	11	13	16	21	22	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	156,312	60,373	1,453,005,752	332	332	118
NONREIMBURSABLE COST CENTERS						
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		2,366,993	7,949,229	4,949,762	5,759,199	202
203 UNIT COST MULT-WS B PT I		39.167875	0.005471	14,908.921687	17,346.984940	203
204 COST TO BE ALLOC PER B PT II		511,016	12,624	118,480	9,146	204
205 UNIT COST MULT-WS B PT II		8.456050	0.000009	356.867470	27.548193	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
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
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
58	MAGNETIC RESONANCE IMAGING (MRI)	58
59	CARDIAC CATHETERIZATION	59
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	SPECIAL PROCEDURES	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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

	SPECIAL PURPOSE COST CENTERS	
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	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	72,995,041		72,995,041	31,351	73,026,392	30
31.01 NEONATAL ICU	13,052,761		13,052,761		13,052,761	31.01
32 CORONARY CARE UNIT	7,472,933		7,472,933	4,657	7,477,590	32
34 SURGICAL INTENSIVE CARE UNI	7,550,357		7,550,357	16,832	7,567,189	34
41 SUBPROVIDER - IRF	4,008,185		4,008,185	6,711	4,014,896	41
43 NURSERY	3,336,784		3,336,784		3,336,784	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	40,678,226		40,678,226	73,868	40,752,094	50
51 RECOVERY ROOM	2,840,316		2,840,316		2,840,316	51
52 DELIVERY ROOM & LABOR ROOM	9,715,898		9,715,898		9,715,898	52
53 ANESTHESIOLOGY	1,258,196		1,258,196		1,258,196	53
54 RADIOLOGY-DIAGNOSTIC	25,105,604		25,105,604	10,568	25,116,172	54
57 COMPUTED TOMOGRAPHY (CT) SC	5,199,975		5,199,975		5,199,975	57
58 MAGNETIC RESONANCE IMAGING	3,224,905		3,224,905		3,224,905	58
59 CARDIAC CATHETERIZATION	3,473,259		3,473,259	12,005	3,485,264	59
60 LABORATORY	32,271,548		32,271,548	6,718	32,278,266	60
62 WHOLE BLOOD & PACKED RED BL	4,970,689		4,970,689		4,970,689	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,735,968		6,735,968	517	6,736,485	65
66 PHYSICAL THERAPY	30,210,568		30,210,568	29,230	30,239,798	66
69 ELECTROCARDIOLOGY	4,609,728		4,609,728		4,609,728	69
69.01 SPECIAL PROCEDURES	10,538,258		10,538,258		10,538,258	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	698,807		698,807		698,807	70
71 MEDICAL SUPPLIES CHRGD TO	19,976,350		19,976,350		19,976,350	71
72 IMPL. DEV. CHARGED TO PATIE	21,764,397		21,764,397		21,764,397	72
73 DRUGS CHARGED TO PATIENTS	29,568,002		29,568,002		29,568,002	73
75 ASC (NON-DISTINCT PART)	3,803,768		3,803,768	26,748	3,830,516	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	240,160		240,160		240,160	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	18,417,734		18,417,734		18,417,734	91
91.01 SLEEP LAB	1,876,509		1,876,509	11,998	1,888,507	91.01
91.02 BRONCH & GASTRO LAB	9,337,007		9,337,007		9,337,007	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS	2,786,528		2,786,528		2,786,528	92
92.01 OBSERVATION BEDS-DISTINCT	4,716,553		4,716,553	13,436	4,729,989	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	7,800,262		7,800,262		7,800,262	101
116 HOSPICE	6,316,740		6,316,740		6,316,740	116
200 SUBTOTAL (SEE INSTRUCTIONS)	416,552,016		416,552,016	244,639	416,796,655	200
201 LESS OBSERVATION BEDS	2,786,528		2,786,528		2,786,528	201
202 TOTAL (SEE INSTRUCTIONS)	413,765,488		413,765,488		414,010,127	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	161,690,365		161,690,365			30
31.01 NEONATAL ICU	28,383,225		28,383,225			31.01
32 CORONARY CARE UNIT	19,574,790		19,574,790			32
34 SURGICAL INTENSIVE CARE UNI	21,493,726		21,493,726			34
41 SUBPROVIDER - IRF	10,308,823		10,308,823			41
43 NURSERY	8,066,383		8,066,383			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,489,434	33,824,208	105,313,642	0.386258	0.386258	0.386959 50
51 RECOVERY ROOM	9,145,291	5,204,430	14,349,721	0.197935	0.197935	0.197935 51
52 DELIVERY ROOM & LABOR ROOM	16,084,162	1,651,573	17,735,735	0.547815	0.547815	0.547815 52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	20,268,888	24,849,098	45,117,986	0.556443	0.556443	0.556678 54
57 COMPUTED TOMOGRAPHY (CT) SC	33,439,338	32,507,569	65,946,907	0.078851	0.078851	0.078851 57
58 MAGNETIC RESONANCE IMAGING	9,306,261	5,151,411	14,457,672	0.223058	0.223058	0.223058 58
59 CARDIAC CATHETERIZATION	20,510,396	15,122,209	35,632,605	0.097474	0.097474	0.097811 59
60 LABORATORY	81,169,490	139,801,900	220,971,390	0.146044	0.146044	0.146074 60
62 WHOLE BLOOD & PACKED RED BL	11,558,580	2,112,591	13,671,171	0.363589	0.363589	0.363589 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	62,246,720	2,587,934	64,834,654	0.103895	0.103895	0.103903 65
66 PHYSICAL THERAPY	16,552,291	40,998,016	57,550,307	0.524942	0.524942	0.525450 66
69 ELECTROCARDIOLOGY	19,166,649	7,302,802	26,469,451	0.174153	0.174153	0.174153 69
69.01 SPECIAL PROCEDURES	16,899,778	12,110,281	29,010,059	0.363262	0.363262	0.363262 69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	235,666	543,286	778,952	0.897112	0.897112	0.897112 70
71 MEDICAL SUPPLIES CHRGD TO	64,189,549	27,384,948	91,574,497	0.218143	0.218143	0.218143 71
72 IMPL. DEV. CHARGED TO PATIE	54,177,337	18,104,070	72,281,407	0.301106	0.301106	0.301106 72
73 DRUGS CHARGED TO PATIENTS	116,900,582	35,695,031	152,595,613	0.193767	0.193767	0.193767 73
75 ASC (NON-DISTINCT PART)	56,909	4,825,226	4,882,135	0.779120	0.779120	0.784599 75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	2,322,450	18,450	2,340,900	0.102593	0.102593	0.102593 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	32,636,891	70,694,882	103,331,773	0.178239	0.178239	0.178239 91
91.01 SLEEP LAB	3,860	7,523,868	7,527,728	0.249280	0.249280	0.250873 91.01
91.02 BRONCH & GASTRO LAB	6,557,269	22,159,734	28,717,003	0.325139	0.325139	0.325139 91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS	1,032,538	12,060,005	13,092,543	0.212833	0.212833	0.212833 92
92.01 OBSERVATION BEDS-DISTINCT	3,208,714	12,095,875	15,304,589	0.308179	0.308179	0.309057 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)	918,676,355	534,329,397	1,453,005,752			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	918,676,355	534,329,397	1,453,005,752			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	REDUCED	TOTAL	PER	INPAT	INPAT PGM	CAP COST	INPAT PGM	
	COST	CAP-REL		DIEM					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	3	4	5	6	7		
INPAT ROUTINE SERV COST CTRS									
30 ADULTS & PEDIATRICS	4,526,577		4,526,577	74,978	60.37	27,087	1,635,242	30	
31 INTENSIVE CARE UNIT								31	
31.01 NEONATAL ICU	756,251		756,251	8,112	93.23			31.01	
32 CORONARY CARE UNIT	287,549		287,549	3,664	78.48	1,749	137,262	32	
33 BURN INTENSIVE CARE UNIT								33	
34 SURGICAL INTENSIVE CARE UNIT	327,294		327,294	3,863	84.73	968	82,019	34	
35 OTHER SPECIAL CARE (SPECIFY)								35	
40 SUBPROVIDER - IPF								40	
41 SUBPROVIDER - IRF	137,047		137,047	4,472	30.65	1,572	48,182	41	
42 SUBPROVIDER I								42	
43 NURSERY	6,189		6,189	6,736	0.92			43	
44 SKILLED NURSING FACILITY								44	
45 NURSING FACILITY								45	
200 TOTAL (LINES 30-199)	6,040,907		6,040,907	101,825		31,376	1,902,705	200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

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	3,713,832	105,313,642	0.035264	22,267,907	785,255	50
51 RECOVERY ROOM	100,207	14,349,721	0.006983	2,933,552	20,485	51
52 DELIVERY ROOM & LABOR ROOM	17,387	17,735,735	0.000980	240,647	236	52
53 ANESTHESIOLOGY	5,064					53
54 RADIOLOGY-DIAGNOSTIC	5,176,132	45,117,986	0.114724	6,900,031	791,599	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	927,939	65,946,907	0.014071	10,813,604	152,158	57
58 MAGNETIC RESONANCE IMAGING (M	1,238,541	14,457,672	0.085667	3,136,568	268,700	58
59 CARDIAC CATHETERIZATION	788,952	35,632,605	0.022141	8,597,920	190,367	59
60 LABORATORY	1,794,590	220,971,390	0.008121	29,248,122	237,524	60
62 WHOLE BLOOD & PACKED RED BLOO	72,701	13,671,171	0.005318	4,486,273	23,858	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	419,685	64,834,654	0.006473	22,639,219	146,544	65
66 PHYSICAL THERAPY	2,466,935	57,550,307	0.042866	4,652,439	199,431	66
69 ELECTROCARDIOLOGY	1,066,081	26,469,451	0.040276	8,833,534	355,779	69
69.01 SPECIAL PROCEDURES	1,646,628	29,010,059	0.056761	7,384,997	419,180	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	135,048	778,952	0.173371	69,029	11,968	70
71 MEDICAL SUPPLIES CHRGD TO PA	41,826	91,574,497	0.000457	22,346,771	10,212	71
72 IMPL. DEV. CHARGED TO PATIENT	42,539	72,281,407	0.000589	20,841,795	12,276	72
73 DRUGS CHARGED TO PATIENTS	291,937	152,595,613	0.001913	38,960,895	74,532	73
75 ASC (NON-DISTINCT PART)	673,284	4,882,135	0.137908	4,129	569	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	639	2,340,900	0.000273	932,189	254	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	621,389	103,331,773	0.006014	11,403,502	68,581	91
91.01 SLEEP LAB	128,653	7,527,728	0.017091	3,860	66	91.01
91.02 BRONCH & GASTRO LAB	1,820,425	28,717,003	0.063392	2,792,705	177,035	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS	172,723	13,092,543	0.013192			92
92.01 OBSERVATION BEDS-DISTINCT	399,719	15,304,589	0.026118	704,584	18,402	92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	23,762,856	1,203,488,440		230,194,272	3,965,011	200

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 04/10/2013 15:03

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

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 04/10/2013 15:03

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	74,978		27,087		30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL ICU	8,112				31.01
32 CORONARY CARE UNIT	3,664		1,749		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	3,863		968		34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,472		1,572		41
42 SUBPROVIDER I					42
43 NURSERY	6,736				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	101,825		31,376		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	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
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
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
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 SPECIAL PROCEDURES						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 APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0091) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA	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 PGM 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	105,313,642		22,267,907		7,344,662	50
51						RECOVERY ROOM	14,349,721		2,933,552		909,074	51
52						DELIVERY ROOM & LABOR ROOM	17,735,735		240,647		13,260	52
53						ANESTHESIOLOGY						53
54						RADIOLOGY-DIAGNOSTIC	45,117,986		6,900,031		6,443,813	54
57						COMPUTED TOMOGRAPHY (CT) SCA	65,946,907		10,813,604		6,526,008	57
58						MAGNETIC RESONANCE IMAGING (	14,457,672		3,136,568		988,807	58
59						CARDIAC CATHETERIZATION	35,632,605		8,597,920		6,066,833	59
60						LABORATORY	220,971,390		29,248,122		2,176,184	60
62						WHOLE BLOOD & PACKED RED BLO	13,671,171		4,486,273		117,679	62
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	64,834,654		22,639,219		743,087	65
66						PHYSICAL THERAPY	57,550,307		4,652,439		3,453,256	66
69						ELECTROCARDIOLOGY	26,469,451		8,833,534		2,063,446	69
69.01						SPECIAL PROCEDURES	29,010,059		7,384,997		5,983,245	69.01
69.02						CARDIAC REHAB						69.02
70						ELECTROENCEPHALOGRAPHY	778,952		69,029		50,131	70
71						MEDICAL SUPPLIES CHRGD TO P	91,574,497		22,346,771		7,327,308	71
72						IMPL. DEV. CHARGED TO PATIEN	72,281,407		20,841,795		7,985,741	72
73						DRUGS CHARGED TO PATIENTS	152,595,613		38,960,895		11,069,981	73
75						ASC (NON-DISTINCT PART)	4,882,135		4,129		1,195,658	75
75.01						WOUND CARE						75.01
76						ACUTE DIALYSIS						76
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY	2,340,900		932,189		1,822	76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
91						EMERGENCY	103,331,773		11,403,502		9,389,256	91
91.01						SLEEP LAB	7,527,728		3,860		1,210,309	91.01
91.02						BRONCH & GASTRO LAB	28,717,003		2,792,705		5,801,715	91.02
91.03						SURGICENTER						91.03
92						OBSERVATION BEDS	13,092,543				2,826,260	92
92.01						OBSERVATION BEDS-DISTINCT	15,304,589		704,584		1,757,122	92.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	1,203,488,440		230,194,272		91,444,657	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	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.386258	7,344,662			2,836,934		50
51 RECOVERY ROOM	0.197935	909,074			179,938		51
52 DELIVERY ROOM & LABOR ROOM	0.547815	13,260			7,264		52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.556443	6,443,813			3,585,615		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.078851	6,526,008			514,582		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223058	988,807			220,561		58
59 CARDIAC CATHETERIZATION	0.097474	6,066,833			591,358		59
60 LABORATORY	0.146044	2,176,184			317,819		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.363589	117,679			42,787		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.103895	743,087			77,203		65
66 PHYSICAL THERAPY	0.524942	3,453,256			1,812,759		66
69 ELECTROCARDIOLOGY	0.174153	2,063,446			359,355		69
69.01 SPECIAL PROCEDURES	0.363262	5,983,245			2,173,486		69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	0.897112	50,131			44,973		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.218143	7,327,308			1,598,401		71
72 IMPL. DEV. CHARGED TO PATIENT	0.301106	7,985,741			2,404,555		72
73 DRUGS CHARGED TO PATIENTS	0.193767	11,069,981		38,527	2,144,997	7,465	73
75 ASC (NON-DISTINCT PART)	0.779120	1,195,658			931,561		75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102593	1,822			187		76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.178239	9,389,256			1,673,532		91
91.01 SLEEP LAB	0.249280	1,210,309			301,706		91.01
91.02 BRONCH & GASTRO LAB	0.325139	5,801,715			1,886,364		91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS	0.212833	2,826,260			601,521		92
92.01 OBSERVATION BEDS-DISTINCT	0.308179	1,757,122			541,508		92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		91,444,657		38,527	24,848,966	7,465	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		91,444,657		38,527	24,848,966	7,465	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			
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	3,713,832	105,313,642	0.035264	65,178	2,298	50
51	RECOVERY ROOM	100,207	14,349,721	0.006983	6,115	43	51
52	DELIVERY ROOM & LABOR ROOM	17,387	17,735,735	0.000980			52
53	ANESTHESIOLOGY	5,064					53
54	RADIOLOGY-DIAGNOSTIC	5,176,132	45,117,986	0.114724	224,749	25,784	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	927,939	65,946,907	0.014071			57
58	MAGNETIC RESONANCE IMAGING (M	1,238,541	14,457,672	0.085667			58
59	CARDIAC CATHETERIZATION	788,952	35,632,605	0.022141			59
60	LABORATORY	1,794,590	220,971,390	0.008121	204,271	1,659	60
62	WHOLE BLOOD & PACKED RED BLOO	72,701	13,671,171	0.005318	6,040	32	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	419,685	64,834,654	0.006473	266,575	1,726	65
66	PHYSICAL THERAPY	2,466,935	57,550,307	0.042866	2,033,969	87,188	66
69	ELECTROCARDIOLOGY	1,066,081	26,469,451	0.040276			69
69.01	SPECIAL PROCEDURES	1,646,628	29,010,059	0.056761	57,394	3,258	69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	135,048	778,952	0.173371			70
71	MEDICAL SUPPLIES CHRGD TO PA	41,826	91,574,497	0.000457	115,329	53	71
72	IMPL. DEV. CHARGED TO PATIENT	42,539	72,281,407	0.000589	9,501	6	72
73	DRUGS CHARGED TO PATIENTS	291,937	152,595,613	0.001913	654,452	1,252	73
75	ASC (NON-DISTINCT PART)	673,284	4,882,135	0.137908			75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	639	2,340,900	0.000273			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	621,389	103,331,773	0.006014	370	2	91
91.01	SLEEP LAB	128,653	7,527,728	0.017091			91.01
91.02	BRONCH & GASTRO LAB	1,820,425	28,717,003	0.063392			91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS	172,723	13,092,543	0.013192			92
92.01	OBSERVATION BEDS-DISTINCT	399,719	15,304,589	0.026118			92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	23,762,856	1,203,488,440		3,643,943	123,301	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	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
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
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
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 SPECIAL PROCEDURES						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 APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T091)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)				
	7	8	9	10	11	12	13				
ANCILLARY SERVICE COST CENTERS											
50	OPERATING ROOM	105,313,642			65,178						50
51	RECOVERY ROOM	14,349,721			6,115						51
52	DELIVERY ROOM & LABOR ROOM	17,735,735									52
53	ANESTHESIOLOGY										53
54	RADIOLOGY-DIAGNOSTIC	45,117,986			224,749						54
57	COMPUTED TOMOGRAPHY (CT) SCA	65,946,907									57
58	MAGNETIC RESONANCE IMAGING (	14,457,672									58
59	CARDIAC CATHETERIZATION	35,632,605									59
60	LABORATORY	220,971,390			204,271						60
62	WHOLE BLOOD & PACKED RED BLO	13,671,171			6,040						62
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
65	RESPIRATORY THERAPY	64,834,654			266,575						65
66	PHYSICAL THERAPY	57,550,307			2,033,969						66
69	ELECTROCARDIOLOGY	26,469,451									69
69.01	SPECIAL PROCEDURES	29,010,059			57,394						69.01
69.02	CARDIAC REHAB										69.02
70	ELECTROENCEPHALOGRAPHY	778,952									70
71	MEDICAL SUPPLIES CHRGD TO P	91,574,497			115,329						71
72	IMPL. DEV. CHARGED TO PATIEN	72,281,407			9,501						72
73	DRUGS CHARGED TO PATIENTS	152,595,613			654,452						73
75	ASC (NON-DISTINCT PART)	4,882,135									75
75.01	WOUND CARE										75.01
76	ACUTE DIALYSIS										76
76.97	CARDIAC REHABILITATION										76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,340,900									76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
91	EMERGENCY	103,331,773			370						91
91.01	SLEEP LAB	7,527,728									91.01
91.02	BRONCH & GASTRO LAB	28,717,003									91.02
91.03	SURGICENTER										91.03
92	OBSERVATION BEDS	13,092,543									92
92.01	OBSERVATION BEDS-DISTINCT	15,304,589									92.01
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	1,203,488,440			3,643,943						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.386258						50
51 RECOVERY ROOM	0.197935						51
52 DELIVERY ROOM & LABOR ROOM	0.547815						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.556443						54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.078851						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223058						58
59 CARDIAC CATHETERIZATION	0.097474						59
60 LABORATORY	0.146044						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.363589						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.103895						65
66 PHYSICAL THERAPY	0.524942						66
69 ELECTROCARDIOLOGY	0.174153						69
69.01 SPECIAL PROCEDURES	0.363262						69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	0.897112						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.218143						71
72 IMPL. DEV. CHARGED TO PATIENT	0.301106						72
73 DRUGS CHARGED TO PATIENTS	0.193767						73
75 ASC (NON-DISTINCT PART)	0.779120						75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102593						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.178239						91
91.01 SLEEP LAB	0.249280						91.01
91.02 BRONCH & GASTRO LAB	0.325139						91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS	0.212833						92
92.01 OBSERVATION BEDS-DISTINCT	0.308179						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

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)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	4,526,577		4,526,577	60.37	10,692	645,476	30
31 INTENSIVE CARE UNIT							31
31.01 NEONATAL ICU	756,251		756,251	93.23	4,846	451,793	31.01
32 CORONARY CARE UNIT	287,549		287,549	78.48	254	19,934	32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT	327,294		327,294	84.73	811	68,716	34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	137,047		137,047	30.65	840	25,746	41
42 SUBPROVIDER I							42
43 NURSERY	6,189		6,189	0.92	3,287	3,024	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	6,040,907		6,040,907		20,730	1,214,689	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		(COL.3 x COL.4)
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	3,713,832	105,313,642	0.035264		50
51 RECOVERY ROOM	100,207	14,349,721	0.006983		51
52 DELIVERY ROOM & LABOR ROOM	17,387	17,735,735	0.000980		52
53 ANESTHESIOLOGY	5,064				53
54 RADIOLOGY-DIAGNOSTIC	5,176,132	45,117,986	0.114724		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	927,939	65,946,907	0.014071		57
58 MAGNETIC RESONANCE IMAGING (M	1,238,541	14,457,672	0.085667		58
59 CARDIAC CATHETERIZATION	788,952	35,632,605	0.022141		59
60 LABORATORY	1,794,590	220,971,390	0.008121		60
62 WHOLE BLOOD & PACKED RED BLOO	72,701	13,671,171	0.005318		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	419,685	64,834,654	0.006473		65
66 PHYSICAL THERAPY	2,466,935	57,550,307	0.042866		66
69 ELECTROCARDIOLOGY	1,066,081	26,469,451	0.040276		69
69.01 SPECIAL PROCEDURES	1,646,628	29,010,059	0.056761		69.01
69.02 CARDIAC REHAB					69.02
70 ELECTROENCEPHALOGRAPHY	135,048	778,952	0.173371		70
71 MEDICAL SUPPLIES CHRGD TO PA	41,826	91,574,497	0.000457		71
72 IMPL. DEV. CHARGED TO PATIENT	42,539	72,281,407	0.000589		72
73 DRUGS CHARGED TO PATIENTS	291,937	152,595,613	0.001913		73
75 ASC (NON-DISTINCT PART)	673,284	4,882,135	0.137908		75
75.01 WOUND CARE					75.01
76 ACUTE DIALYSIS					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	639	2,340,900	0.000273		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	621,389	103,331,773	0.006014		91
91.01 SLEEP LAB	128,653	7,527,728	0.017091		91.01
91.02 BRONCH & GASTRO LAB	1,820,425	28,717,003	0.063392		91.02
91.03 SURGICENTER					91.03
92 OBSERVATION BEDS	172,723	13,092,543	0.013192		92
92.01 OBSERVATION BEDS-DISTINCT	399,719	15,304,589	0.026118		92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	23,762,856	1,203,488,440			200

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
04/10/2013 15:03

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

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 04/10/2013 15:03

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	74,978		10,692		30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL ICU	8,112		4,846		31.01
32 CORONARY CARE UNIT	3,664		254		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	3,863		811		34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,472		840		41
42 SUBPROVIDER I					42
43 NURSERY	6,736		3,287		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	101,825		20,730		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	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
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
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
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 SPECIAL PROCEDURES						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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0091) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA [] OTHER	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 PGM 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	105,313,642					50
51						RECOVERY ROOM	14,349,721					51
52						DELIVERY ROOM & LABOR ROOM	17,735,735					52
53						ANESTHESIOLOGY						53
54						RADIOLOGY-DIAGNOSTIC	45,117,986					54
57						COMPUTED TOMOGRAPHY (CT) SCA	65,946,907					57
58						MAGNETIC RESONANCE IMAGING (	14,457,672					58
59						CARDIAC CATHETERIZATION	35,632,605					59
60						LABORATORY	220,971,390					60
62						WHOLE BLOOD & PACKED RED BLO	13,671,171					62
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	64,834,654					65
66						PHYSICAL THERAPY	57,550,307					66
69						ELECTROCARDIOLOGY	26,469,451					69
69.01						SPECIAL PROCEDURES	29,010,059					69.01
69.02						CARDIAC REHAB						69.02
70						ELECTROENCEPHALOGRAPHY	778,952					70
71						MEDICAL SUPPLIES CHRGD TO P	91,574,497					71
72						IMPL. DEV. CHARGED TO PATIEN	72,281,407					72
73						DRUGS CHARGED TO PATIENTS	152,595,613					73
75						ASC (NON-DISTINCT PART)	4,882,135					75
75.01						WOUND CARE						75.01
76						ACUTE DIALYSIS						76
76.97						CARDIAC REHABILITATION						76.97
76.98						HYPERBARIC OXYGEN THERAPY	2,340,900					76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
91						EMERGENCY	103,331,773					91
91.01						SLEEP LAB	7,527,728					91.01
91.02						BRONCH & GASTRO LAB	28,717,003					91.02
91.03						SURGICENTER						91.03
92						OBSERVATION BEDS	13,092,543					92
92.01						OBSERVATION BEDS-DISTINCT	15,304,589					92.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	1,203,488,440					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 [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	----- PROGRAM CHARGES -----				----- PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.386258					50
51	RECOVERY ROOM	0.197935					51
52	DELIVERY ROOM & LABOR ROOM	0.547815					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	0.556443					54
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.078851					57
58	MAGNETIC RESONANCE IMAGING (MRI)	0.223058					58
59	CARDIAC CATHETERIZATION	0.097474					59
60	LABORATORY	0.146044					60
62	WHOLE BLOOD & PACKED RED BLOOD	0.363589					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	0.103895					65
66	PHYSICAL THERAPY	0.524942					66
69	ELECTROCARDIOLOGY	0.174153					69
69.01	SPECIAL PROCEDURES	0.363262					69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	0.897112					70
71	MEDICAL SUPPLIES CHRGD TO PATI	0.218143					71
72	IMPL. DEV. CHARGED TO PATIENT	0.301106					72
73	DRUGS CHARGED TO PATIENTS	0.193767					73
75	ASC (NON-DISTINCT PART)	0.779120					75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.102593					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	0.178239					91
91.01	SLEEP LAB	0.249280					91.01
91.02	BRONCH & GASTRO LAB	0.325139					91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS	0.212833					92
92.01	OBSERVATION BEDS-DISTINCT	0.308179					92.01
OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (SEE INSTRUCTIONS)						200
201	LESS PBP CLINIC LAB SERVICES						201
202	NET CHARGES (LINE 200 - LINE 201)						202

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	3,713,832	105,313,642	0.035264	50
51	RECOVERY ROOM	100,207	14,349,721	0.006983	51
52	DELIVERY ROOM & LABOR ROOM	17,387	17,735,735	0.000980	52
53	ANESTHESIOLOGY	5,064			53
54	RADIOLOGY-DIAGNOSTIC	5,176,132	45,117,986	0.114724	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	927,939	65,946,907	0.014071	57
58	MAGNETIC RESONANCE IMAGING (M	1,238,541	14,457,672	0.085667	58
59	CARDIAC CATHETERIZATION	788,952	35,632,605	0.022141	59
60	LABORATORY	1,794,590	220,971,390	0.008121	60
62	WHOLE BLOOD & PACKED RED BLOO	72,701	13,671,171	0.005318	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	419,685	64,834,654	0.006473	65
66	PHYSICAL THERAPY	2,466,935	57,550,307	0.042866	66
69	ELECTROCARDIOLOGY	1,066,081	26,469,451	0.040276	69
69.01	SPECIAL PROCEDURES	1,646,628	29,010,059	0.056761	69.01
69.02	CARDIAC REHAB				69.02
70	ELECTROENCEPHALOGRAPHY	135,048	778,952	0.173371	70
71	MEDICAL SUPPLIES CHRGD TO PA	41,826	91,574,497	0.000457	71
72	IMPL. DEV. CHARGED TO PATIENT	42,539	72,281,407	0.000589	72
73	DRUGS CHARGED TO PATIENTS	291,937	152,595,613	0.001913	73
75	ASC (NON-DISTINCT PART)	673,284	4,882,135	0.137908	75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	639	2,340,900	0.000273	76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	621,389	103,331,773	0.006014	91
91.01	SLEEP LAB	128,653	7,527,728	0.017091	91.01
91.02	BRONCH & GASTRO LAB	1,820,425	28,717,003	0.063392	91.02
91.03	SURGICENTER				91.03
92	OBSERVATION BEDS	172,723	13,092,543	0.013192	92
92.01	OBSERVATION BEDS-DISTINCT	399,719	15,304,589	0.026118	92.01
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	23,762,856	1,203,488,440		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 TITLE XIX IRF (14-T091) NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
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
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
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 SPECIAL PROCEDURES						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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T091)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [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	105,313,642					50
51	RECOVERY ROOM	14,349,721					51
52	DELIVERY ROOM & LABOR ROOM	17,735,735					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	45,117,986					54
57	COMPUTED TOMOGRAPHY (CT) SCA	65,946,907					57
58	MAGNETIC RESONANCE IMAGING (	14,457,672					58
59	CARDIAC CATHETERIZATION	35,632,605					59
60	LABORATORY	220,971,390					60
62	WHOLE BLOOD & PACKED RED BLO	13,671,171					62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	64,834,654					65
66	PHYSICAL THERAPY	57,550,307					66
69	ELECTROCARDIOLOGY	26,469,451					69
69.01	SPECIAL PROCEDURES	29,010,059					69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	778,952					70
71	MEDICAL SUPPLIES CHRGD TO P	91,574,497					71
72	IMPL. DEV. CHARGED TO PATIEN	72,281,407					72
73	DRUGS CHARGED TO PATIENTS	152,595,613					73
75	ASC (NON-DISTINCT PART)	4,882,135					75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,340,900					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	103,331,773					91
91.01	SLEEP LAB	7,527,728					91.01
91.02	BRONCH & GASTRO LAB	28,717,003					91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS	13,092,543					92
92.01	OBSERVATION BEDS-DISTINCT	15,304,589					92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,203,488,440					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.386258						50
51 RECOVERY ROOM	0.197935						51
52 DELIVERY ROOM & LABOR ROOM	0.547815						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.556443						54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.078851						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223058						58
59 CARDIAC CATHETERIZATION	0.097474						59
60 LABORATORY	0.146044						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.363589						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.103895						65
66 PHYSICAL THERAPY	0.524942						66
69 ELECTROCARDIOLOGY	0.174153						69
69.01 SPECIAL PROCEDURES	0.363262						69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	0.897112						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.218143						71
72 IMPL. DEV. CHARGED TO PATIENT	0.301106						72
73 DRUGS CHARGED TO PATIENTS	0.193767						73
75 ASC (NON-DISTINCT PART)	0.779120						75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102593						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.178239						91
91.01 SLEEP LAB	0.249280						91.01
91.02 BRONCH & GASTRO LAB	0.325139						91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS	0.212833						92
92.01 OBSERVATION BEDS-DISTINCT	0.308179						92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

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)	74,978	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	74,978	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	72,117	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)	27,087	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)	73,026,392	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	73,026,392	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	161,690,365	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	161,690,365	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.451643	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)	2,242.06	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)	73,026,392	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) 973.97 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 26,381,925 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) 26,381,925 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 NEONATAL ICU	13,052,761	8,112	1,609.07		43.01
44 CORONARY CARE UNIT	7,477,590	3,664	2,040.83	1,749	3,569,412 44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT	7,567,189	3,863	1,958.89	968	1,896,206 46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					52,504,960 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					84,352,503 49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,854,523 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					3,965,011 51
52 TOTAL PROGRAM EXCLUDABLE COST					5,819,534 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					78,532,969 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)					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 INSTRUCTIONS) (TITLE XVIII ONLY)					64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)					2,861 87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					973.97 88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					2,786,528 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
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	4,526,577	73,026,392	0.061985	2,786,528	172,723 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,472	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,472	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,472	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)	1,572	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)	4,014,896	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	4,014,896	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,308,823	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,308,823	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.389462	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)	2,305.19	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)	4,014,896	37

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)	897.79 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,411,326 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)	1,411,326 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,455,771 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,867,097 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	48,182 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	123,301 51
52 TOTAL PROGRAM EXCLUDABLE COST	171,483 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,695,614 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 HOSPITAL (14-0091) SUB (OTHER) ICF/MR PPS
 APPLICABLE 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)	74,978	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	74,978	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	72,117	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)	10,692	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)	6,736	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,287	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)	73,026,392	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	73,026,392	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	161,690,365	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	161,690,365	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.451643	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)	2,242.06	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)	73,026,392	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) 973.97 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,413,687 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) 10,413,687 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)	3,336,784	6,736	495.37	3,287	1,628,281 42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS

43 INTENSIVE CARE UNIT					43
43.01 NEONATAL ICU	13,052,761	8,112	1,609.07	4,846	7,797,553 43.01
44 CORONARY CARE UNIT	7,477,590	3,664	2,040.83	254	518,371 44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT	7,567,189	3,863	1,958.89	811	1,588,660 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)					21,946,552 49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,188,943 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					1,188,943 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					20,757,609 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)					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 INSTRUCTIONS) (TITLE XVIII ONLY)					64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)					2,861 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)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4
90 CAPITAL-RELATED COST				90
91 NURSING SCHOOL COST				91
92 ALLIED HEALTH COST				92
93 ALL OTHER MEDICAL EDUCATION				93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,472	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,472	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,472	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)	840	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)	4,008,185	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	4,008,185	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,308,823	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,308,823	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.388811	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)	2,305.19	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)	4,008,185	37

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)	896.28	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	752,875	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)	752,875	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	752,875	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	25,746	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	25,746	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		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 INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		59,222,195		30
31.01 NEONATAL ICU				31.01
32 CORONARY CARE UNIT		9,653,535		32
34 SURGICAL INTENSIVE CARE UNIT		5,502,767		34
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.386959	22,267,907	8,616,767	50
51 RECOVERY ROOM	0.197935	2,933,552	580,653	51
52 DELIVERY ROOM & LABOR ROOM	0.547815	240,647	131,830	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.556678	6,900,031	3,841,095	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.078851	10,813,604	852,663	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223058	3,136,568	699,637	58
59 CARDIAC CATHETERIZATION	0.097811	8,597,920	840,971	59
60 LABORATORY	0.146074	29,248,122	4,272,390	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.363589	4,486,273	1,631,160	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.103903	22,639,219	2,352,283	65
66 PHYSICAL THERAPY	0.525450	4,652,439	2,444,624	66
69 ELECTROCARDIOLOGY	0.174153	8,833,534	1,538,386	69
69.01 SPECIAL PROCEDURES	0.363262	7,384,997	2,682,689	69.01
69.02 CARDIAC REHAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.897112	69,029	61,927	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.218143	22,346,771	4,874,792	71
72 IMPL. DEV. CHARGED TO PATIENT	0.301106	20,841,795	6,275,590	72
73 DRUGS CHARGED TO PATIENTS	0.193767	38,960,895	7,549,336	73
75 ASC (NON-DISTINCT PART)	0.784599	4,129	3,240	75
75.01 WOUND CARE				75.01
76 ACUTE DIALYSIS				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102593	932,189	95,636	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.178239	11,403,502	2,032,549	91
91.01 SLEEP LAB	0.250873	3,860	968	91.01
91.02 BRONCH & GASTRO LAB	0.325139	2,792,705	908,017	91.02
91.03 SURGICENTER				91.03
92 OBSERVATION BEDS	0.212833			92
92.01 OBSERVATION BEDS-DISTINCT	0.309057	704,584	217,757	92.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		230,194,272	52,504,960	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		230,194,272		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	
	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
41 SUBPROVIDER - IRF		3,580,725		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.386959	65,178	25,221	50
51 RECOVERY ROOM	0.197935	6,115	1,210	51
52 DELIVERY ROOM & LABOR ROOM	0.547815			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.556678	224,749	125,113	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.078851			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223058			58
59 CARDIAC CATHETERIZATION	0.097811			59
60 LABORATORY	0.146074	204,271	29,839	60
62 WHOLE BLOOD & PACKED RED BLOOD	0.363589	6,040	2,196	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.103903	266,575	27,698	65
66 PHYSICAL THERAPY	0.525450	2,033,969	1,068,749	66
69 ELECTROCARDIOLOGY	0.174153			69
69.01 SPECIAL PROCEDURES	0.363262	57,394	20,849	69.01
69.02 CARDIAC REHAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.897112			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.218143	115,329	25,158	71
72 IMPL. DEV. CHARGED TO PATIENT	0.301106	9,501	2,861	72
73 DRUGS CHARGED TO PATIENTS	0.193767	654,452	126,811	73
75 ASC (NON-DISTINCT PART)	0.784599			75
75.01 WOUND CARE				75.01
76 ACUTE DIALYSIS				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102593			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.178239	370	66	91
91.01 SLEEP LAB	0.250873			91.01
91.02 BRONCH & GASTRO LAB	0.325139			91.02
91.03 SURGICENTER				91.03
92 OBSERVATION BEDS	0.212833			92
92.01 OBSERVATION BEDS-DISTINCT	0.309057			92.01
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,643,943	1,455,771	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,643,943		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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (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
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.386959			50
51 RECOVERY ROOM	0.197935			51
52 DELIVERY ROOM & LABOR ROOM	0.547815			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.556678			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.078851			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223058			58
59 CARDIAC CATHETERIZATION	0.097811			59
60 LABORATORY	0.146074			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.363589			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.103903			65
66 PHYSICAL THERAPY	0.525450			66
69 ELECTROCARDIOLOGY	0.174153			69
69.01 SPECIAL PROCEDURES	0.363262			69.01
69.02 CARDIAC REHAB				69.02
70 ELECTROENCEPHALOGRAPHY	0.897112			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.218143			71
72 IMPL. DEV. CHARGED TO PATIENT	0.301106			72
73 DRUGS CHARGED TO PATIENTS	0.193767			73
75 ASC (NON-DISTINCT PART)	0.784599			75
75.01 WOUND CARE				75.01
76 ACUTE DIALYSIS				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102593			76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.178239			91
91.01 SLEEP LAB	0.250873			91.01
91.02 BRONCH & GASTRO LAB	0.325139			91.02
91.03 SURGICENTER				91.03
92 OBSERVATION BEDS	0.212833			92
92.01 OBSERVATION BEDS-DISTINCT	0.309057			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
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.386258		50
51 RECOVERY ROOM	0.197935		51
52 DELIVERY ROOM & LABOR ROOM	0.547815		52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	0.556443		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.078851		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223058		58
59 CARDIAC CATHETERIZATION	0.097474		59
60 LABORATORY	0.146044		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.363589		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.103895		65
66 PHYSICAL THERAPY	0.524942		66
69 ELECTROCARDIOLOGY	0.174153		69
69.01 SPECIAL PROCEDURES	0.363262		69.01
69.02 CARDIAC REHAB			69.02
70 ELECTROENCEPHALOGRAPHY	0.897112		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.218143		71
72 IMPL. DEV. CHARGED TO PATIENT	0.301106		72
73 DRUGS CHARGED TO PATIENTS	0.193767		73
75 ASC (NON-DISTINCT PART)	0.779120		75
75.01 WOUND CARE			75.01
76 ACUTE DIALYSIS			76
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.102593		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.178239		91
91.01 SLEEP LAB	0.249280		91.01
91.02 BRONCH & GASTRO LAB	0.325139		91.02
91.03 SURGICENTER			91.03
92 OBSERVATION BEDS	0.212833		92
92.01 OBSERVATION BEDS-DISTINCT	0.308179		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 [XX] HOSPITAL (14-0091)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	55,306,079	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	2,051,805	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	18,185,141	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	289.20	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)	29.04	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.	1.75	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)	27.29	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	53.09	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	3.40	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	30.69	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	32.75	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	31.91	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	31.91	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.110339	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.113204	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.110339	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	4,296,003	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)	25.00	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	25.80	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	25.00	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.086445	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.022538	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	1,656,345	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	5,952,348	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0454	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2555	31
32	SUM OF LINES 30 AND 31	0.3009	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1404	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	7,764,973	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)	71,075,205	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)	71,075,205	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,240,082	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	1,616,928	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)	77,932,215	59
60	PRIMARY PAYER PAYMENTS	53,374	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	77,878,841	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,033,468	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	209,218	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	782,322	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	547,625	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	58,912	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	73,183,780	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)	73,183,780	71
72	INTERIM PAYMENTS	69,067,333	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	4,116,447	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,297,320	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 IPF 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		AMOUNT		
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		67,592,192		14,517,284	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.		1,285,302		472,614	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 11/01/2012	313,636	11/01/2012	2,880	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50 08/27/2012	123,797	08/27/2012	317,536	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		189,839		-314,656	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		69,067,333		14,675,242	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	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				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 .01	4,116,447		706,913	6.01
	TO .02				6.02
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		73,183,780		15,382,155	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY		AMOUNT	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,198,736		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 08/27/2012	29,786		NONE 3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99	29,786		3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		29,786		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,228,522		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		NONE	NONE 5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50		NONE	NONE 5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			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 .01		26,895	6.01
	TO .02			
	PROVIDER .03			
	TO .04			
	PROGRAM .05			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			2,255,417	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
04/10/2013 15:03

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

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

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	21,548	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	29,804	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	9,604	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	87,756	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,453,005,752	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	174,306,242	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)	2,326,778	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	2,096,776	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	230,002	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IRF (14-T091)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	2,033,576	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.031900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	195,140	3
4	OUTLIER PAYMENTS	60,511	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	12.218579	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)	2,289,227	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)	2,289,227	17
18	PRIMARY PAYER PAYMENTS	7,848	18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,281,379	19
20	DEDUCTIBLES	16,136	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,265,243	21
22	COINSURANCE	9,826	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,255,417	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)	2,255,417	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		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)	2,255,417	32
33	INTERIM PAYMENTS	2,228,522	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	26,895	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
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	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1	752,875	1
2		2
3		3
4	752,875	4
5		5
6		6
7	752,875	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8		8
9		9
10		10
11		11
12		12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16		16
17		17
18	752,875	18
19		19
20		20
21		21
PROSPECTIVE PAYMENT AMOUNT		
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30		30
31		31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43

SECTION 115.2

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		28.35 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		0.85 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 ADJUSTED 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)		27.50 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		53.84 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		27.50 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	42.65	10.58	53.23 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	21.78	5.40	27.18 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.89	10
11	TOTAL WEIGHTED FTE COUNT	21.78	9.29	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	23.59	7.37	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	26.40	4.94	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	23.92	7.20	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	23.92	7.20	17
18	PER RESIDENT AMOUNT	80,012.59	80,012.59	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,913,901	576,091	2,489,992 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			25.00 20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			26.34 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			24.72 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			94,936.95 23
24	MULTIPLY LINE 22 TIMES LINE 23			2,346,841 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			4,836,833 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	31,376	9,604	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	92,228	92,228	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.340200	0.104133	28
29	PROGRAM DIRECT GME AMOUNT	1,645,491	503,674	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		71,169	30
31	NET PROGRAM DIRECT GME AMOUNT			2,077,996 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 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			87,219,600 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			3,222 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			61,222 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			87,158,378 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			24,856,431 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			3,222 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			24,853,209 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			112,011,587 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.778119 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.221881 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,077,996 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,616,928 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			461,068 50

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 ADJUSTED 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 1	OTHER 2	TOTAL 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 UNWEIGHTED 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	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	17,443		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	92,228		27
29	PROGRAM DIRECT GME AMOUNT	0.189129		28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
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 × 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 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 × 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	-9,316,471			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	419,857,336			4
5 OTHER RECEIVABLES	1,762,282			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-323,508,873			6
7 INVENTORY	5,623,564			7
8 PREPAID EXPENSES	1,523,897			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	95,941,735			11
FIXED ASSETS				
12 LAND				12
13 LAND IMPROVEMENTS	688,371			13
14 ACCUMULATED DEPRECIATION	-510,939			14
15 BUILDINGS	5,563,711			15
16 ACCUMULATED DEPRECIATION	-29,422			16
17 LEASEHOLD IMPROVEMENTS	343,715			17
18 ACCUMULATED AMORTIZATION	-207,082			18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS	97,870			21
22 ACCUMULATED DEPRECIATION	-61,021			22
23 MAJOR MOVABLE EQUIPMENT	60,373,497			23
24 ACCUMULATED DEPRECIATION	-29,116,703			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)	37,141,997			30
OTHER ASSETS				
31 INVESTMENTS				31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS				34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)				35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	133,083,732			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	8,628,839			37
38 SALARIES, WAGES & FEES PAYABLE	31,947,921			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	-92,593,325			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	-52,016,565			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)	-52,016,565			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	185,100,297			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)	185,100,297			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	133,083,732			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		163,343,262							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		106,363,151							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		269,706,413							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)		269,706,413							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 NET AFFILIATE TRANSFERS	84,606,116								13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		84,606,116							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		185,100,297							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	188,487,286		188,487,286	1
3 SUBPROVIDER IPF				2
5 SUBPROVIDER IRF	10,308,823		10,308,823	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	198,796,109		198,796,109	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT				11
11.01 NEONATAL ICU	28,452,421		28,452,421	11.01
12 CORONARY CARE UNIT	20,013,695		20,013,695	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT	21,532,548		21,532,548	14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	69,998,664		69,998,664	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	268,794,773		268,794,773	17
18 ANCILLARY SERVICES	653,150,525		653,150,525	18
19 OUTPATIENT SERVICES		547,216,213	547,216,213	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,360,879	5,360,879	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE	703,775	6,672,132	7,375,907	26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	922,649,073	559,249,224	1,481,898,297	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		350,932,433	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	24,552,200		31
32			32
33			33
34			34
35 INCOME TAX			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		24,552,200	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)		375,484,633	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,481,898,297	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,019,342,771	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	462,555,526	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	375,484,633	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	87,070,893	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		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.)	190,843	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	40,600	22
23	GOVERNMENTAL APPROPRIATIONS	522,705	23
24			24
24.01	OTHER (OTHER)	14,289,091	24.01
24.02	OTHER (GOVT SUBSIDIES)	1,000,000	24.02
24.03	OTHER (GRANT)	3,249,019	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	19,292,258	25
26	TOTAL (LINE 5 PLUS LINE 25)	106,363,151	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)	106,363,151	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
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	820,927	254,144	21,680		1,090,474	2,187,225 5
7 SKILLED NURSING CARE	1,553,931	351,499	149,227		69,813	2,124,470 6
8 PHYSICAL THERAPY	552,667	116,039	73,620		351,072	1,093,398 7
9 OCCUPATIONAL THERAPY	221,257	45,380	33,046			299,683 8
10 SPEECH PATHOLOGY	44,159	5,042	7,605		67	56,873 9
11 MEDICAL SOCIAL SERVICES	12,314	2,596	4,111			19,021 10
12 HOME HEALTH AIDE	54,947	20,307	25,862		18,580	119,696 11
13 SUPPLIES (SEE INSTRUCTIONS)					26,566	26,566 12
14 DRUGS						13
15 DME						14
16 HHA NONREIMBURSABLE SERVICES						15
17 HOME DIALYSIS AIDE SERVICES						16
18 RESPIRATORY THERAPY						17
19 PRIVATE DUTY NURSING						18
20 CLINIC						19
21 HEALTH PROMOTION ACTIVITIES						20
22 DAY CARE PROGRAM						21
23 HOME DELIVERED MEALS PROGRAM						22
24 HOMEMAKER SERVICE						23
25 ALL OTHERS						24
26 TOTAL (SUM OF LINES 1-23)	3,260,202	795,007	315,151		1,556,572	5,926,932 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	-1,200,646	986,579	-6,581	979,998	5
6		2,124,470		2,124,470	6
7		1,093,398		1,093,398	7
8		299,683		299,683	8
9		56,873		56,873	9
10		19,021		19,021	10
11		119,696		119,696	11
12		26,566		26,566	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-1,200,646	4,726,286	-6,581	4,719,705	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	979,998				979,998	979,998		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	2,124,470				2,124,470	556,721	2,681,191	8
9	PHYSICAL THERAPY	1,093,398				1,093,398	286,527	1,379,925	9
10	OCCUPATIONAL THERAPY	299,683				299,683	78,533	378,216	10
11	SPEECH PATHOLOGY	56,873				56,873	14,904	71,777	11
12	MEDICAL SOCIAL SERVICES	19,021				19,021	4,984	24,005	12
13	HOME HEALTH AIDE	119,696				119,696	31,367	151,063	13
14	SUPPLIES (SEE INSTRUCTIONS)	26,566				26,566	6,962	33,528	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)	4,719,705				4,719,705		4,719,705	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					-979,998	3,739,707	5
6 SKILLED NURSING CARE						2,124,470	6
7 PHYSICAL THERAPY						1,093,398	7
8 OCCUPATIONAL THERAPY						299,683	8
9 SPEECH PATHOLOGY						56,873	9
10 MEDICAL SOCIAL SERVICES						19,021	10
11 HOME HEALTH AIDE						119,696	11
12 SUPPLIES (SEE INSTRUCTIONS)						26,566	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)					-979,998	3,739,707	24
25 COST TO BE ALLOC (PER W/S H)						979,998	25
26 UNIT COST MULTIPLIER						0.262052	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7241

WORKSHEET H-2
 PART I

HHA COST CENTER	ALLOCATED		
	HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE	245,971	4,431,208	2
3 PHYSICAL THERAPY	126,593	2,280,603	3
4 OCCUPATIONAL THERAPY	34,697	625,078	4
5 SPEECH PATHOLOGY	6,585	118,626	5
6 MEDICAL SOCIAL SERVICES	2,202	39,673	6
7 HOME HEALTH AIDE	13,858	249,662	7
8 SUPPLIES	3,076	55,412	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)	432,982	7,800,262	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.	0.058771		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-PATIE N TELEPHON E PHONE INSTR	DATA PROCE 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	3,462	15,951		779,225	149	55,373		
2 SKILLED NURSING CARE				1,553,931				
3 PHYSICAL THERAPY				552,667				
4 OCCUPATIONAL THERAPY				221,257				
5 SPEECH PATHOLOGY				44,159				
6 MEDICAL SOCIAL SERVICES				12,314				
7 HOME HEALTH AIDE				54,947				
8 SUPPLIES								
9 DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SERVICES								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROMOTION ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DELIVERED MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHERS								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF LINES 1-19)	3,462	15,951		3,218,500	149	55,373		
21 TOTAL COST TO BE ALLOCATED	103,964	37,562						
22 UNIT COST MULTIPLIER	30.030040							
22 UNIT COST MULTIPLIER		2.354837						

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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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	ADMINISTRATIVE AND GENERAL				1
2	SKILLED NURSING CARE				2
3	PHYSICAL THERAPY				3
4	OCCUPATIONAL THERAPY				4
5	SPEECH PATHOLOGY				5
6	MEDICAL SOCIAL SERVICES				6
7	HOME HEALTH AIDE				7
8	SUPPLIES				8
9	DRUGS				9
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)				20
21	TOTAL COST TO BE ALLOCATED				21
22	UNIT COST MULTIPLIER				22
22	UNIT COST MULTIPLIER				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7241

WORKSHEET H-3
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] 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, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	VISITS	COST PER VISIT (COL.3 ÷ COL.4)	
					3	4	5	
1	SKILLED NURSING CARE	2	4,431,208	2	4,431,208	17,294	256.23	1
2	PHYSICAL THERAPY	3	2,280,603		2,280,603	8,394	271.69	2
3	OCCUPATIONAL THERAPY	4	625,078		625,078	2,019	309.60	3
4	SPEECH PATHOLOGY	5	118,626		118,626	389	304.95	4
5	MEDICAL SOCIAL SERVICES	6	39,673		39,673	143	277.43	5
6	HOME HEALTH AIDE	7	249,662		249,662	2,076	120.26	6
7	TOTAL (SUM OF LINES 1-6)		7,744,850		7,744,850	30,315		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, PART I, COL 28, LINE	COSTS (FROM WKST H-2, PART I)	ANCILLARY COSTS (FROM PART II)	COSTS (COLS. 1+2)	CHARGES (FROM HHA RECORD)	(COL.3 ÷ COL.4)	
					3	4	5	
15	COST OF MEDICAL SUPPLIES	8	55,412	2	55,412	32,049	1.728978	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 A	PART B	PART A	PART B	
PATIENT SERVICES					
	6	7	9	10	12
1 SKILLED NURSING CARE	4,747	3,386	1,216,324	867,595	2,083,919
2 PHYSICAL THERAPY	2,599	1,305	706,122	354,555	1,060,677
3 OCCUPATIONAL THERAPY	657	310	203,407	95,976	299,383
4 SPEECH PATHOLOGY	112	18	34,154	5,489	39,643
5 MEDICAL SOCIAL SERVICES	26	33	7,213	9,155	16,368
6 HOME HEALTH AIDE	390	989	46,901	118,937	165,838
7 TOTAL (SUM OF LINES 1-6)	8,531	6,041	2,214,121	1,451,707	3,665,828

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	PART B	
8 SKILLED NURSING CARE	1	2	3	4
8.01 SKILLED NURSING CARE	16580	2,625	1,990	8
8.02 SKILLED NURSING CARE	19180	1,420	612	8.01
8.03 SKILLED NURSING CARE	14060	2		8.02
8.04 SKILLED NURSING CARE	19500			8.03
9 PHYSICAL THERAPY	99914	700	784	8.04
9.01 PHYSICAL THERAPY	16580	1,516	848	9
9.02 PHYSICAL THERAPY	19180	666	261	9.01
9.03 PHYSICAL THERAPY	14060	1		9.02
9.04 PHYSICAL THERAPY	19500			9.03
10 OCCUPATIONAL THERAPY	99914	416	196	9.04
10.01 OCCUPATIONAL THERAPY	16580	344	170	10
10.02 OCCUPATIONAL THERAPY	19180	237	104	10.01
10.03 OCCUPATIONAL THERAPY	14060	2		10.02
10.04 OCCUPATIONAL THERAPY	19500			10.03
11 SPEECH PATHOLOGY	99914	74	36	10.04
11.01 SPEECH PATHOLOGY	16580	45	10	11
11.02 SPEECH PATHOLOGY	19180	59	1	11.01
11.03 SPEECH PATHOLOGY	14060			11.02
11.04 SPEECH PATHOLOGY	19500			11.03
12 MEDICAL SOCIAL SERVICES	99914	8	7	11.04
12.01 MEDICAL SOCIAL SERVICES	16580	14	24	12
12.02 MEDICAL SOCIAL SERVICES	19180	10	7	12.01
12.03 MEDICAL SOCIAL SERVICES	14060			12.02
12.04 MEDICAL SOCIAL SERVICES	19500			12.03
13 HOME HEALTH AIDE	99914	2	2	12.04
13.01 HOME HEALTH AIDE	16580	284	611	13
13.02 HOME HEALTH AIDE	19180	80	223	13.01
13.03 HOME HEALTH AIDE	14060			13.02
13.04 HOME HEALTH AIDE	19500			13.03
14 TOTAL (SUM OF LINES 8-13)	99914	26	155	13.04
		8,531	6,041	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES		
	PART A	PART B	PART C	PART A	PART B	PART C
OTHER PATIENT SERVICES						
15 COST OF MEDICAL SUPPLIES	6	7	8	9	10	11
16 COST OF DRUGS						

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	TOTAL
1 PHYSICAL THERAPY	66	0.524942		COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	67			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	71	0.218143		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.193767		COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT 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 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)			2
3 TOTAL CHARGES	1,569,266		
CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)			3
5 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
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,569,266		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,569,266		7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)			8
10 PRIMARY PAYER PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES		PART B SERVICES
	1	2	
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,591,057	826,898	11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	25,905	50,937	12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	49,007	31,182	13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	14,242	3,785	14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	14,158	29,358	15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
18 TOTAL OTHER PAYMENTS			17
19 DME PAYMENTS			18
20 OXYGEN PAYMENTS			19
21 PROSTHETIC AND ORTHOTIC PAYMENTS			20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,694,369	942,160	22
24 EXCESS REASONABLE COST (FROM LINE 8)			23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	1,694,369	942,160	24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
27 NET COST (LINE 24 MINUS LINE 25)	1,694,369	942,160	26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,694,369	942,160	29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,694,369	942,160	31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,694,369	942,160	32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)
	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	67,083		423		1,875,500	1,943,006
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE VISITING SERVICES						8
9 PHYSICIAN SERVICES						9
10 NURSING CARE	1,110,180		86,975		235,656	1,432,811
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY			1,128			1,128
13 OCCUPATIONAL THERAPY			17			17
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	96,143		10,934		20,452	127,529
16 SPIRITUAL COUNSELING	99,120		13,102		37,121	149,343
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	85,394		32,731		31,284	149,409
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER						21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL & INFUSION THERAPY						22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES						28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES						30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS	6,301		226		9,413	15,940
36 VOLUNTEER PROGRAM COSTS	35,224		1,301		23,643	60,168
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS						38
39 TOTAL (SUM OF LINES 1-38)	1,499,445		146,837		2,233,069	3,879,351

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	-87,405	1,855,601	-10,731	1,844,870	6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	-174,810	3,791,946	-21,462	3,781,215	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								1						
2	CAP REL COSTS-BLDG AND FIXT.								2						
3	CAP REL COSTS-MOVABLE EQUIP.								3						
4	PLANT OPERATION & MAINT.								4						
5	TRANSPORTATION - STAFF								5						
6	VOLUNTEER SERVICE COORD.								6						
7	ADMINISTRATIVE AND GENERAL								6						
8		37,731						29,352	67,083						
9	INPATIENT CARE SERVICE								7						
10	INPATIENT - GENERAL CARE								8						
11	INPATIENT - RESPITE CARE								9						
12	VISITING SERVICES								10						
13	PHYSICIAN SERVICES								11						
14	NURSING CARE								1,110,180	1,110,180					
15	NURSING CARE-CONT.HOME CARE								12						
16	PHYSICAL THERAPY								13						
17	OCCUPATIONAL THERAPY								14						
18	SPEECH/LANGUAGE PATHOLOGY								15						
19	MEDICAL SOCIAL SERVICES								96,143	96,143					
20	SPIRITUAL COUNSELING								99,120	99,120					
21	DIETARY COUNSELING								17						
22	COUNSELING - OTHER								18						
23	HH AIDE AND HOMEMAKER								85,394	85,394					
24	HH AIDE & HMKR-CONT.HME CARE								19						
25	OTHER								20						
26	OTHER HOSPICE SERVICE COSTS								21						
27	DRUGS, BIOL. & INFUS. THER.								22						
28	ANALGESICS								23						
29	SEDATIVES / HYPNOTICS								24						
30	OTHER - SPECIFY								25						
31	DURABLE MED. EQUIP./OXYGEN								26						
32	PATIENT TRANSPORTATION								27						
33	IMAGING SERVICES								28						
34	LABS AND DIAGNOSTICS								29						
35	MEDICAL SUPPLIES								30						
36	OUTPAT.SERV.(INCL.E/R DEPT.)								31						
37	RADIATION THERAPY								32						
38	CHEMOTHERAPY								33						
39	OTHER								34						
35	HOSPICE NONREIMBURSABLE SERVICE								6,301	6,301					
36	BEREAVEMENT PROGRAM COSTS								35,224	35,224					
37	VOLUNTEER PROGRAM COSTS								37						
38	FUNDRAISING								38						
39	OTHER PROGRAM COSTS								38						
39	TOTAL (SUM OF LINES 1-38)								37,731	96,143	1,110,180	85,394	169,997	1,499,445	39

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1526 WORKSHEET K-3

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1526

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDGCOSTS	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 GENERAL SERVICE COST CENTER									
2 CAP REL COSTS-BLDG AND FIXT.									1
3 CAP REL COSTS-MOVABLE EQUIP.									2
4 PLANT OPERATION & MAINT.									3
5 TRANSPORTATION - STAFF									4
6 VOLUNTEER SERVICE COORD.									5
7 ADMINISTRATIVE AND GENERAL	1,844,870						1,844,870	1,844,870	6
8 INPATIENT CARE SERVICE									
9 INPATIENT - GENERAL CARE									7
10 INPATIENT - RESPITE CARE									8
11 VISITING SERVICES									
12 PHYSICIAN SERVICES									9
13 NURSING CARE	1,432,811						1,432,811	1,365,123	10
14 NURSING CARE-CONTINUOUS HOME									11
15 PHYSICAL THERAPY	1,128						1,128	1,075	12
16 OCCUPATIONAL THERAPY	17						17	16	13
17 SPEECH/LANGUAGE PATHOLOGY									14
18 MEDICAL SOCIAL SERVICES	127,529						127,529	121,504	15
19 SPIRITUAL COUNSELING	149,343						149,343	142,288	16
20 DIETARY COUNSELING									17
21 COUNSELING - OTHER									18
22 HH AIDE AND HOMEMAKER	149,409						149,409	142,351	19
23 HH AIDE & HMKR-CONT. HOME CA									20
24 OTHER									21
25 OTHER HOSPICE SERVICE COSTS									
26 DRUGS, BIOL. & INFUS. THER.									22
27 ANALGESICS									23
28 SEDATIVES / HYPNOTICS									24
29 OTHER - SPECIFY									25
30 DURABLE MED. EQUIP./OXYGEN									26
31 PATIENT TRANSPORTATION									27
32 IMAGING SERVICES									28
33 LABS AND DIAGNOSTICS									29
34 MEDICAL SUPPLIES									30
35 OUTPAT.SERV.(INCL.E/R DEPT.)									31
36 RADIATION THERAPY									32
37 CHEMOTHERAPY									33
38 OTHER									34
39 HOSPICE NONREIMBURSABLE SERV.									
40 BEREAVEMENT PROGRAM COSTS	15,940						15,940	15,187	35
41 VOLUNTEER PROGRAM COSTS	60,168						60,168	57,326	36
42 FUNDRAISING									37
43 OTHER PROGRAM COSTS									38
44 TOTAL (SUM OF LINES 1-38)	3,781,215						3,781,215		39

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

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	ALLOC HOSP A&G (SEE PART II)	TOTAL HOSP COSTS (COL 26 ± 27)	
	27	28	
1 ADMINISTRATIVE AND GENERAL			1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE	306,643	4,674,111	5
6 NURSING CARE-CONTINUOUS HOM			6
7 PHYSICAL THERAPY	241	3,680	7
8 OCCUPATIONAL THERAPY	4	56	8
9 SPEECH/LANGUAGE PATHOLOGY			9
10 MEDICAL SOCIAL SERV. - DIRE	27,293	416,024	10
11 SPIRITUAL COUNSELING	31,962	487,187	11
12 DIETARY COUNSELING			12
13 COUNSELING - OTHER			13
14 HOME HLTH AIDE & HOMEMAKERS	31,976	487,402	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	3,411	51,999	30
31 VOLUNTEER PROGRAM COSTS	12,877	196,281	31
32 FUNDRAISING			32
33 OTHER PROGRAM COSTS			33
34 TOTALS (SUM OF LINES 1-33)		6,316,740	34
35 UNIT COST MULTIPLIER	0.070211		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 ENEFITS GROSS SALARIES	NON-PATIE N T TELEPH E PHONE INSTR	DATA PROCE SSING INVOICES	FOUNDATIO N OVERHEAD TOTAL COST	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL	3,439	11,574		67,083				
2 INPATIENT - GENERAL CARE								
3 INPATIENT - RESPITE CARE								
4 PHYSICIAN SERVICES								
5 NURSING CARE				1,110,180				
6 NURSING CARE-CONTINUOUS HOM								
7 PHYSICAL THERAPY								
8 OCCUPATIONAL THERAPY								
9 SPEECH/LANGUAGE PATHOLOGY								
10 MEDICAL SOCIAL SERV. - DIRE				96,143				
11 SPIRITUAL COUNSELING				99,120				
12 DIETARY COUNSELING								
13 COUNSELING - OTHER								
14 HOME HLTH AIDE & HOMEMAKERS				85,394				
15 HH AIDE & HMKR-CONT. HOME C								
16 OTHER								
17 DRUGS,BIOLOGICALS & INFUSIO								
18 ANALGESICS								
19 SEDATIVES / HYPNOTICS								
20 OTHER - SPECIFY								
21 DURABLE MED. EQUIP./OXYGEN								
22 PATIENT TRANSPORTATION								
23 IMAGING SERVICES								
24 LABS AND DIAGNOSTICS								
25 MEDICAL SUPPLIES								
26 OUTPAT. SERV.(INCL.E/R DEPT								
27 RADIATION THERAPY								
28 CHEMOTHERAPY								
29 OTHER								
30 BEREAVEMENT PROGRAM COSTS				6,301				
31 VOLUNTEER PROGRAM COSTS				35,224				
32 FUNDRAISING								
33 OTHER PROGRAM COSTS								
34 TOTALS (SUM OF LINES 1-33)	3,439	11,574		1,499,445				
35 TOTAL COST TO BE ALLOCATED	103,274	27,255						
36 UNIT COST MULTIPLIER	30.030241	2.354847						

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- CILATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAINTENANC E & REPAIR S SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERV 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			130,529		3,439		3,439	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE			2,797,934					5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY			2,203					7
8 OCCUPATIONAL THERAPY			33					8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE			249,033					10
11 SPIRITUAL COUNSELING			291,631					11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			291,760					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			31,127					30
31 VOLUNTEER PROGRAM COSTS			117,494					31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)			3,911,744		3,439		3,439	34
35 TOTAL COST TO BE ALLOCATED			2,194,340		156,844		53,812	35
36 UNIT COST MULTIPLIER			0.560962		45.607444		15.647572	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	I&R SERVICE ES-SALARY & FRINGES	I&R SERVICE ES-OTHER P RGM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	20	21	22	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

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 04/10/2013 15:03

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	0.524942		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.193767		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.146044		6
7	MEDICAL SUPPLIES	71	0.218143		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	0.102593		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 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
04/10/2013 15:03

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)				6,316,740	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				29,244	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				216.00	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	26,006				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	5,617,296				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		1,047			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		226,152			7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	6,724				8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,452,384				9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		253			10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)		54,648			11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			2,191		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			473,256		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	4,446,270	1
2	CAPITAL DRG OUTLIER PAYMENTS	206,459	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	239.77	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	56.91	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0693	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	308,127	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0454	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2555	8
9	SUM OF LINES 7 AND 8	0.3009	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0628	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	279,226	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	5,240,082	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 [XX] HOSPITAL ((14-009) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT	1
2	CAPITAL DRG OTHER THAN OUTLIER	2
3	CAPITAL DRG OUTLIER PAYMENTS	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
10	SUM OF LINES 7 AND 8	9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
13	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 0	SUBTOTAL (COLS.0-4) 2A	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 & 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
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
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MR						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOOD						62
62.30 BLOOD CLOTTING FOR HEMOPHILIC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
69 ELECTROCARDIOLOGY						69
69.01 SPECIAL PROCEDURES						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						

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	
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE (For Worksheet E Part A, Lines 70.96 and 70.97)

EXHIBIT 4

	Amounts From E Part A (1)	Prior to 10/1/2010 or after 9/30/2013 Pre/Post Entitlement (2)	10/01/2011 through 09/30/2012 (3)	(3.01)	10/01/2012 through 09/30/2013 (4)	(4.01)	(Columns 2 through 4) TOTAL (5)	
1	DRG Amounts Other than Outlier Payments	55,306,079						1
2	Outlier payments for discharges	2,051,805						2
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	18,185,141						4
INDIRECT MEDICAL EDUCATION ADJUSTMENT								
5	Amount from Worksheet E Part A, Line 21	0.110339	0.110339	0.110339		0.110339		5
6	IME payment adjustment	4,296,003						6
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON FOR MME SECTION 422								
7	Amount from Worksheet E Part A, Line 27	0.022538	0.022538	0.022538		0.022538		7
8	IME add-on adjustment	1,656,345						8
9	Total IME payment	5,952,348						9
DISPROPORTIONATE SHARE ADJUSTMENT								
10	Allowable disproportionate share percentage	0.1404	0.1404	0.1404	0.1404	0.1404	0.1404	10
11	Disproportionate share adjustment	7,764,973						11
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES								
12	Total ESRD additional payment							12
13	Subtotal	71,075,205						13
14	Hospital specific payments							14
15	Total payment for inpatient operating costs - E Part A Line 49	71,075,205						15
16	Payment for inpatient program capital	5,240,082						16
17	Special add-on payments for new technologies							17
18	Capital outlier reconciliation adjustment amount							18
19	SUBTOTAL							19
CAPITAL PAYMENTS								
20	Capital DRG other than outlier	4,446,270						20
21	Capital DRG outlier payments	206,459						21
22	Indirect medical education percentage	6.9300	6.9300	6.9300		6.9300		22
23	Indirect medical education adjustment	308,127						23
24	Allowable disproportionate share percentage	0.0628	0.0628	0.0628		0.0628		24
25	Disproportionate share adjustment	279,226						25
26	Total prospective capital payments	5,240,082						26
LOW VOLUME ADJUSTMENT								
27	Low volume adjustment factor							27
28	Low Volume Adjustment							28
29	Low Volume Adjustment							29