

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: 04-08-2014 TIME: 20:54  
 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 01/01/2013 AND ENDING 12/31/2013, 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		-1,288,457	631,256	-46,291	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		3,203	49		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		-1,285,254	631,305	-46,291	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 (CONT)

	V	XVIII	XIX	
PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL	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
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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. )(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01 ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02 ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN, GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503) OF ACA). (SEE INSTRUCTIONS)				61.02
61.03 ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04 ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05 ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06 ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
	PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED IME FTE COUNT 3	UNWEIGHTED DIRECT GME FTE COUNT 4 61.10
OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
				61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.3+COL.4)	
1	2	3	4	5	
65 FAMILY MEDICINE	1350	0.93	12.58	0.068838	65
65.01 OSTEOPATHIC	3600	0.08	1.76	0.043478	65.01
65.02 INTERNAL MEDICINE	1400		26.87		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

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: 71

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.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97

RURAL PROVIDERS

105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?		1	2	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.	N			105
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.				106
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			107
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	N	108

PHY- OCCUP- RESPI-  
 SICAL ATIONAL SPEECH RATORY

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 15-1§ 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TRANSPLANT CENTER INFORMATION

	1	2	
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

	1	2	
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.	Y	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	
	1	2	3	
155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161
161.10	CORF			161.10

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.		0.50	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)		01/01/2103 12/31/2013	170

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	2	
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		1
		Y/N	DATE	V/I
		1	2	3
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
		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
		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

15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		Y 15
----	---	--	------

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
PS&R REPORT DATA					
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 RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

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 AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

		WKST A		INPATIENT DAYS / OUTPATIENT VISITS / TRIPS TOTAL				
LINE	NO OF	BED DAYS	CAH	TITLE	TITLE	ALL		
1	2	3	4	5	6	7	8	
COMPONENT	NO.	BEDS AVAILABLE	HOURS	TITLE V	XVIII	XIX	PATIENTS	
1	30	265	97,741		28,546	12,038	74,207	
HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)(SEE INSTRUCTIONS FOR COL. 2 FOR THE PORTION OF LDP ROOM AVAILABLE BEDS)								
2					9,094		2	
3							3	
4							4	
5							5	
6							6	
7		265	97,741		28,546	12,038	74,207	
TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)								
8	31						8	
8.01	31.01	25	9,846			7,305	9,522	
9	32	12	4,380		1,426	371	4,059	
10	33						10	
11	34	26	5,760		1,075	847	4,223	
12	35						12	
13	43					1,785	6,671	
14		328	117,727		31,047	22,346	98,682	
TOTAL (SEE INSTRUCTIONS)								
15							15	
16	40						16	
17	41	15	5,475		1,511	671	4,224	
18	42						18	
19	44						19	
20	45						20	
21	46						21	
22	101				18,332	2,362	34,785	
23	115						23	
24	116				29,544	970	33,293	
24.10	30						24.10	
25	99						25	
26	88						26	
27		343					27	
TOTAL (SUM OF LINES 14-26)								
28						744	2,800	
OBSERVATION BED DAYS								
29							29	
AMBULANCE TRIPS								
30							30	
EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								
31							31	
EMPLOYEE DISCOUNT DAYS-IRF								
32		10	3,650			921	2,043	
LABOR & DELIVERY DAYS (SEE INSTR.)								
32.01							32.01	
TOTAL ANCILLARY LABOR & DELIVERY								
ROOM OUTPATIENT DAYS (SEE INSTR.)								
33							33	
LTCH NON-COVERED DAYS								



HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

LINE	AMOUNT	RECLASS	ADJUSTED	PAID HOURS	AVERAGE	1		
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE			
WKST A		(FROM	(COL. 2 +	TO SALARIES	(COL. 4 +			
NUMBER	REPORTED	WKST A-6)	COL. 3)	IN COL. 4	COL. 5)			
1	2	3	4	5	6	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	124,063,186	284,328	124,347,514	4,604,518.00	27.01	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	3,505,891	94,672	3,600,563	118,958.00	30.27	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)		1,700		1,700	40.00	42.50	7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		11,273,623	15,260	11,288,883	347,548.00	32.48	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		4,475,504		4,475,504	56,216.00	79.61	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		5,845,416		5,845,416	76,175.00	76.74	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		64,244,358		64,244,358	1,835,206.00	35.01	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							16
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		31,110,328		31,110,328			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		2,836,138		2,836,138			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		362,708		362,708			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT							26
27	ADMINISTRATIVE & GENERAL		6,741,949	-856,474	5,885,475	181,591.00	32.41	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		444,630		444,630	1,890.00	235.25	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT							30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING							32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY							34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,164,321		1,164,321	34,180.00	34.06	38
39	CENTRAL SERVICES AND SUPPLY							39
40	PHARMACY		3,625,513		3,625,513	94,519.00	38.36	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		144,957		144,957	1,043.00	138.98	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	121,000,225	189,656	121,189,881	4,487,410.00	27.01	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	11,273,623	15,260	11,288,883	347,548.00	32.48	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	109,726,602	174,396	109,900,998	4,139,862.00	26.55	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	74,565,278		74,565,278	1,967,597.00	37.90	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	31,110,328		31,110,328		28.31	5
6	TOTAL (SUM OF LINES 3 THRU 5)	215,402,208	174,396	215,576,604	6,107,459.00	35.30	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	12,121,370	-856,474	11,264,896	313,223.00	35.96	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)	6,502,287 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)	17,356,535 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	83,459 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	471,569 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	8,839,580 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	1,082,584 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	34,336,014 24

PART B - OTHER THAN CORE RELATED COST

25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25
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PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL  
PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03  
04/08/2014 20:54

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		2,864		1,272	4,136	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,042.00		1,493.00	2,639.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL		1.03	0.91	1.94
6 DIRECT NURSING SERVICE		21.79	0.50	22.29
7 NURSING SUPERVISOR		2.49		2.49
8 PHYSICAL THERAPY SERVICE		9.00	0.21	9.21
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE		2.83	0.06	2.89
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE		0.82		0.82
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE		0.21		0.21
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE		1.99		1.99
17 HOME HEALTH AIDE SUPERVISOR				
18 OTHER (SPECIFY)				

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) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	7,724	1,863	518	109	10,214	21
22 SKILLED NURSING VISIT CHARGES	1,298,764	316,303	81,944	18,616	1,715,627	22
23 PHYSICAL THERAPY VISITS	4,180	96	130	114	4,520	23
24 PHYSICAL THERAPY VISIT CHARGES	763,905	17,847	22,309	20,264	824,325	24
25 OCCUPATIONAL THERAPY VISITS	979	43	28	44	1,094	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	179,655	8,047	5,053	8,047	200,802	26
27 SPEECH PATHOLOGY VISITS	213	22	2	26	263	27
28 SPEECH PATHOLOGY VISIT CHARGES	43,028	4,444	404	5,252	53,128	28
29 MEDICAL SOCIAL SERVICE VISITS	69	2	2	2	75	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	18,805	545	545	545	20,440	30
31 HOME HEALTH AIDE VISITS	1,151	255	2	8	1,416	31
32 HOME HEALTH AIDE VISIT CHARGES	87,857	19,558	154	616	108,185	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	14,316	2,281	682	303	17,582	33
34 OTHER CHARGES	106,126	27,133	2,966	338	136,563	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,498,140	393,877	113,375	53,678	3,059,070	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,091		217	27	1,335	36
37 TOTAL NUMBER OF OUTLIER EPISODES		46			46	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	20,646	897	3,559	6	25,108	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1526

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----								
TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)			
1	2	3	4	5	6			
1	CONTINUOUS HOME CARE					1		
2	ROUTINE HOME CARE	28,733	948	6,675	120	2,944	32,625	2
3	INPATIENT RESPITE CARE	119					119	3
4	GENERAL INPATIENT CARE	444	24	5	5	80	548	4
5	TOTAL HOSPICE DAYS	29,296	972	6,680	125	3,024	33,292	5

PART II - CENSUS DATA

TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)			
1	2	3	4	5	6			
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	566	28	106	4	78	672	6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	51.76	34.71	63.02	31.25	38.77	49.54	8
9	UNDUPLICATED CENSUS COUNT	489	25	82	4	73	587	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)				0.248945	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				56,142,068	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				320,234,793	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				79,720,851	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.				23,578,783	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)				23,578,783	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	95,580,920	138,991,178	234,572,098		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	23,794,392	34,601,159	58,395,551		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	367,850	36,003,719	36,371,569		22
23	COST OF CHARITY CARE	23,426,542	-1,402,560	22,023,982		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)				28,805,883	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				967,073	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				27,838,810	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				6,930,333	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				28,954,315	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				52,533,098	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				-470,755	1
2	00200				9,981,891	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	1,775,909	932,261	2,708,170	-211,216	5.04
5.05	00580	1,862,310	64,860,017	66,722,327	40,856,629	5.05
5.06	00590	3,103,730	30,342,743	33,446,473	-16,693,691	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	1,164,321	1,025,603	2,189,924	-309,019	13
14	01400					14
15	01500	3,625,513	15,930,412	19,555,925	-14,825,593	15
16	01600	144,957	162,493	307,450		16
17	01700					17
19	01900					19
20	02000					20
21	02100	3,505,891	3,880,098	7,385,989	-3,785,426	21
22	02200		85,896	85,896	3,670,226	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	27,158,784	19,008,665	46,167,449	-12,270,128	30
31.01	03101	5,199,267	3,239,320	8,438,587	-697,346	31.01
32	03200	2,721,296	1,768,514	4,489,810	-298,922	32
34	03400	2,693,481	1,845,905	4,539,386	-326,792	34
41	04100	1,398,664	744,344	2,143,008	-174,684	41
43	04300				2,179,912	43
ANCILLARY SERVICE COST CENTERS						
50	05000	6,020,594	34,862,848	40,883,442	-19,801,880	50
51	05100	1,183,499	673,787	1,857,286	-110,404	51
52	05200				5,817,048	52
53	05300		835,650	835,650	-7,068	53
54	05400	8,295,041	26,177,083	34,472,124	-4,991,978	54
57	05700	1,014,494	3,102,149	4,116,643	-533,961	57
58	05800	937,812	2,037,114	2,974,926	-473,156	58
59	05900	742,993	4,620,501	5,363,494	-4,063,215	59
60	06000	5,652,452	12,752,788	18,405,240	-1,817,724	60
62	06200	290,680	3,105,552	3,396,232	-60,080	62
62.30	06250					62.30
65	06500	2,077,736	2,245,109	4,322,845	-328,044	65
66	06600	9,176,243	7,766,328	16,942,571	-2,056,367	66
69	06900	1,573,421	2,228,772	3,802,193	-629,323	69
69.01	03650	2,495,630	12,978,095	15,473,725	-10,319,345	69.01
69.02	06901					69.02
70	07000	93,699	211,934	305,633	-120,513	70
71	07100				17,830,798	71
72	07200				13,885,504	72
73	07300				14,278,254	73
73.01	07301				39,183	73.01
75	07500	666,229	1,887,998	2,554,227	-1,150,783	75
75.01	07501					75.01
76	03950		589,217	589,217	-589,217	76
76.97	07697	41,321	141,519	182,840	-141,212	76.97
76.98	07698	114,626	41,796	156,422		76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	10,743,455	18,590,959	29,334,414	-5,811,180	90.01
91	09100	4,060,326	7,223,394	11,283,720	-767,461	91
91.01	09101	606,522	466,111	1,072,633	-107,376	91.01
91.02	09102	1,988,652	3,890,304	5,878,956	-1,304,946	91.02
91.03	09103					91.03
92	09200					92
92.01	09201	2,058,679	1,727,042	3,785,721	-538,335	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	3,842,644	2,162,606	6,005,250	-491,960	101

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSIFI-	
		1	2	(COL. 1 +	CATIONS	
				COL. 2)	4	
				3		
SPECIAL PURPOSE COST CENTERS						
116	11600					116
		1,574,155	2,870,886	4,445,041	-424,831	
118						118
		119,605,026	297,015,813	416,620,839	1,835,514	
NONREIMBURSABLE COST CENTERS						
190	19000		123,917	123,917	-116,340	190
191	19100					191
						191
192	19200		99	99		192
192.01	19201	558,323	95,755	654,078	-5,284	192.01
192.02	19202					192.02
192.03	19203					192.03
192.04	19204					192.04
192.05	19205					192.05
192.06	19206					192.06
192.08	19208					192.08
192.09	19209					192.09
192.10	19210					192.10
192.11	19211	40,015	353,096	393,111	-229,085	192.11
192.12	19212				279,143	192.12
192.13	19213	23,121	55,758	78,879	-14,460	192.13
192.14	19214	42,140	2,151,807	2,193,947	-33,117	192.14
192.15	19215					192.15
192.16	19216	36,370	18,808	55,178		192.16
192.17	19217					192.17
192.18	19218					192.18
192.19	19219					192.19
193.01	19301		13,453	13,453		193.01
193.02	19302	60,112	54,208	114,320	-20,264	193.02
193.04	19304				525,473	193.04
193.05	19305	635,864	2,725,188	3,361,052	-443,556	193.05
193.06	19306					193.06
193.07	19307	2,471,629	3,473,921	5,945,550	-1,425,800	193.07
193.08	19308	150,310	90,236	240,546		193.08
193.10	19303	440,276	3,612,703	4,052,979		193.10
193.11	19309					193.11
193.12	19310					193.12
193.13	19311					193.13
194	07950		372,450	372,450	-352,224	194
200		124,063,186	310,157,212	434,220,398		200
TOTAL (sum of lines 118-199)						

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	-470,755	29,857,927	29,387,172	1
2	00200	CAP REL COSTS-MVBLE EQUIP	9,981,891	1,470,504	11,452,395	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT				4
5.01	00540	NON-PATIENT TELEPHONE				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	FOUNDATION OVERHEAD				5.03
5.04	00570	ADMITTING	2,496,954	-3,986	2,492,968	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	107,578,956	62,943,604	170,522,560	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	16,752,782	-10,328,240	6,424,542	5.06
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT		15,958,616	15,958,616	7
8	00800	LAUNDRY & LINEN SERVICE				8
9	00900	HOUSEKEEPING		5,519,323	5,519,323	9
10	01000	DIETARY		3,866,574	3,866,574	10
11	01100	CAFETERIA				11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,880,905	-12	1,880,893	13
14	01400	CENTRAL SERVICES & SUPPLY		2,605,849	2,605,849	14
15	01500	PHARMACY	4,730,332		4,730,332	15
16	01600	MEDICAL RECORDS & LIBRARY	307,450	1,840,549	2,147,999	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,600,563	-422,500	3,178,063	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,756,122	298	3,756,420	22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	33,897,321	-314,498	33,582,823	30
31.01	03101	NEONATAL ICU	7,741,241		7,741,241	31.01
32	03200	CORONARY CARE UNIT	4,190,888	-4,754	4,186,134	32
34	03400	SURGICAL INTENSIVE CARE UNIT	4,212,594	-13,898	4,198,696	34
41	04100	SUBPROVIDER - IRF	1,968,324	-5,673	1,962,651	41
43	04300	NURSEY	2,179,912		2,179,912	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	21,081,562	-41,532	21,040,030	50
51	05100	RECOVERY ROOM	1,746,882		1,746,882	51
52	05200	DELIVERY ROOM & LABOR ROOM	5,817,048		5,817,048	52
53	05300	ANESTHESIOLOGY	828,582		828,582	53
54	05400	RADIOLOGY-DIAGNOSTIC	29,480,146	-2,855	29,477,291	54
57	05700	CT SCAN	3,582,682		3,582,682	57
58	05800	MRI	2,501,770	-12,231	2,489,539	58
59	05900	CARDIAC CATHETERIZATION	1,300,279	-10,274	1,290,005	59
60	06000	LABORATORY	16,587,516	-3,606	16,583,910	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,336,152		3,336,152	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	3,994,801		3,994,801	65
66	06600	PHYSICAL THERAPY	14,886,204	-312,640	14,573,564	66
69	06900	ELECTROCARDIOLOGY	3,172,870		3,172,870	69
69.01	03650	SPECIAL PROCEDURES	5,154,380	-321	5,154,059	69.01
69.02	06901	CARDIAC REHAB				69.02
70	07000	ELECTROENCEPHALOGRAPHY	185,120		185,120	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,830,798		17,830,798	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	13,885,504		13,885,504	72
73	07300	DRUGS CHARGED TO PATIENTS	14,278,254		14,278,254	73
73.01	07301	VACCINES	39,183		39,183	73.01
75	07500	ASC (NON-DISTINCT PART)	1,403,444	-20,061	1,383,383	75
75.01	07501	WOUND CARE				75.01
76	03950	ACUTE DIALYSIS				76
76.97	07697	CARDIAC REHABILITATION	41,628		41,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	156,422		156,422	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	340B CLINICS	23,523,234	-133,585	23,389,649	90.01
91	09100	EMERGENCY	10,516,259	-11,172	10,505,087	91
91.01	09101	SLEEP LAB	965,257	-15,222	950,035	91.01
91.02	09102	BRONCH & GASTRO LAB	4,574,010		4,574,010	91.02
91.03	09103	SURGICENTER				91.03
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92
92.01	09201	OBSERVATION BEDS-DISTINCT	3,247,386	-9,746	3,237,640	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	5,513,290	-10,812	5,502,478	101

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	
SPECIAL PURPOSE COST CENTERS					
116	11600 HOSPICE	4,020,210	-16,074	4,004,136	116
118	SUBTOTALS (sum of lines 1-117)	418,456,353	112,369,552	530,825,905	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,577		7,577	190
191	19100 RESEARCH				191
192	19200 PHYSICIANS' PRIVATE OFFICES	99		99	192
192.01	19201 CHEMOTHERAPY RX	648,794		648,794	192.01
192.02	19202 RURAL HEALTH				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	164,026		164,026	192.11
192.12	19212 SOUTH PARKING GARAGE	279,143		279,143	192.12
192.13	19213 PARISH NRSG	64,419		64,419	192.13
192.14	19214 COMM HLTH & WLNS	2,160,830		2,160,830	192.14
192.15	19215 MOBILE CLINIC				192.15
192.16	19216 PALLIATIVE CARE	55,178		55,178	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	13,453		13,453	193.01
193.02	19302 TELEMEDICINE	94,056		94,056	193.02
193.04	19304 NORTH GARAGE	525,473		525,473	193.04
193.05	19305 HOME INFUSION	2,917,496		2,917,496	193.05
193.06	19306 MISSION RELATED				193.06
193.07	19307 GRANT RELATED	4,519,750		4,519,750	193.07
193.08	19308 EMERGENCY MEDICAL SERVICES	240,546		240,546	193.08
193.10	19303 OTHER NONREIMBURSABLE ADMIN	4,052,979		4,052,979	193.10
193.11	19309 RELATED PARTY THERAPY		430,913	430,913	193.11
193.12	19310 RELATED PARTY PHARMACY		302,368	302,368	193.12
193.13	19311 RELATED PARTY LABORATORY		127,169	127,169	193.13
194	07950 UNDERGRADUATE MEDICAL EDUCATION	20,226		20,226	194
200	TOTAL (sum of lines 118-199)	434,220,398	113,230,002	547,450,400	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 INTERNS AND RESIDENTS	A	I&R SERVICES-OTHER PRGM COSTS	22		3,880,098 1
500 TOTAL RECLASSIFICATIONS					3,880,098 500
CODE LETTER - A					
1 PARKING GARAGE DEPRECIATION	B	SOUTH PARKING GARAGE	192.12		279,143 1
2		NORTH GARAGE	193.04		525,473 2
500 TOTAL RECLASSIFICATIONS					804,616 500
CODE LETTER - B					
1 INTERNAL FEES	C	SHARED ADMINISTRATIVE & GENER	5.05		40,942,601 1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
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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
500 TOTAL RECLASSIFICATIONS					40,942,601 500
CODE LETTER - C					
1 OBSTETRICS	E	NURSERY	43	1,102,574	1,077,338 1
500 TOTAL RECLASSIFICATIONS				1,102,574	1,077,338 500
CODE LETTER - E					
1 RESIDUAL RENAL COST	F	ADULTS & PEDIATRICS	30		545,507 1
500 TOTAL RECLASSIFICATIONS					545,507 500
CODE LETTER - F					
1 L&D DEPT FROM ROUTINE	G	DELIVERY ROOM & LABOR ROOM	52	3,248,397	2,568,651 1
500 TOTAL RECLASSIFICATIONS				3,248,397	2,568,651 500
CODE LETTER - G					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 DEPRECIATION	H	CAP REL COSTS-BLDG & FIXT	1		333,861	1
2		CAP REL COSTS-MVBLE EQUIP	2		9,981,891	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
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29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
500 TOTAL RECLASSIFICATIONS					10,315,752	500
CODE LETTER - H						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1		2	3	4	5
1 BONUSES	I	SHARED ADMINISTRATIVE & GENER	5.05	67	1
2		OTHER ADMINISTRATIVE & GENERA	5.06	862	2
3		I&R SERVICES-SALARY & FRINGES	21	94,672	3
4		ADULTS & PEDIATRICS	30	33,500	4
5		NEONATAL ICU	31.01	12,000	5
6		CORONARY CARE UNIT	32	1,500	6
7		SURGICAL INTENSIVE CARE UNIT	34	8,500	7
8		OPERATING ROOM	50	10,000	8
9		RECOVERY ROOM	51	1,000	9
10		RADIOLOGY-DIAGNOSTIC	54		1,400 10
11		MRI	58	1,000	11
12		CARDIAC CATHETERIZATION	59	1,500	12
13		LABORATORY	60		625 13
14		PHYSICAL THERAPY	66	53,250	14
15		ELECTROCARDIOLOGY	69	20,825	15
16		340B CLINICS	90.01	11,000	16
17		EMERGENCY	91	14,500	17
18		BRONCH & GASTRO LAB	91.02	3,500	18
19		OBSERVATION BEDS-DISTINCT	92.01	3,417	19
20					20
21					21
22					22
23					23
24					24
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103				103
104				104
105				105
106				106
107				107
108				108
109				109
110				110
111	HOME HEALTH AGENCY	101	12,200	111
112	HOSPICE	116	3,000	112
113	GRANT RELATED	193.07	60	113
500	TOTAL RECLASSIFICATIONS		286,353	2,025 500
	CODE LETTER - I			

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1							1
2							2
3							3
4 VACCINES	J	VACCINES	73.01			23,748	4
5		VACCINES	73.01		9,080	6,355	5
500 TOTAL RECLASSIFICATIONS					9,080	30,103	500
CODE LETTER -							
1 SUPPLIES	O						1
2 SUPPLIES	O	MEDICAL SUPPLIES CHARGED TO P	71			17,830,798	2
3		IMPL. DEV. CHARGED TO PATIENT	72			13,885,504	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
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14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
500 TOTAL RECLASSIFICATIONS						31,716,302	500
CODE LETTER -	O						
1 SPORTS MEDICINE	Q	PHYSICAL THERAPY	66		857,403	658,854	1
500 TOTAL RECLASSIFICATIONS					857,403	658,854	500
CODE LETTER -	Q						
1 DRUGS CHARGED TO PATIENTS	R	DRUGS CHARGED TO PATIENTS	73			14,278,254	1
500 TOTAL RECLASSIFICATIONS						14,278,254	500
CODE LETTER -	R						
GRAND TOTAL (INCREASES)					5,503,807	106,820,101	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF. 10
1 INTERNS AND RESIDENTS	A	I&R SERVICES-SALARY & FRINGES	21		3,880,098	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					3,880,098	500
1 PARKING GARAGE DEPRECIATION	B	CAP REL COSTS-BLDG & FIXT	1		804,616	9 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					804,616	500
1 INTERNAL FEES	C	ADMITTING	5.04		194,622	1
2		OTHER ADMINISTRATIVE & GENERA	5.06		14,115,442	2
3		NURSING ADMINISTRATION	13		87,619	3
4		I&R SERVICES-OTHER PRGM COSTS	22		108,000	4
5		ADULTS & PEDIATRICS	30		4,331,712	5
6		NEONATAL ICU	31.01		586,308	6
7		CORONARY CARE UNIT	32		259,644	7
8		SURGICAL INTENSIVE CARE UNIT	34		258,672	8
9		SUBPROVIDER - IRF	41		168,384	9
10		OPERATING ROOM	50		1,629,696	10
11		RECOVERY ROOM	51		109,980	11
12		ANESTHESIOLOGY	53		5,028	12
13		RADIOLOGY-DIAGNOSTIC	54		2,663,214	13
14		CT SCAN	57		138,684	14
15		MRI	58		141,748	15
16		CARDIAC CATHETERIZATION	59		197,472	16
17		LABORATORY	60		1,064,759	17
18		WHOLE BLOOD & PACKED RED BLOO	62		44,376	18
19		RESPIRATORY THERAPY	65		202,464	19
20		PHYSICAL THERAPY	66		3,105,677	20
21		ELECTROCARDIOLOGY	69		194,900	21
22		SPECIAL PROCEDURES	69.01		412,800	22
23		ELECTROENCEPHALOGRAPHY	70		78,120	23
24		PHARMACY	15		202,200	24
25		ASC (NON-DISTINCT PART)	75		832,454	25
26		ACUTE DIALYSIS	76		38,544	26
27		CARDIAC REHABILITATION	76.97		126,483	27
28		340B CLINICS	90.01		4,674,111	28
29		EMERGENCY	91		638,424	29
30		SLEEP LAB	91.01		95,316	30
31		BRONCH & GASTRO LAB	91.02		831,708	31
32		OBSERVATION BEDS-DISTINCT	92.01		452,556	32
33		HOME HEALTH AGENCY	101		472,535	33
34		HOSPICE	116		406,252	34
35		GIFT, FLOWER, COFFEE SHOP & C	190		116,340	35
36						36
37		CHAMPAIGN ASC	192.11		214,736	37
38		PARISH NRSG	192.13		14,460	38
39						39
40		TELEMEDICINE	193.02		4,452	40
41		HOME INFUSION	193.05		409,094	41
42		GRANT RELATED	193.07		961,391	42
43		UNDERGRADUATE MEDICAL EDUCATI	194		352,224	43
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					40,942,601	500
1 OBSTETRICS	E	ADULTS & PEDIATRICS	30	1,102,574	1,077,338	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				1,102,574	1,077,338	500
1 RESIDUAL RENAL COST	F	ACUTE DIALYSIS	76		545,507	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					545,507	500
1 L&D DEPT FROM ROUTINE	G	ADULTS & PEDIATRICS	30	3,248,397	2,568,651	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				3,248,397	2,568,651	500

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		16,594	9 1
2		SHARED ADMINISTRATIVE & GENER	5.05		85,972	9 2
3		OTHER ADMINISTRATIVE & GENERA	5.06		55,888	3
4		NURSING ADMINISTRATION	13		221,400	4
5		I&R SERVICES-OTHER PRGM COSTS	22		7,200	5
6		ADULTS & PEDIATRICS	30		422,346	6
7		NEONATAL ICU	31.01		110,988	7
8		CORONARY CARE UNIT	32		36,163	8
9		SURGICAL INTENSIVE CARE UNIT	34		60,089	9
10		SUBPROVIDER - IRF	41		5,087	10
11		OPERATING ROOM	50		1,240,589	11
12		ANESTHESIOLOGY	53		2,040	12
13		RADIOLOGY-DIAGNOSTIC	54		1,830,234	13
14		CT SCAN	57		395,277	14
15		MRI	58		331,408	15
16		CARDIAC CATHETERIZATION	59		956,202	16
17		LABORATORY	60		752,965	17
18		WHOLE BLOOD & PACKED RED BLOO	62		15,704	18
19		RESPIRATORY THERAPY	65		125,580	19
20		PHYSICAL THERAPY	66		153,897	20
21		ELECTROCARDIOLOGY	69		434,423	21
22		SPECIAL PROCEDURES	69.01		789,353	22
23		ELECTROENCEPHALOGRAPHY	70		42,393	23
24		PHARMACY	15		321,391	24
25		ASC (NON-DISTINCT PART)	75		181,983	25
26		ACUTE DIALYSIS	76		5,157	26
27		CARDIAC REHABILITATION	76.97		14,729	27
28		340B CLINICS	90.01		437,284	28
29		EMERGENCY	91		90,754	29
30		SLEEP LAB	91.01		12,060	30
31		BRONCH & GASTRO LAB	91.02		472,415	31
32		OBSERVATION BEDS-DISTINCT	92.01		82,750	32
33		HOME HEALTH AGENCY	101		19,425	33
34		HOSPICE	116		18,579	34
35		CHEMOTHERAPY RX	192.01		5,284	35
36		CHAMPAIGN ASC	192.11		14,349	36
37		COMM HLTH & WLNS	192.14		33,117	37
38		TELEMEDICINE	193.02		15,812	38
39		HOME INFUSION	193.05		34,462	39
40		GRANT RELATED	193.07		464,409	40
500 TOTAL RECLASSIFICATIONS					10,315,752	500
CODE LETTER - H						

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 BONUSES	I	SHARED ADMINISTRATIVE & GENER	5.05		67	1
2		OTHER ADMINISTRATIVE & GENERA	5.06		862	2
3		I&R SERVICES-OTHER PRGM COSTS	22		94,672	3
4		ADULTS & PEDIATRICS	30		33,500	4
5		NEONATAL ICU	31.01		12,000	5
6		CORONARY CARE UNIT	32		1,500	6
7		SURGICAL INTENSIVE CARE UNIT	34		8,500	7
8		OPERATING ROOM	50		10,000	8
9		RECOVERY ROOM	51		1,000	9
10		RADIOLOGY-DIAGNOSTIC	54	1,400		10
11		MRI	58		1,000	11
12		CARDIAC CATHETERIZATION	59		1,500	12
13		LABORATORY	60	625		13
14		PHYSICAL THERAPY	66		53,250	14
15		ELECTROCARDIOLOGY	69		20,825	15
16		340B CLINICS	90.01		11,000	16
17		EMERGENCY	91		14,500	17
18		BRONCH & GASTRO LAB	91.02		3,500	18
19		OBSERVATION BEDS-DISTINCT	92.01		3,417	19
20						20
21						21
22						22
23						23
24						24
25						25
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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						1
2						2
3						3
4 VACCINES	J	PHARMACY	15		23,748	4
5		ADULTS & PEDIATRICS	30	9,080	6,355	5
500 TOTAL RECLASSIFICATIONS				9,080	30,103	500
CODE LETTER -						
1 SUPPLIES	O	OTHER ADMINISTRATIVE & GENERA	5.06		1,006,104	1
2 SUPPLIES	O	ADULTS & PEDIATRICS	30		49,182	2
3		NEONATAL ICU	31.01		50	3
4		CORONARY CARE UNIT	32		3,115	4
5		SURGICAL INTENSIVE CARE UNIT	34		8,031	5
6		SUBPROVIDER - IRF	41		1,213	6
7		OPERATING ROOM	50		16,931,595	7
8		RECOVERY ROOM	51		424	8
9		RADIOLOGY-DIAGNOSTIC	54		498,530	9
10						10
11						11
12		CARDIAC CATHETERIZATION	59		2,909,541	12
13						13
14		PHYSICAL THERAPY	66		313,050	14
15						15
16		SPECIAL PROCEDURES	69.01		9,117,192	16
17						17
18		ASC (NON-DISTINCT PART)	75		136,346	18
19		ACUTE DIALYSIS	76		9	19
20		340B CLINICS	90.01		699,785	20
21		EMERGENCY	91		38,283	21
22		BRONCH & GASTRO LAB	91.02		823	22
23		OBSERVATION BEDS-DISTINCT	92.01		3,029	23
500 TOTAL RECLASSIFICATIONS					31,716,302	500
CODE LETTER -						
1 SPORTS MEDICINE	Q	OTHER ADMINISTRATIVE & GENERA	5.06	857,403	658,854	1
500 TOTAL RECLASSIFICATIONS				857,403	658,854	500
CODE LETTER -						
1 DRUGS CHARGED TO PATIENTS	R	PHARMACY	15		14,278,254	1
500 TOTAL RECLASSIFICATIONS					14,278,254	500
CODE LETTER -						
GRAND TOTAL (DECREASES)				5,219,479	107,104,429	

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			TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3						
1 LAND									1
2 LAND IMPROVEMENTS	688,371						688,371		2
3 BUILDINGS AND FIXTURES	5,563,711					1,402,562	4,161,149		3
4 BUILDING IMPROVEMENTS	343,715	162,923		162,923			506,638		4
5 FIXED EQUIPMENT	60,373,497	39,342,279		39,342,279			99,715,776		5
6 MOVABLE EQUIPMENT	97,869						97,869		6
7 HIT DESIGNATED ASSETS									7
8 SUBTOTAL (SUM OF LINES 1-7)	67,067,163	39,505,202		39,505,202	1,402,562		105,169,803		8
9 RECONCILING ITEMS									9
10 TOTAL (LINE 7 MINUS LINE 9)	67,067,163	39,505,202		39,505,202	1,402,562		105,169,803		10

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

----- SUMMARY OF CAPITAL -----

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

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) 8
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	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	29,387,172						29,387,172 1
2 CAP REL COSTS-MVBLE EQUIP	11,452,395						11,452,395 2
3 TOTAL	40,839,567						40,839,567 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (chapter 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					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	-1,801,676			10
11 SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	126,054,269			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		RESPIRATORY THERAPY	65	23
	A-8-3				
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
	A-8-3				
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		OCCUPATIONAL THERAPY	67	30
	A-8-3				
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
	A-8-3				
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
34 AHA AND IHA LOBBYING EXPENSE	A	-46,800	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35 CAOS TUITION	B	-219,846	PHYSICAL THERAPY	66	35
35.03 CHILD CARE	B	-38,198	PHYSICAL THERAPY	66	35.03
35.05 AQUATIC PROGRAM	B	-16,468	PHYSICAL THERAPY	66	35.05
35.06 EDUCATION REVENUE	B	-2,620	ADULTS & PEDIATRICS	30	35.06
35.07 EDUCATION REVENUE	B	-11,172	EMERGENCY	91	35.07
35.08 EDUCATION REVENUE	B	-351	PHYSICAL THERAPY	66	35.08
36					36
37 MISC REVENUE/CCA REVENUE	B	-2,664	SHARED ADMINISTRATIVE & GENERAL	5.05	37
38 MISC REVENUE & CCA REVENUE, SER	B	-40	OTHER ADMINISTRATIVE & GENERAL	5.06	38
39 INTERNAL RENT REVENUE	B	24,796	OTHER ADMINISTRATIVE & GENERAL	5.06	39
39.01 INTERNAL RENT REVENUE	B	-37,194	340B CLINICS	90.01	39.01
39.02 EXTERNAL RENT REVENUE	B	-12,372	SHARED ADMINISTRATIVE & GENERAL	5.05	39.02
39.03 EXTERNAL RENT REVENUE	B	-92,405	340B CLINICS	90.01	39.03
40 U OF I SUBSIDY	B	-422,500	I&R SERVICES-SALARY & FRINGES A	21	40
41					41
42 PROVIDER TAX	A	-10,114,272	OTHER ADMINISTRATIVE & GENERAL	5.06	42
43 PATIENT ADVISORY NURSE	A	1	OTHER ADMINISTRATIVE & GENERAL	5.06	43
44					44
45 REF LAB	B	-115,620	OTHER ADMINISTRATIVE & GENERAL	5.06	45
45.01 MISC & CCA REVENUE	B	3,564	LABORATORY	60	45.01
45.02 MISC & CCA REVENUE	B	1,037	PHYSICAL THERAPY	66	45.02
45.07 MISC REVENUE	B	-10,796	HOME HEALTH AGENCY	101	45.07
45.08 MISC REVENUE	B	-16,074	HOSPICE	116	45.08
45.09 MISC REVENUE	B	7,504	RADIOLOGY-DIAGNOSTIC	54	45.09
45.11 MISC REVENUE	B	-2,152	340B CLINICS	90.01	45.11
45.12 UNALLOWABLE EXPENSE	A	-203	SHARED ADMINISTRATIVE & GENERAL	5.05	45.12
45.13 UNALLOWABLE EXPENSE	A	-12	RADIOLOGY-DIAGNOSTIC	54	45.13

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	
45.14 UNALLOWABLE EXPENSE	A	-321	SPECIAL PROCEDURES	69.01	45.14
45.15 UNALLOWABLE EXPENSE	A	-12	NURSING ADMINISTRATION	13	45.15
45.16 UNALLOWABLE EXPENSE	A	298	I&R SERVICES-OTHER PRGM COSTS A	22	45.16
45.17 UNALLOWABLE EXPENSE	A	-184	340B CLINICS	90.01	45.17
45.18 UNALLOWABLE EXPENSE	A	-16	HOME HEALTH AGENCY	101	45.18
45.19 MISC REVENUE	B	-30,265	OTHER ADMINISTRATIVE & GENERAL	5.06	45.19
45.20 MISC REVENUE	B	-300	ADULTS & PEDIATRICS	30	45.20
45.21 MISC REVENUE	B	-12,231	MRI	58	45.21
45.38 DONATIONS	A	-626,207	SHARED ADMINISTRATIVE & GENERAL	5.05	45.38
45.39 DONATIONS	A	-11,041	OTHER ADMINISTRATIVE & GENERAL	5.06	45.39
45.40 DONATIONS	A	-850	ADULTS & PEDIATRICS	30	45.40
45.60 NON ALLOWABLE LOBYING AND BEV	A	1	OTHER ADMINISTRATIVE & GENERAL	5.06	45.60
46					46
47					47
47.01 CONF TRAINING REVENUE	B	-2,030	SHARED ADMINISTRATIVE & GENERAL	5.05	47.01
47.02 CONF TRAINING REVENUE	B	-9,722	ADULTS & PEDIATRICS	30	47.02
47.05 CONF TRAINING REVENUE	B	-12,744	PHYSICAL THERAPY	66	47.05
47.06 CONF TRAINING REVENUE	B	-1,650	340B CLINICS	90.01	47.06
47.07 CONF TRAINING REVENUE	B	-3,075	SLEEP LAB	91.01	47.07
48 RELATED PARTY THERAPY ADD ON	A	430,913	RELATED PARTY THERAPY	193.11	48
48.01 RELATED PARTY PHARMACY ADD ON	A	302,368	RELATED PARTY PHARMACY	193.12	48.01
48.02 RELATED PARTY LABORATORY ADD ON	A	127,169	RELATED PARTY LABORATORY	193.13	48.02
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		113,230,002			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	11,054,167		11,054,167	9 1
2	2	CAP REL COSTS-MVBLE EQUIP				
		DIRECT HO ALLOCATION	1,470,504		1,470,504	9 2
3						3
3.99	5.05	SHARED ADMINISTRATIVE & GENERAL				
		FUNCTIONAL HO ALLOCATION	72,961,043	63,992,012	8,969,031	4.99
4	10	DIETARY				
		FUNCTIONAL HO ALLOCATION	3,866,574		3,866,574	4
4.01	9	HOUSEKEEPING				
		FUNCTIONAL HO ALLOCATION	5,519,323		5,519,323	11 4.01
4.02	7	OPERATION OF PLANT				
		FUNCTIONAL HO ALLOCATION	15,958,616		15,958,616	4.02
4.03	14	CENTRAL SERVICES & SUPPLY				
		FUNCTIONAL HO ALLOCATION	2,605,849		2,605,849	4.03
4.04	16	MEDICAL RECORDS & LIBRARY				
		FUNCTIONAL HO ALLOCATION	1,898,956		1,898,956	4.04
4.08	5.05	SHARED ADMINISTRATIVE & GENERAL				
		INTERNAL MGMT FEE	68,105,671	68,105,671		4.08
4.18	1	CAP REL COSTS-BLDG & FIXT				
		POOLED HO ALLOCATION	18,803,760		18,803,760	9 4.18
4.19	5.05	SHARED ADMINISTRATIVE & GENERAL				
		POOLED HO ALLOCATION	55,907,489		55,907,489	9 4.19
5		TOTALS (SUM OF LINES 1-4)	258,151,952	132,097,683	126,054,269	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP	
1	2	3	4	5
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	
LINE NO.	2		3	4	5	6	7	8	9	
1	5.04 ADMITTING	AGGREGATE	20,137		20,137	171,400	196	16,151	808	1
2	5.05 SHARED ADMINISTRATIVE &	AGGREGATE	1,873,560	918,486	955,074	171,400	7,669	631,955	31,598	2
3	5.06 OTHER ADMINISTRATIVE & G	AGGREGATE	35,000	35,000						3
4	16 MEDICAL RECORDS & LIBRAR	AGGREGATE	143,448		143,448	171,400	1,032	85,041	4,252	4
5	30 ADULTS & PEDIATRICS	AGGREGATE	860,568	124,351	736,217	194,500	5,984	559,562	27,978	5
7	32 CORONARY CARE UNIT	AGGREGATE	9,072		9,072	204,100	44	4,318	216	7
8	34 SURGICAL INTENSIVE CARE	AGGREGATE	31,697		31,697	171,400	216	17,799	890	8
9	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE	16,939		16,939	171,400	80	6,592	330	9
10	50 OPERATING ROOM	AGGREGATE	76,488		76,488	200,300	363	34,956	1,748	10
12	66 PHYSICAL THERAPY	AGGREGATE	55,818		55,818	171,400	361	29,748	1,487	12
13	69.01 SPECIAL PROCEDURES	AGGREGATE	163		163	171,400	2	165	8	13
14	60 LABORATORY	AGGREGATE	16,317		16,317	171,400	111	9,147	457	14
15	75 ASC (NON-DISTINCT PART)	AGGREGATE	32,916		32,916	171,400	156	12,855	643	15
16	91 EMERGENCY	AGGREGATE	3,626,435		3,626,435	171,400	59,223	4,880,203	244,010	16
17	91.01 SLEEP LAB	AGGREGATE	24,213		24,213	152,100	165	12,066	603	17
18	92.01 OBSERVATION BEDS-DISTINC	AGGREGATE	22,271		22,271	171,400	152	12,525	626	18
19	41 SUBPROVIDER - IRF	AGGREGATE	12,842		12,842	171,400	87	7,169	358	19
20	59 CARDIAC CATHETERIZATION	AGGREGATE	16,866		16,866	171,400	80	6,592	330	20
200	TOTAL		6,874,750	1,077,837	5,796,913		75,921	6,326,844	316,342	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				16,151	3,986	3,986	1
2	5.05	SHARED ADMINISTRATIVE &	AGGREGATE				631,955	323,119	1,241,605	2
3	5.06	OTHER ADMINISTRATIVE & G	AGGREGATE						35,000	3
4	16	MEDICAL RECORDS & LIBRAR	AGGREGATE				85,041	58,407	58,407	4
5	30	ADULTS & PEDIATRICS	AGGREGATE				559,562	176,655	301,006	5
7	32	CORONARY CARE UNIT	AGGREGATE				4,318	4,754	4,754	7
8	34	SURGICAL INTENSIVE CARE	AGGREGATE				17,799	13,898	13,898	8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				6,592	10,347	10,347	9
10	50	OPERATING ROOM	AGGREGATE				34,956	41,532	41,532	10
12	66	PHYSICAL THERAPY	AGGREGATE				29,748	26,070	26,070	12
13	69.01	SPECIAL PROCEDURES	AGGREGATE				165			13
14	60	LABORATORY	AGGREGATE				9,147	7,170	7,170	14
15	75	ASC (NON-DISTINCT PART)	AGGREGATE				12,855	20,061	20,061	15
16	91	EMERGENCY	AGGREGATE				4,880,203			16
17	91.01	SLEEP LAB	AGGREGATE				12,066	12,147	12,147	17
18	92.01	OBSERVATION BEDS-DISTINC	AGGREGATE				12,525	9,746	9,746	18
19	41	SUBPROVIDER - IRF	AGGREGATE				7,169	5,673	5,673	19
20	59	CARDIAC CATHETERIZATION	AGGREGATE				6,592	10,274	10,274	20
200		TOTAL					6,326,844	723,839	1,801,676	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	29,387,172	29,387,172				1
2 CAP REL COSTS-MVBLE EQUIP	11,452,395		11,452,395			2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING	2,492,968	212,225	17,665	2,722,858		5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	170,522,560	90,566	91,521		170,704,647	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	6,424,542	280,074	59,735		170,704,647	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	15,958,616					7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,519,323					9
10 DIETARY	3,866,574					10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,880,893	96,501	247,623			13
14 CENTRAL SERVICES & SUPPLY	2,605,849					14
15 PHARMACY	4,730,332	254,706	342,134			15
16 MEDICAL RECORDS & LIBRARY	2,147,999					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	3,178,063					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,756,420	39,830	7,665			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,582,823	3,937,333	449,604	273,192		30
31.01 NEONATAL ICU	7,741,241	451,685	118,151	48,269		31.01
32 CORONARY CARE UNIT	4,186,134	446,563	38,497	27,586		32
34 SURGICAL INTENSIVE CARE UNIT	4,198,696	451,746	63,967	31,261		34
41 SUBPROVIDER - IRF	1,962,651	116,838	5,415	13,745		41
43 NURSERY	2,179,912	148,021		10,844		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,040,030	1,244,695	1,320,657	153,613		50
51 RECOVERY ROOM	1,746,882	97,405		19,446		51
52 DELIVERY ROOM & LABOR ROOM	5,817,048	654,691		26,367		52
53 ANESTHESIOLOGY	828,582		2,172			53
54 RADIOLOGY-DIAGNOSTIC	29,477,291	2,227,786	1,777,080	304,727		54
57 CT SCAN	3,582,682	108,191	442,440	143,396		57
58 MRI	2,489,539	140,429	504,681	69,855		58
59 CARDIAC CATHETERIZATION	1,290,005	79,629	1,017,915	50,199		59
60 LABORATORY	16,583,910	825,398	686,010	341,039		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,336,152	34,075	16,718	21,595		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,994,801	176,733	133,685	101,144		65
66 PHYSICAL THERAPY	14,573,564	1,936,745	163,830	79,667		66
69 ELECTROCARDIOLOGY	3,172,870	217,196	575,516	65,720		69
69.01 SPECIAL PROCEDURES	5,154,059	839,739	840,298	41,647		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	185,120	57,154	45,129	1,161		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,830,798			135,409		71
72 IMPL. DEV. CHARGED TO PATIENTS	13,885,504			104,869		72
73 DRUGS CHARGED TO PATIENTS	14,278,254			243,567		73
73.01 VACCINES	39,183			259		73.01
75 ASC (NON-DISTINCT PART)	1,383,383	320,777	170,314	7,994		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS		29,827	5,490			76
76.97 CARDIAC REHABILITATION	41,628	40,252	28,483	497		76.97
76.98 HYPERBARIC OXYGEN THERAPY	156,422			2,368		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	23,389,649	11,322,049	975,032	165,295		90.01
91 EMERGENCY	10,505,087	476,481	96,611	152,128		91
91.01 SLEEP LAB	950,035	82,010	12,838	11,269		91.01
91.02 BRONCH & GASTRO LAB	4,574,010	475,366	502,905	52,272		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	3,237,640	358,709	88,091	22,458		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

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	
101	HOME HEALTH AGENCY	5,502,478	104,305	12,908			101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	4,004,136	103,612	12,006			116
118	SUBTOTALS (sum of lines 1-117)	530,825,905	28,479,342	10,872,786	2,722,858	170,704,647	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,577	107,408				190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES	99					192
192.01	CHEMOTHERAPY RX	648,794	38,745	5,625			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	164,026	147,569	14,036			192.11
192.12	SOUTH PARKING GARAGE	279,143					192.12
192.13	PARISH NRSG	64,419	6,960				192.13
192.14	COMM HLTH & WLNS	2,160,830		35,254			192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE	55,178					192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT	13,453					193.01
193.02	TELEMEDICINE	94,056	6,267	16,833			193.02
193.04	NORTH GARAGE	525,473					193.04
193.05	HOME INFUSION	2,917,496	73,092	27,676			193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED	4,519,750	305,773	479,930			193.07
193.08	EMERGENCY MEDICAL SERVICES	240,546		255			193.08
193.10	OTHER NONREIMBURSABLE ADMIN	4,052,979					193.10
193.11	RELATED PARTY THERAPY	430,913					193.11
193.12	RELATED PARTY PHARMACY	302,368					193.12
193.13	RELATED PARTY LABORATORY	127,169					193.13
194	UNDERGRADUATE MEDICAL EDUCATION	20,226	222,016				194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	547,450,400	29,387,172	11,452,395	2,722,858	170,704,647	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 DEPARTMENT						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	177,468,998	177,468,998				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	15,958,616	7,654,869	23,613,485			7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	5,519,323	2,647,454		8,166,777		9
10 DIETARY	3,866,574	1,854,680			5,721,254	10
11 CAFETERIA					3,023,465	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,225,017	1,067,274	79,111	27,361		13
14 CENTRAL SERVICES & SUPPLY	2,605,849	1,249,948				14
15 PHARMACY	5,327,172	2,555,285	208,805	72,216		15
16 MEDICAL RECORDS & LIBRARY	2,147,999	1,030,331				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	3,178,063	1,524,421				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,803,915	1,824,624	32,652	11,293		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	38,242,952	18,344,015	3,227,786	1,116,337	2,297,239	30
31.01 NEONATAL ICU	8,359,346	4,009,727	370,287	128,065		31.01
32 CORONARY CARE UNIT	4,698,780	2,253,864	366,088	126,612	89,723	32
34 SURGICAL INTENSIVE CARE UNIT	4,745,670	2,276,356	370,337	128,082	93,384	34
41 SUBPROVIDER - IRF	2,098,649	1,006,659	95,783	33,127	130,763	41
43 NURSERY	2,338,777	1,121,841	121,346	41,968		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,758,995	11,396,477	1,020,389	352,904		50
51 RECOVERY ROOM	1,863,733	893,977	79,852	27,617		51
52 DELIVERY ROOM & LABOR ROOM	6,498,106	3,116,947	536,709	185,622		52
53 ANESTHESIOLOGY	830,754	398,488				53
54 RADIOLOGY-DIAGNOSTIC	33,786,884	16,206,555	1,826,317	631,636		54
57 CT SCAN	4,276,709	2,051,409	88,694	30,675		57
58 MRI	3,204,504	1,537,104	115,122	39,815		58
59 CARDIAC CATHETERIZATION	2,437,748	1,169,315	65,279	22,577		59
60 LABORATORY	18,436,357	8,843,367	676,653	234,022		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,408,540	1,634,974	27,935	9,661		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,406,363	2,113,600	144,884	50,109		65
66 PHYSICAL THERAPY	16,753,806	8,036,298	1,587,725	549,118		66
69 ELECTROCARDIOLOGY	4,031,302	1,933,695	178,055	61,581		69
69.01 SPECIAL PROCEDURES	6,875,743	3,298,088	688,410	238,088		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	288,564	138,415	46,854	16,205		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,966,207	8,617,851				71
72 IMPL. DEV. CHARGED TO PATIENTS	13,990,373	6,710,762				72
73 DRUGS CHARGED TO PATIENTS	14,521,821	6,965,682				73
73.01 VACCINES	39,442	18,919				73.01
75 ASC (NON-DISTINCT PART)	1,882,468	902,963	262,970	90,949		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS	35,317	16,941	24,452	8,457		76
76.97 CARDIAC REHABILITATION	110,860	53,176	32,998	11,412		76.97
76.98 HYPERBARIC OXYGEN THERAPY	158,790	76,167				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	35,852,025	17,197,141	9,281,702	3,210,096		90.01
91 EMERGENCY	11,230,307	5,386,841	390,614	135,095		91
91.01 SLEEP LAB	1,056,152	506,604	67,231	23,252		91.01
91.02 BRONCH & GASTRO LAB	5,604,553	2,688,336	389,701	134,779		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	3,706,898	1,778,088	294,066	101,703	86,680	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

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	
101	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	5,619,691	2,695,597	85,508	29,573		101
116	HOSPICE	4,119,754	1,976,122	84,940	29,377		116
118	SUBTOTALS (sum of lines 1-117) NONREIMBURSABLE COST CENTERS	529,338,466	168,781,247	22,869,255	7,909,384	5,721,254	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	114,985	55,155	88,052	30,453		190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES	99	47				192
192.01	CHEMOTHERAPY RX	693,164	332,490	31,763	10,985		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	325,631	156,195	120,976	41,840		192.11
192.12	SOUTH PARKING GARAGE	279,143	133,897				192.12
192.13	PARISH NRSG	71,379	34,238	5,705	1,973		192.13
192.14	COMM HLTH & WLNS	2,196,084	1,053,396				192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE	55,178	26,467				192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT	13,453	6,453				193.01
193.02	TELEMEDICINE	117,156	56,196	5,137	1,777		193.02
193.04	NORTH GARAGE	525,473	252,054				193.04
193.05	HOME INFUSION	3,018,264	1,447,771	59,920	20,723		193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED	5,305,453	2,544,867	250,670	86,695		193.07
193.08	EMERGENCY MEDICAL SERVICES	240,801	115,505				193.08
193.10	OTHER NONREIMBURSABLE ADMIN	4,052,979	1,944,092				193.10
193.11	RELATED PARTY THERAPY	430,913	206,696				193.11
193.12	RELATED PARTY PHARMACY	302,368	145,037				193.12
193.13	RELATED PARTY LABORATORY	127,169	60,999				193.13
194	UNDERGRADUATE MEDICAL EDUCATION	242,242	116,196	182,007	62,947		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	547,450,400	177,468,998	23,613,485	8,166,777	5,721,254	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING AD MINISTRATI ON 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RE CORDS & LI BRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	3,023,465					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	23,758	3,422,521				13
14 CENTRAL SERVICES & SUPPLY			3,855,797			14
15 PHARMACY	65,706			8,229,184		15
16 MEDICAL RECORDS & LIBRARY	723				3,179,053	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	82,696					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	623,134	2,252,342			318,929	30
31.01 NEONATAL ICU	115,621	417,917			56,350	31.01
32 CORONARY CARE UNIT	71,143	257,148			32,204	32
34 SURGICAL INTENSIVE CARE UNIT	63,754	230,440			36,494	34
41 SUBPROVIDER - IRF		30,539			16,047	41
43 NURSERY	27,835				12,659	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	158,582				179,330	50
51 RECOVERY ROOM	27,069				22,701	51
52 DELIVERY ROOM & LABOR ROOM	78,734				30,781	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	221,367				355,743	54
57 CT SCAN	24,914				167,403	57
58 MRI	21,661				81,549	58
59 CARDIAC CATHETERIZATION	15,689				58,604	59
60 LABORATORY	178,045				398,481	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,215				25,210	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	55,714	201,380			118,077	65
66 PHYSICAL THERAPY	236,087				93,004	66
69 ELECTROCARDIOLOGY	46,575				76,723	69
69.01 SPECIAL PROCEDURES	54,413				48,620	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	3,008				1,355	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			2,167,722		158,079	71
72 IMPL. DEV. CHARGED TO PATIENTS			1,688,075		122,426	72
73 DRUGS CHARGED TO PATIENTS	65,706			8,070,252	284,344	73
73.01 VACCINES	246	889		13,423	302	73.01
75 ASC (NON-DISTINCT PART)	14,503				9,332	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION	1,157				580	76.97
76.98 HYPERBARIC OXYGEN THERAPY	2,603				2,765	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	395,189				192,968	90.01
91 EMERGENCY	95,913				177,597	91
91.01 SLEEP LAB	16,383	59,217			13,156	91.01
91.02 BRONCH & GASTRO LAB	48,426				61,023	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	55,512				26,217	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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING AD MINISTRATI ON 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RE CORDS & LI BRARY 16	
101 HOME HEALTH AGENCY						101
116 SPECIAL PURPOSE COST CENTERS						116
116 HOSPICE						116
118 SUBTOTALS (sum of lines 1-117)	2,929,620	3,419,333	3,855,797	8,083,675	3,179,053	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX	8,806					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	766					192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	882	3,188				192.13
192.14 COMM HLTH & WLNS	810					192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE	593					192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT						193.01
193.02 TELEMEDICINE	1,504					193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	12,869					193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	63,002					193.07
193.08 EMERGENCY MEDICAL SERVICES	4,468					193.08
193.10 OTHER NONREIMBURSABLE ADMIN	145					193.10
193.11 RELATED PARTY THERAPY						193.11
193.12 RELATED PARTY PHARMACY				145,509		193.12
193.13 RELATED PARTY LABORATORY						193.13
194 UNDERGRADUATE MEDICAL EDUCATION						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,023,465	3,422,521	3,855,797	8,229,184	3,179,053	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD	4,785,180					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		5,672,484				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,323,958	5,125,738	75,872,430	-9,449,696	66,422,734	30
31.01 NEONATAL ICU	288,264	341,716	14,087,293	-629,980	13,457,313	31.01
32 CORONARY CARE UNIT			7,895,562		7,895,562	32
34 SURGICAL INTENSIVE CARE UNIT			7,944,517		7,944,517	34
41 SUBPROVIDER - IRF			3,411,567		3,411,567	41
43 NURSERY	144,132	170,858	3,979,416	-314,990	3,664,426	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			36,866,677		36,866,677	50
51 RECOVERY ROOM			2,914,949		2,914,949	51
52 DELIVERY ROOM & LABOR ROOM			10,446,899		10,446,899	52
53 ANESTHESIOLOGY			1,229,242		1,229,242	53
54 RADIOLOGY-DIAGNOSTIC			53,028,502		53,028,502	54
57 CT SCAN			6,639,804		6,639,804	57
58 MRI			4,999,755		4,999,755	58
59 CARDIAC CATHETERIZATION			3,769,212		3,769,212	59
60 LABORATORY			28,766,925		28,766,925	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			5,113,535		5,113,535	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			7,090,127		7,090,127	65
66 PHYSICAL THERAPY			27,256,038		27,256,038	66
69 ELECTROCARDIOLOGY			6,327,931		6,327,931	69
69.01 SPECIAL PROCEDURES			11,203,362		11,203,362	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY			494,401		494,401	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			28,909,859		28,909,859	71
72 IMPL. DEV. CHARGED TO PATIENTS			22,511,636		22,511,636	72
73 DRUGS CHARGED TO PATIENTS			29,907,805		29,907,805	73
73.01 VACCINES			73,221		73,221	73.01
75 ASC (NON-DISTINCT PART)			3,163,185		3,163,185	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS			85,167		85,167	76
76.97 CARDIAC REHABILITATION			210,183		210,183	76.97
76.98 HYPERBARIC OXYGEN THERAPY			240,325		240,325	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS			66,129,121		66,129,121	90.01
91 EMERGENCY	28,826	34,172	17,479,365	-62,998	17,416,367	91
91.01 SLEEP LAB			1,741,995		1,741,995	91.01
91.02 BRONCH & GASTRO LAB			8,926,818		8,926,818	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			6,049,164		6,049,164	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

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
101	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS			8,430,369		8,430,369	101
116	HOSPICE			6,210,193		6,210,193	116
118	SUBTOTALS (sum of lines 1-117) NONREIMBURSABLE COST CENTERS	4,785,180	5,672,484	519,406,550	-10,457,664	508,948,886	118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			288,645		288,645	190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES			146		146	192
192.01	CHEMOTHERAPY RX			1,077,208		1,077,208	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			645,408		645,408	192.11
192.12	SOUTH PARKING GARAGE			413,040		413,040	192.12
192.13	PARISH NRSG			117,365		117,365	192.13
192.14	COMM HLTH & WLNS			3,250,290		3,250,290	192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE			82,238		82,238	192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT			19,906		19,906	193.01
193.02	TELEMEDICINE			181,770		181,770	193.02
193.04	NORTH GARAGE			777,527		777,527	193.04
193.05	HOME INFUSION			4,559,547		4,559,547	193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED			8,250,687		8,250,687	193.07
193.08	EMERGENCY MEDICAL SERVICES			360,774		360,774	193.08
193.10	OTHER NONREIMBURSABLE ADMIN			5,997,216		5,997,216	193.10
193.11	RELATED PARTY THERAPY			637,609		637,609	193.11
193.12	RELATED PARTY PHARMACY			592,914		592,914	193.12
193.13	RELATED PARTY LABORATORY			188,168		188,168	193.13
194	UNDERGRADUATE MEDICAL EDUCATION			603,392		603,392	194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,785,180	5,672,484	547,450,400	-10,457,664	536,992,736	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP RE	NEW CAP RE	SUBTOTAL	ADMITTING	
	CAP-REL COSTS	L COSTS-BL DG & FIXT	L COSTS-MV BLE EQUIP		2A	
	0	1	2			
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING		212,225	17,665	229,890	229,890	5.04
5.05 SHARED ADMINISTRATIVE & GENERAL		90,566	91,521	182,087		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	6,195	280,074	59,735	346,004		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		96,501	247,623	344,124		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY		254,706	342,134	596,840		15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	40,188	39,830	7,665	87,683		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,937,333	449,604	4,386,937	22,971	30
31.01 NEONATAL ICU		451,685	118,151	569,836	4,059	31.01
32 CORONARY CARE UNIT		446,563	38,497	485,060	2,320	32
34 SURGICAL INTENSIVE CARE UNIT		451,746	63,967	515,713	2,629	34
41 SUBPROVIDER - IRF		116,838	5,415	122,253	1,156	41
43 NURSERY		148,021		148,021	912	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,244,695	1,320,657	2,565,352	12,916	50
51 RECOVERY ROOM		97,405		97,405	1,635	51
52 DELIVERY ROOM & LABOR ROOM		654,691		654,691	2,217	52
53 ANESTHESIOLOGY			2,172	2,172		53
54 RADIOLOGY-DIAGNOSTIC	2,850	2,227,786	1,777,080	4,007,716	25,623	54
57 CT SCAN		108,191	442,440	550,631	12,057	57
58 MRI		140,429	504,681	645,110	5,874	58
59 CARDIAC CATHETERIZATION		79,629	1,017,915	1,097,544	4,221	59
60 LABORATORY		825,398	686,010	1,511,408	29,613	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		34,075	16,718	50,793	1,816	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		176,733	133,685	310,418	8,505	65
66 PHYSICAL THERAPY		1,936,745	163,830	2,100,575	6,699	66
69 ELECTROCARDIOLOGY		217,196	575,516	792,712	5,526	69
69.01 SPECIAL PROCEDURES		839,739	840,298	1,680,037	3,502	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		57,154	45,129	102,283	98	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					11,386	71
72 IMPL. DEV. CHARGED TO PATIENTS					8,818	72
73 DRUGS CHARGED TO PATIENTS					20,480	73
73.01 VACCINES					22	73.01
75 ASC (NON-DISTINCT PART)		320,777	170,314	491,091	672	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS		29,827	5,490	35,317		76
76.97 CARDIAC REHABILITATION		40,252	28,483	68,735	42	76.97
76.98 HYPERBARIC OXYGEN THERAPY					199	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	16,734	11,322,049	975,032	12,313,815	13,899	90.01
91 EMERGENCY		476,481	96,611	573,092	12,792	91
91.01 SLEEP LAB		82,010	12,838	94,848	948	91.01
91.02 BRONCH & GASTRO LAB		475,366	502,905	978,271	4,395	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		358,709	88,091	446,800	1,888	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

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	
101 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS		104,305	12,908	117,213		101
116 HOSPICE		103,612	12,006	115,618		116
118 SUBTOTALS (sum of lines 1-117)	65,967	28,479,342	10,872,786	39,418,095	229,890	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		107,408		107,408		190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX		38,745	5,625	44,370		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		147,569	14,036	161,605		192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG		6,960		6,960		192.13
192.14 COMM HLTH & WLNS			35,254	35,254		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		6,267	16,833	23,100		193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION		73,092	27,676	100,768		193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED		305,773	479,930	785,703		193.07
193.08 EMERGENCY MEDICAL SERVICES			255	255		193.08
193.10 OTHER NONREIMBURSABLE ADMIN	18,755			18,755		193.10
193.11 RELATED PARTY THERAPY						193.11
193.12 RELATED PARTY PHARMACY						193.12
193.13 RELATED PARTY LABORATORY						193.13
194 UNDERGRADUATE MEDICAL EDUCATION		222,016		222,016		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	84,722	29,387,172	11,452,395	40,924,289	229,890	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 DEPARTMENT						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	182,087					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	182,087	528,091				5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		22,773	22,773			7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING		7,876		7,876		9
10 DIETARY		5,518			5,518	10
11 CAFETERIA					2,915	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,175	76	26		13
14 CENTRAL SERVICES & SUPPLY		3,719				14
15 PHARMACY		7,602	201	70		15
16 MEDICAL RECORDS & LIBRARY		3,065				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		4,535				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		5,428	31	11		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		54,697	3,113	1,077	2,216	30
31.01 NEONATAL ICU		11,929	357	124		31.01
32 CORONARY CARE UNIT		6,705	353	122	87	32
34 SURGICAL INTENSIVE CARE UNIT		6,772	357	124	90	34
41 SUBPROVIDER - IRF		2,995	92	32	126	41
43 NURSERY		3,337	117	40		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		33,904	984	340		50
51 RECOVERY ROOM		2,660	77	27		51
52 DELIVERY ROOM & LABOR ROOM		9,273	518	179		52
53 ANESTHESIOLOGY		1,185				53
54 RADIOLOGY-DIAGNOSTIC		48,214	1,761	609		54
57 CT SCAN		6,103	86	30		57
58 MRI		4,573	111	38		58
59 CARDIAC CATHETERIZATION		3,479	63	22		59
60 LABORATORY		26,309	653	226		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,864	27	9		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		6,288	140	48		65
66 PHYSICAL THERAPY		23,908	1,531	530		66
69 ELECTROCARDIOLOGY		5,753	172	59		69
69.01 SPECIAL PROCEDURES		9,812	664	230		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		412	45	16		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		25,638				71
72 IMPL. DEV. CHARGED TO PATIENTS		19,964				72
73 DRUGS CHARGED TO PATIENTS		20,723				73
73.01 VACCINES		56				73.01
75 ASC (NON-DISTINCT PART)		2,686	254	88		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS		50	24	8		76
76.97 CARDIAC REHABILITATION		158	32	11		76.97
76.98 HYPERBARIC OXYGEN THERAPY		227				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS		51,161	8,948	3,094		90.01
91 EMERGENCY		16,026	377	130		91
91.01 SLEEP LAB		1,507	65	22		91.01
91.02 BRONCH & GASTRO LAB		7,998	376	130		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		5,290	284	98	84	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

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	
101	HOME HEALTH AGENCY		8,019	82	29		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE		5,879	82	28		116
118	SUBTOTALS (sum of lines 1-117)	182,087	502,245	22,053	7,627	5,518	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		164	85	29		190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	CHEMOTHERAPY RX		989	31	11		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		465	117	40		192.11
192.12	SOUTH PARKING GARAGE		398				192.12
192.13	PARISH NRSG		102	6	2		192.13
192.14	COMM HLTH & WLNS		3,134				192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE		79				192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT		19				193.01
193.02	TELEMEDICINE		167	5	2		193.02
193.04	NORTH GARAGE		750				193.04
193.05	HOME INFUSION		4,307	58	20		193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED		7,571	242	84		193.07
193.08	EMERGENCY MEDICAL SERVICES		344				193.08
193.10	OTHER NONREIMBURSABLE ADMIN		5,784				193.10
193.11	RELATED PARTY THERAPY		615				193.11
193.12	RELATED PARTY PHARMACY		431				193.12
193.13	RELATED PARTY LABORATORY		181				193.13
194	UNDERGRADUATE MEDICAL EDUCATION		346	176	61		194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	182,087	528,091	22,773	7,876	5,518	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING AD MINISTRATI ON 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RE CORDS & LI BRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	2,915					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	23	347,424				13
14 CENTRAL SERVICES & SUPPLY			3,719			14
15 PHARMACY	63			604,776		15
16 MEDICAL RECORDS & LIBRARY	1				3,066	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	80					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	601	228,639			205	30
31.01 NEONATAL ICU	111	42,423			36	31.01
32 CORONARY CARE UNIT	69	26,103			21	32
34 SURGICAL INTENSIVE CARE UNIT	61	23,392			23	34
41 SUBPROVIDER - IRF	29				10	41
43 NURSERY	27				8	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	153				115	50
51 RECOVERY ROOM	26				15	51
52 DELIVERY ROOM & LABOR ROOM	76				20	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	213				229	54
57 CT SCAN	24				108	57
58 MRI	21				52	58
59 CARDIAC CATHETERIZATION	15				38	59
60 LABORATORY	172				1,279	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	7				16	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	54	20,442			76	65
66 PHYSICAL THERAPY	228				60	66
69 ELECTROCARDIOLOGY	45				49	69
69.01 SPECIAL PROCEDURES	52				31	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	3				1	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			2,094		102	71
72 IMPL. DEV. CHARGED TO PATIENTS			1,625		79	72
73 DRUGS CHARGED TO PATIENTS	63			593,096	183	73
73.01 VACCINES		90		986		73.01
75 ASC (NON-DISTINCT PART)	14				6	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION	1					76.97
76.98 HYPERBARIC OXYGEN THERAPY	3				2	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	381				124	90.01
91 EMERGENCY	92				114	91
91.01 SLEEP LAB	16	6,011			8	91.01
91.02 BRONCH & GASTRO LAB	47				39	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	54				17	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

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		CAFETERIA 11	NURSING AD MINISTRATI ON 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RE CORDS & LI BRARY 16	
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (sum of lines 1-117)	2,825	347,100	3,719	594,082	3,066	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	CHEMOTHERAPY RX	8					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	1					192.11
192.12	SOUTH PARKING GARAGE						192.12
192.13	PARISH NRSG	1	324				192.13
192.14	COMM HLTH & WLNS	1					192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE	1					192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT						193.01
193.02	TELEMEDICINE	1					193.02
193.04	NORTH GARAGE						193.04
193.05	HOME INFUSION	12					193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED	61					193.07
193.08	EMERGENCY MEDICAL SERVICES	4					193.08
193.10	OTHER NONREIMBURSABLE ADMIN						193.10
193.11	RELATED PARTY THERAPY						193.11
193.12	RELATED PARTY PHARMACY				10,694		193.12
193.13	RELATED PARTY LABORATORY						193.13
194	UNDERGRADUATE MEDICAL EDUCATION						194
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	2,915	347,424	3,719	604,776	3,066	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD	4,615					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		93,153				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			4,700,456		4,700,456	30
31.01 NEONATAL ICU			628,875		628,875	31.01
32 CORONARY CARE UNIT			520,840		520,840	32
34 SURGICAL INTENSIVE CARE UNIT			549,161		549,161	34
41 SUBPROVIDER - IRF			126,693		126,693	41
43 NURSERY			152,462		152,462	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			2,613,764		2,613,764	50
51 RECOVERY ROOM			101,845		101,845	51
52 DELIVERY ROOM & LABOR ROOM			666,974		666,974	52
53 ANESTHESIOLOGY			3,357		3,357	53
54 RADIOLOGY-DIAGNOSTIC			4,084,365		4,084,365	54
57 CT SCAN			569,039		569,039	57
58 MRI			655,779		655,779	58
59 CARDIAC CATHETERIZATION			1,105,382		1,105,382	59
60 LABORATORY			1,569,660		1,569,660	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			57,532		57,532	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			345,971		345,971	65
66 PHYSICAL THERAPY			2,133,531		2,133,531	66
69 ELECTROCARDIOLOGY			804,316		804,316	69
69.01 SPECIAL PROCEDURES			1,694,328		1,694,328	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY			102,858		102,858	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			39,220		39,220	71
72 IMPL. DEV. CHARGED TO PATIENTS			30,486		30,486	72
73 DRUGS CHARGED TO PATIENTS			634,545		634,545	73
73.01 VACCINES			1,154		1,154	73.01
75 ASC (NON-DISTINCT PART)			494,811		494,811	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS			35,399		35,399	76
76.97 CARDIAC REHABILITATION			68,979		68,979	76.97
76.98 HYPERBARIC OXYGEN THERAPY			431		431	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS			12,391,422		12,391,422	90.01
91 EMERGENCY			602,623		602,623	91
91.01 SLEEP LAB			103,425		103,425	91.01
91.02 BRONCH & GASTRO LAB			991,256		991,256	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT			454,515		454,515	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

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		I&R SERVIC ES-SALARY & FRINGES 21	I&R SERVIC ES-OTHER P RGM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
101	HOME HEALTH AGENCY			125,343		125,343	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE			121,607		121,607	116
118	SUBTOTALS (sum of lines 1-117)			39,282,404		39,282,404	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			107,686		107,686	190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	CHEMOTHERAPY RX			45,409		45,409	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			162,228		162,228	192.11
192.12	SOUTH PARKING GARAGE			398		398	192.12
192.13	PARISH NRSG			7,395		7,395	192.13
192.14	COMM HLTH & WLNS			38,389		38,389	192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE			80		80	192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT			19		19	193.01
193.02	TELEMEDICINE			23,275		23,275	193.02
193.04	NORTH GARAGE			750		750	193.04
193.05	HOME INFUSION			105,165		105,165	193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED			793,661		793,661	193.07
193.08	EMERGENCY MEDICAL SERVICES			603		603	193.08
193.10	OTHER NONREIMBURSABLE ADMIN			24,539		24,539	193.10
193.11	RELATED PARTY THERAPY			615		615	193.11
193.12	RELATED PARTY PHARMACY			11,125		11,125	193.12
193.13	RELATED PARTY LABORATORY			181		181	193.13
194	UNDERGRADUATE MEDICAL EDUCATION			222,599		222,599	194
200	CROSS FOOT ADJUSTMENTS	4,615	93,153	97,768		97,768	200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,615	93,153	40,924,289		40,924,289	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON-PATIENT TELEPHONE PHONE INSTR	DATA PROCES SSING INVOICES	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	975,397					1
2 CAP REL COSTS-MVBLE EQUIP		10,758,068				2
4 EMPLOYEE BENEFITS DEPARTMENT			124,347,514			4
5.01 NON-PATIENT TELEPHONE				3,432		5.01
5.02 DATA PROCESSING					3,467,324	5.02
5.03 FOUNDATION OVERHEAD						5.03
5.04 ADMITTING	7,044	16,594	1,775,909	108	74,188	5.04
5.05 SHARED ADMINISTRATIVE & GENERAL	3,006	85,972	1,862,377	326	141,392	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	9,296	56,113	2,247,189	81	105,510	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	3,203	232,610	1,164,321	65	69,861	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	8,454	321,391	3,625,513	27	63,177	15
16 MEDICAL RECORDS & LIBRARY			144,957	2		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			3,600,563			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,322	7,200		82	28,610	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	130,685	422,346	22,832,233	551	694,408	30
31.01 NEONATAL ICU	14,992	110,988	5,211,267	59	59,080	31.01
32 CORONARY CARE UNIT	14,822	36,163	2,722,796	45	32,090	32
34 SURGICAL INTENSIVE CARE UNIT	14,994	60,089	2,701,981	42	41,432	34
41 SUBPROVIDER - IRF	3,878	5,087	1,398,664	27	38,304	41
43 NURSERY	4,913		1,102,574			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	41,313	1,240,589	6,030,594	181	196,570	50
51 RECOVERY ROOM	3,233		1,184,499	30	29,671	51
52 DELIVERY ROOM & LABOR ROOM	21,730		3,248,397			52
53 ANESTHESIOLOGY		2,040		21	9,282	53
54 RADIOLOGY-DIAGNOSTIC	73,943	1,669,343	8,293,641	277	239,048	54
57 CT SCAN	3,591	415,616	1,014,494	37	11,302	57
58 MRI	4,661	474,084	938,812	32	12,503	58
59 CARDIAC CATHETERIZATION	2,643	956,202	744,493	67	55,226	59
60 LABORATORY	27,396	644,419	5,651,827	164	363,069	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,131	15,704	290,680	6	362	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,866	125,580	2,077,736	42	20,195	65
66 PHYSICAL THERAPY	64,283	153,897	10,086,896	389	290,030	66
69 ELECTROCARDIOLOGY	7,209	540,624	1,594,246	53	64,566	69
69.01 SPECIAL PROCEDURES	27,872	789,353	2,495,630	16	104,238	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	1,897	42,393	93,699	9	23,623	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 VACCINES			9,080			73.01
75 ASC (NON-DISTINCT PART)	10,647	159,988	666,229		33,479	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS	990	5,157		5	3,183	76
76.97 CARDIAC REHABILITATION	1,336	26,756	41,321			76.97
76.98 HYPERBARIC OXYGEN THERAPY			114,626		2,273	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	375,793	915,919	10,754,455			90.01
91 EMERGENCY	15,815	90,754	4,074,826	179	127,866	91
91.01 SLEEP LAB	2,722	12,060	606,522	15	43,777	91.01
91.02 BRONCH & GASTRO LAB	15,778	472,415	1,992,152	84	86,019	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	11,906	82,750	2,062,096	30	64,276	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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON-PATIENT TELEPHONE INSTR	DATA PROCESSING INVOICES	
	1	2	4	5.01	5.02	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,462	12,125	3,854,844	154	71,958	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,439	11,278	1,577,155	44	71,958	116
118 SUBTOTALS (sum of lines 1-117)	945,265	10,213,599	119,889,294	3,250	3,272,526	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,565			9	4,522	190
191 RESEARCH					1,030	191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX	1,286	5,284	558,323			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	4,898	13,185	40,015	15	10,754	192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	231		23,121	6	3,427	192.13
192.14 COMM HLTH & WLNS		33,117	42,140	11	4,817	192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE			36,370			192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT					333	193.01
193.02 TELEMEDICINE	208	15,812	60,112	4	2,364	193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	2,426	25,998	635,864	24	35,979	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	10,149	450,833	2,471,689	86	102,893	193.07
193.08 EMERGENCY MEDICAL SERVICES		240	150,310		4,574	193.08
193.10 OTHER NONREIMBURSABLE ADMIN			440,276		21,016	193.10
193.11 RELATED PARTY THERAPY						193.11
193.12 RELATED PARTY PHARMACY						193.12
193.13 RELATED PARTY LABORATORY						193.13
194 UNDERGRADUATE MEDICAL EDUCATION	7,369			27	3,089	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	29,387,172	11,452,395				202
203 UNIT COST MULT-WS B PT I	30.128422	1.064540				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 INISTRATIVE & GENERA TOTAL COST	RECON-CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
5.01 NON-PATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 FOUNDATION OVERHEAD	100					5.03
5.04 ADMITTING		2,044,422,318				5.04
5.05 SHARED ADMINISTRATIVE & GENERAL			1,000,000			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	100		1,000,000	-177,468,998	369,981,402	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT					15,958,616	7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING					5,519,323	9
10 DIETARY					3,866,574	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					2,225,017	13
14 CENTRAL SERVICES & SUPPLY					2,605,849	14
15 PHARMACY					5,327,172	15
16 MEDICAL RECORDS & LIBRARY					2,147,999	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					3,178,063	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					3,803,915	22
23 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS						23
30 ADULTS & PEDIATRICS		205,098,874			38,242,952	30
31.01 NEONATAL ICU		36,237,931			8,359,346	31.01
32 CORONARY CARE UNIT		20,709,965			4,698,780	32
34 SURGICAL INTENSIVE CARE UNIT		23,468,866			4,745,670	34
41 SUBPROVIDER - IRF		10,319,432			2,098,649	41
43 NURSERY		8,141,090			2,338,777	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		115,325,065			23,758,995	50
51 RECOVERY ROOM		14,598,987			1,863,733	51
52 DELIVERY ROOM & LABOR ROOM		19,795,129			6,498,106	52
53 ANESTHESIOLOGY					830,754	53
54 RADIOLOGY-DIAGNOSTIC		228,773,857			33,786,884	54
57 CT SCAN		107,654,876			4,276,709	57
58 MRI		52,443,361			3,204,504	58
59 CARDIAC CATHETERIZATION		37,687,260			2,437,748	59
60 LABORATORY		256,271,464			18,436,357	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		16,212,454			3,408,540	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		75,933,580			4,406,363	65
66 PHYSICAL THERAPY		59,809,930			16,753,806	66
69 ELECTROCARDIOLOGY		49,339,245			4,031,302	69
69.01 SPECIAL PROCEDURES		31,266,812			6,875,743	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY		871,700			288,564	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		101,658,580			17,966,207	71
72 IMPL. DEV. CHARGED TO PATIENTS		78,730,350			13,990,373	72
73 DRUGS CHARGED TO PATIENTS		182,857,823			14,521,821	73
73.01 VACCINES		194,102			39,442	73.01
75 ASC (NON-DISTINCT PART)		6,001,172			1,882,468	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS					35,317	76
76.97 CARDIAC REHABILITATION		373,182			110,860	76.97
76.98 HYPERBARIC OXYGEN THERAPY		1,777,925			158,790	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS		124,095,059			35,852,025	90.01
91 EMERGENCY		114,210,267			11,230,307	91
91.01 SLEEP LAB		8,460,564			1,056,152	91.01
91.02 BRONCH & GASTRO LAB		39,243,408			5,604,553	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT		16,860,008			3,706,898	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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	FOUNDATION OVERHEAD	ADMITTING	SHARED ADM INISTRATIVE & GENERA	RECON-CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	
	TOTAL COST	GROSS REVENUE	TOTAL COST			
	5.03	5.04	5.05	5A.06	5.06	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY					5,619,691	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					4,119,754	116
118 SUBTOTALS (sum of lines 1-117)	100	2,044,422,318	1,000,000	-177,468,998	351,869,468	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					114,985	190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES					99	192
192.01 CHEMOTHERAPY RX					693,164	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					325,631	192.11
192.12 SOUTH PARKING GARAGE					279,143	192.12
192.13 PARISH NRSG					71,379	192.13
192.14 COMM HLTH & WLNS					2,196,084	192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE					55,178	192.16
192.17 SMOKING CESSATION						192.17
192.18 HRT DISEASE PRVT						192.18
192.19 STRATUM						192.19
193.01 CONTRACT MANAGEMENT					13,453	193.01
193.02 TELEMEDICINE					117,156	193.02
193.04 NORTH GARAGE					525,473	193.04
193.05 HOME INFUSION					3,018,264	193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED					5,305,453	193.07
193.08 EMERGENCY MEDICAL SERVICES					240,801	193.08
193.10 OTHER NONREIMBURSABLE ADMIN					4,052,979	193.10
193.11 RELATED PARTY THERAPY					430,913	193.11
193.12 RELATED PARTY PHARMACY					302,368	193.12
193.13 RELATED PARTY LABORATORY					127,169	193.13
194 UNDERGRADUATE MEDICAL EDUCATION					242,242	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		2,722,858	170,704,647		177,468,998	202
203 UNIT COST MULT-WS B PT I		0.001332	170.704647		0.479670	203
204 COST TO BE ALLOC PER B PT II		229,890	182,087		528,091	204
205 UNIT COST MULT-WS B PT II		0.000112	0.182087		0.001427	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERVICE ICE POUNDS OF LAUNDRY	HOUSEKEEPING SQ FEET	DIETARY MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	956,051					6
7 OPERATION OF PLANT		956,051				7
8 LAUNDRY & LINEN SERVICE			2,704,234			8
9 HOUSEKEEPING				956,051		9
10 DIETARY					646,843	10
11 CAFETERIA					341,832	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,203	3,203		3,203		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	8,454	8,454		8,454		15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,322	1,322		1,322		22
23 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS						23
30 ADULTS & PEDIATRICS	130,685	130,685	1,118,970	130,685	259,725	30
31.01 NEONATAL ICU	14,992	14,992	46,221	14,992		31.01
32 CORONARY CARE UNIT	14,822	14,822	65,992	14,822	10,144	32
34 SURGICAL INTENSIVE CARE UNIT	14,994	14,994	67,126	14,994	10,558	34
41 SUBPROVIDER - IRF	3,878	3,878	44,991	3,878	14,784	41
43 NURSERY	4,913	4,913		4,913		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	41,313	41,313	171,713	41,313		50
51 RECOVERY ROOM	3,233	3,233	50,260	3,233		51
52 DELIVERY ROOM & LABOR ROOM	21,730	21,730		21,730		52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	73,943	73,943	139,595	73,943		54
57 CT SCAN	3,591	3,591	30,873	3,591		57
58 MRI	4,661	4,661	6,802	4,661		58
59 CARDIAC CATHETERIZATION	2,643	2,643	36,809	2,643		59
60 LABORATORY	27,396	27,396	120	27,396		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	5,866	5,866		5,866		65
66 PHYSICAL THERAPY	64,283	64,283	134,438	64,283		66
69 ELECTROCARDIOLOGY	7,209	7,209	30,202	7,209		69
69.01 SPECIAL PROCEDURES	27,872	27,872	24,557	27,872		69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	1,897	1,897	2,089	1,897		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 VACCINES						73.01
75 ASC (NON-DISTINCT PART)	10,647	10,647		10,647		75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS	990	990		990		76
76.97 CARDIAC REHABILITATION	1,336	1,336		1,336		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	375,793	375,793		375,793		90.01
91 EMERGENCY	15,815	15,815	264,661	15,815		91
91.01 SLEEP LAB	2,722	2,722	46,417	2,722		91.01
91.02 BRONCH & GASTRO LAB	15,778	15,778	314,364	15,778		91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	11,906	11,906	108,034	11,906	9,800	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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERVICE ICE POUNDS OF LAUNDRY	HOUSEKEEPING SQ FEET	DIETARY MEALS SERVED	
	6	7	8	9	10	
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,462	3,462		3,462		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,439	3,439		3,439		116
118 SUBTOTALS (sum of lines 1-117)	925,919	925,919	2,704,234	925,919	646,843	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	1,286	1,286		1,286		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	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	10,149	10,149		10,149		193.07
193.08 EMERGENCY MEDICAL SERVICES						193.08
193.10 OTHER NONREIMBURSABLE ADMIN						193.10
193.11 RELATED PARTY THERAPY						193.11
193.12 RELATED PARTY PHARMACY						193.12
193.13 RELATED PARTY LABORATORY						193.13
194 UNDERGRADUATE MEDICAL EDUCATION	7,369	7,369		7,369		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		23,613,485		8,166,777	5,721,254	202
203 UNIT COST MULT-WS B PT I		24.698980		8.542198	8.844888	203
204 COST TO BE ALLOC PER B PT II		22,773		7,876	5,518	204
205 UNIT COST MULT-WS B PT II		0.023820		0.008238	0.008531	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING AD MINISTRATI ON FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RE CORDS & LI BRARY GROSS REVENUE	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	209,093					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,643	65,483				13
14 CENTRAL SERVICES & SUPPLY			31,716,302			14
15 PHARMACY	4,544			14,559,443		15
16 MEDICAL RECORDS & LIBRARY	50				2,044,422,318	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	5,719					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	43,094	43,094			205,098,874	30
31.01 NEONATAL ICU	7,996	7,996			36,237,931	31.01
32 CORONARY CARE UNIT	4,920	4,920			20,709,965	32
34 SURGICAL INTENSIVE CARE UNIT	4,409	4,409			23,468,866	34
41 SUBPROVIDER - IRF	2,112				10,319,432	41
43 NURSERY	1,925				8,141,090	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,967				115,325,065	50
51 RECOVERY ROOM	1,872				14,598,987	51
52 DELIVERY ROOM & LABOR ROOM	5,445				19,795,129	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	15,309				228,773,857	54
57 CT SCAN	1,723				107,654,876	57
58 MRI	1,498				52,443,361	58
59 CARDIAC CATHETERIZATION	1,085				37,687,260	59
60 LABORATORY	12,313				256,271,464	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	499				16,212,454	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,853	3,853			75,933,580	65
66 PHYSICAL THERAPY	16,327				59,809,930	66
69 ELECTROCARDIOLOGY	3,221				49,339,245	69
69.01 SPECIAL PROCEDURES	3,763				31,266,812	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	208				871,700	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			17,830,798		101,658,580	71
72 IMPL. DEV. CHARGED TO PATIENTS			13,885,504		78,730,350	72
73 DRUGS CHARGED TO PATIENTS	4,544			14,278,254	182,857,823	73
73.01 VACCINES	17	17		23,748	194,102	73.01
75 ASC (NON-DISTINCT PART)	1,003				6,001,172	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION	80				373,182	76.97
76.98 HYPERBARIC OXYGEN THERAPY	180				1,777,925	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	27,330				124,095,059	90.01
91 EMERGENCY	6,633				114,210,267	91
91.01 SLEEP LAB	1,133	1,133			8,460,564	91.01
91.02 BRONCH & GASTRO LAB	3,349				39,243,408	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
92.01 OBSERVATION BEDS-DISTINCT	3,839				16,860,008	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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING AD	CENTRAL	PHARMACY	MEDICAL RE	
	FTES	MINISTRATI	SERVICES &	COSTED	CORDS & LI	
		ON	SUPPLY	REQUIS.	BRARY	
		FTES	COSTED	REQUIS.	GROSS	
	11	13	14	15	REVENUE	16
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (sum of lines 1-117)	202,603	65,422	31,716,302	14,302,002	2,044,422,318	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 CHEMOTHERAPY RX	609					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	53					192.11
192.12 SOUTH PARKING GARAGE						192.12
192.13 PARISH NRSG	61	61				192.13
192.14 COMM HLTH & WLNS	56					192.14
192.15 MOBILE CLINIC						192.15
192.16 PALLIATIVE CARE	41					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	104					193.02
193.04 NORTH GARAGE						193.04
193.05 HOME INFUSION	890					193.05
193.06 MISSION RELATED						193.06
193.07 GRANT RELATED	4,357					193.07
193.08 EMERGENCY MEDICAL SERVICES	309					193.08
193.10 OTHER NONREIMBURSABLE ADMIN	10					193.10
193.11 RELATED PARTY THERAPY						193.11
193.12 RELATED PARTY PHARMACY				257,441		193.12
193.13 RELATED PARTY LABORATORY						193.13
194 UNDERGRADUATE MEDICAL EDUCATION						194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,023,465	3,422,521	3,855,797	8,229,184	3,179,053	202
203 UNIT COST MULT-WS B PT I	14.459905	52.265794	0.121571	0.565213	0.001555	203
204 COST TO BE ALLOC PER B PT II	2,915	347,424	3,719	604,776	3,066	204
205 UNIT COST MULT-WS B PT II	0.013941	5.305560	0.000117	0.041538	0.000001	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVIC	I&R SERVIC	
	ES-SALARY & FRINGES ASSIGNED TIME	ES-OTHER P RGM COSTS ASSIGNED TIME	
	21	22	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			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 SERVICES-SALARY & FRINGES APPRVD	332		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		332	22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	300	300	30
31.01 NEONATAL ICU	20	20	31.01
32 CORONARY CARE UNIT			32
34 SURGICAL INTENSIVE CARE UNIT			34
41 SUBPROVIDER - IRF			41
43 NURSERY	10	10	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 CT SCAN			57
58 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 CHARGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENTS			72
73 DRUGS CHARGED TO PATIENTS			73
73.01 VACCINES			73.01
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			
90.01 340B CLINICS			90.01
91 EMERGENCY	2	2	91
91.01 SLEEP LAB			91.01
91.02 BRONCH & GASTRO LAB			91.02
91.03 SURGICENTER			91.03
92 OBSERVATION BEDS (NON-DISTINCT PART)			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

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME 21	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME 22	
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (sum of lines 1-117)	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			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
193.10 OTHER NONREIMBURSABLE ADMIN			193.10
193.11 RELATED PARTY THERAPY			193.11
193.12 RELATED PARTY PHARMACY			193.12
193.13 RELATED PARTY LABORATORY			193.13
194 UNDERGRADUATE MEDICAL EDUCATION			194
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	4,785,180	5,672,484	202
203 UNIT COST MULT-WS B PT I	14,413.192771	17,085.795181	203
204 COST TO BE ALLOC PER B PT II	4,615	93,153	204
205 UNIT COST MULT-WS B PT II	13.900602	280.581325	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	66,422,734		66,422,734	176,655	66,599,389	30
31.01 NEONATAL ICU	13,457,313		13,457,313		13,457,313	31.01
32 CORONARY CARE UNIT	7,895,562		7,895,562	4,754	7,900,316	32
34 SURGICAL INTENSIVE CARE UNI	7,944,517		7,944,517	13,898	7,958,415	34
41 SUBPROVIDER - IRF	3,411,567		3,411,567	5,673	3,417,240	41
43 NURSERY	3,664,426		3,664,426		3,664,426	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	36,866,677		36,866,677	41,532	36,908,209	50
51 RECOVERY ROOM	2,914,949		2,914,949		2,914,949	51
52 DELIVERY ROOM & LABOR ROOM	10,446,899		10,446,899		10,446,899	52
53 ANESTHESIOLOGY	1,229,242		1,229,242		1,229,242	53
54 RADIOLOGY-DIAGNOSTIC	53,028,502		53,028,502	10,347	53,038,849	54
57 CT SCAN	6,639,804		6,639,804		6,639,804	57
58 MRI	4,999,755		4,999,755		4,999,755	58
59 CARDIAC CATHETERIZATION	3,769,212		3,769,212	10,274	3,779,486	59
60 LABORATORY	28,766,925		28,766,925	7,170	28,774,095	60
62 WHOLE BLOOD & PACKED RED BL	5,113,535		5,113,535		5,113,535	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	7,090,127		7,090,127		7,090,127	65
66 PHYSICAL THERAPY	27,256,038		27,256,038	26,070	27,282,108	66
69 ELECTROCARDIOLOGY	6,327,931		6,327,931		6,327,931	69
69.01 SPECIAL PROCEDURES	11,203,362		11,203,362		11,203,362	69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	494,401		494,401		494,401	70
71 MEDICAL SUPPLIES CHARGED TO	28,909,859		28,909,859		28,909,859	71
72 IMPL. DEV. CHARGED TO PATIE	22,511,636		22,511,636		22,511,636	72
73 DRUGS CHARGED TO PATIENTS	29,907,805		29,907,805		29,907,805	73
73.01 VACCINES	73,221		73,221		73,221	73.01
75 ASC (NON-DISTINCT PART)	3,163,185		3,163,185	20,061	3,183,246	75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS	85,167		85,167		85,167	76
76.97 CARDIAC REHABILITATION	210,183		210,183		210,183	76.97
76.98 HYPERBARIC OXYGEN THERAPY	240,325		240,325		240,325	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	66,129,121		66,129,121		66,129,121	90.01
91 EMERGENCY	17,416,367		17,416,367		17,416,367	91
91.01 SLEEP LAB	1,741,995		1,741,995	12,147	1,754,142	91.01
91.02 BRONCH & GASTRO LAB	8,926,818		8,926,818		8,926,818	91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTI	2,421,580		2,421,580		2,421,580	92
92.01 OBSERVATION BEDS-DISTINCT	6,049,164		6,049,164	9,746	6,058,910	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	8,430,369		8,430,369		8,430,369	101
116 HOSPICE	6,210,193		6,210,193		6,210,193	116
200 SUBTOTAL (SEE INSTRUCTIONS)	511,370,466		511,370,466	338,327	511,708,793	200
201 LESS OBSERVATION BEDS	2,421,580		2,421,580		2,421,580	201
202 TOTAL (SEE INSTRUCTIONS)	508,948,886		508,948,886		509,287,213	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	178,037,146		178,037,146			30
31.01 NEONATAL ICU	36,237,931		36,237,931			31.01
32 CORONARY CARE UNIT	20,709,965		20,709,965			32
34 SURGICAL INTENSIVE CARE UNI	23,468,866		23,468,866			34
41 SUBPROVIDER - IRF	10,319,432		10,319,432			41
43 NURSERY	8,141,090		8,141,090			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	77,461,434	37,863,631	115,325,065	0.319676	0.319676	0.320036 50
51 RECOVERY ROOM	8,796,106	5,802,881	14,598,987	0.199668	0.199668	0.199668 51
52 DELIVERY ROOM & LABOR ROOM	17,918,378	1,876,751	19,795,129	0.527751	0.527751	0.527751 52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	21,931,511	206,842,346	228,773,857	0.231794	0.231794	0.231840 54
57 CT SCAN	34,104,449	73,550,427	107,654,876	0.061677	0.061677	0.061677 57
58 MRI	9,725,095	42,718,266	52,443,361	0.095336	0.095336	0.095336 58
59 CARDIAC CATHETERIZATION	22,112,474	15,574,786	37,687,260	0.100013	0.100013	0.100286 59
60 LABORATORY	85,675,430	170,596,034	256,271,464	0.112252	0.112252	0.112280 60
62 WHOLE BLOOD & PACKED RED BL	12,690,997	3,521,457	16,212,454	0.315408	0.315408	0.315408 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	72,392,689	3,540,891	75,933,580	0.093373	0.093373	0.093373 65
66 PHYSICAL THERAPY	17,811,791	41,998,139	59,809,930	0.455711	0.455711	0.456147 66
69 ELECTROCARDIOLOGY	21,564,466	27,774,779	49,339,245	0.128254	0.128254	0.128254 69
69.01 SPECIAL PROCEDURES	18,617,264	12,649,548	31,266,812	0.358315	0.358315	0.358315 69.01
69.02 CARDIAC REHAB						69.02
70 ELECTROENCEPHALOGRAPHY	278,880	592,820	871,700	0.567169	0.567169	0.567169 70
71 MEDICAL SUPPLIES CHARGED TO	69,219,167	32,439,413	101,658,580	0.284382	0.284382	0.284382 71
72 IMPL. DEV. CHARGED TO PATIE	58,997,518	19,732,832	78,730,350	0.285933	0.285933	0.285933 72
73 DRUGS CHARGED TO PATIENTS	127,832,348	55,025,475	182,857,823	0.163558	0.163558	0.163558 73
73.01 VACCINES		194,102	194,102	0.377229	0.377229	0.377229 73.01
75 ASC (NON-DISTINCT PART)	120,286	5,880,886	6,001,172	0.527095	0.527095	0.530437 75
75.01 WOUND CARE						75.01
76 ACUTE DIALYSIS						76
76.97 CARDIAC REHABILITATION		373,182	373,182	0.563218	0.563218	0.563218 76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,758,450	19,475	1,777,925	0.135172	0.135172	0.135172 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 340B CLINICS	237,345	123,857,714	124,095,059	0.532891	0.532891	0.532891 90.01
91 EMERGENCY	33,454,544	80,755,723	114,210,267	0.152494	0.152494	0.152494 91
91.01 SLEEP LAB	11,540	8,449,024	8,460,564	0.205896	0.205896	0.207332 91.01
91.02 BRONCH & GASTRO LAB	7,698,528	31,544,880	39,243,408	0.227473	0.227473	0.227473 91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTI	3,101,482	23,960,246	27,061,728	0.089484	0.089484	0.089484 92
92.01 OBSERVATION BEDS-DISTINCT	4,271,760	12,588,248	16,860,008	0.358788	0.358788	0.359366 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)	1,004,698,362	1,039,723,956	2,044,422,318			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	1,004,698,362	1,039,723,956	2,044,422,318			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	4,700,456		4,700,456	77,007	61.04	28,546	1,742,448	30
31 INTENSIVE CARE UNIT								31
31.01 NEONATAL ICU	628,875		628,875	9,522	66.04			31.01
32 CORONARY CARE UNIT	520,840		520,840	4,059	128.32	1,426	182,984	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT	549,161		549,161	4,223	130.04	1,075	139,793	34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	126,693		126,693	4,224	29.99	1,511	45,315	41
42 SUBPROVIDER I								42
43 NURSERY	152,462		152,462	6,671	22.85			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	6,678,487		6,678,487	105,706		32,558	2,110,540	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0091) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	COST CENTER DESCRIPTION	1	2	3	4	5				
	ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	2,613,764	115,325,065	0.022664	24,781,183	561,641			50	
51	RECOVERY ROOM	101,845	14,598,987	0.006976	2,817,545	19,655			51	
52	DELIVERY ROOM & LABOR ROOM	666,974	19,795,129	0.033694	107,530	3,623			52	
53	ANESTHESIOLOGY	3,357							53	
54	RADIOLOGY-DIAGNOSTIC	4,084,365	228,773,857	0.017853	7,544,889	134,699			54	
57	CT SCAN	569,039	107,654,876	0.005286	11,492,173	60,748			57	
58	MRI	655,779	52,443,361	0.012505	3,381,954	42,291			58	
59	CARDIAC CATHETERIZATION	1,105,382	37,687,260	0.029330	9,217,350	270,345			59	
60	LABORATORY	1,569,660	256,271,464	0.006125	30,232,949	185,177			60	
62	WHOLE BLOOD & PACKED RED BLOO	57,532	16,212,454	0.003549	4,572,576	16,228			62	
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30	
65	RESPIRATORY THERAPY	345,971	75,933,580	0.004556	24,448,643	111,388			65	
66	PHYSICAL THERAPY	2,133,531	59,809,930	0.035672	5,207,846	185,774			66	
69	ELECTROCARDIOLOGY	804,316	49,339,245	0.016302	9,279,603	151,276			69	
69.01	SPECIAL PROCEDURES	1,694,328	31,266,812	0.054189	8,448,328	457,806			69.01	
69.02	CARDIAC REHAB								69.02	
70	ELECTROENCEPHALOGRAPHY	102,858	871,700	0.117997	114,713	13,536			70	
71	MEDICAL SUPPLIES CHARGED TO P	39,220	101,658,580	0.000386	23,877,314	9,217			71	
72	IMPL. DEV. CHARGED TO PATIENT	30,486	78,730,350	0.000387	23,456,365	9,078			72	
73	DRUGS CHARGED TO PATIENTS	634,545	182,857,823	0.003470	43,263,057	150,123			73	
73.01	VACCINES	1,154	194,102	0.005945					73.01	
75	ASC (NON-DISTINCT PART)	494,811	6,001,172	0.082452	7,486	617			75	
75.01	WOUND CARE								75.01	
76	ACUTE DIALYSIS	35,399							76	
76.97	CARDIAC REHABILITATION	68,979	373,182	0.184840					76.97	
76.98	HYPERBARIC OXYGEN THERAPY	431	1,777,925	0.000242	619,554	150			76.98	
76.99	LITHOTRIPSY								76.99	
	OUTPATIENT SERVICE COST CENTERS									
90.01	340B CLINICS	12,391,422	124,095,059	0.099854	120,558	12,038			90.01	
91	EMERGENCY	602,623	114,210,267	0.005276	12,059,628	63,627			91	
91.01	SLEEP LAB	103,425	8,460,564	0.012224	11,540	141			91.01	
91.02	BRONCH & GASTRO LAB	991,256	39,243,408	0.025259	3,174,895	80,195			91.02	
91.03	SURGICENTER								91.03	
92	OBSERVATION BEDS (NON-DISTINC	170,910	27,061,728	0.006316	1,474,638	9,314			92	
92.01	OBSERVATION BEDS-DISTINCT	454,515	16,860,008	0.026958	1,415,594	38,162			92.01	
	OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	32,527,877	1,767,507,888		251,127,911	2,586,849			200	

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL  
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03  
 04/08/2014 20:54

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	77,007		28,546		30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL ICU	9,522				31.01
32 CORONARY CARE UNIT	4,059		1,426		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	4,223		1,075		34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,224		1,511		41
42 SUBPROVIDER I					42
43 NURSERY	6,671				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	105,706		32,558		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					
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 CT SCAN						57
58 MRI						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 CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 VACCINES						73.01
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						
90.01 340B CLINICS						90.01
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0091)	[ ] SUB (OTHER)	[ ] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 8)	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 PASS-THRU COSTS (COL. 9 x COL. 12)	
COST CENTER DESCRIPTION	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	115,325,065		24,781,183		8,620,092	50
51	RECOVERY ROOM	14,598,987		2,817,545		1,173,093	51
52	DELIVERY ROOM & LABOR ROOM	19,795,129		107,530		19,793	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	228,773,857		7,544,889		60,446,923	54
57	CT SCAN	107,654,876		11,492,173		20,044,307	57
58	MRI	52,443,361		3,381,954		9,465,995	58
59	CARDIAC CATHETERIZATION	37,687,260		9,217,350		6,446,967	59
60	LABORATORY	256,271,464		30,232,949		5,243,152	60
62	WHOLE BLOOD & PACKED RED BLO	16,212,454		4,572,576		362,211	62
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	75,933,580		24,448,643		1,128,388	65
66	PHYSICAL THERAPY	59,809,930		5,207,846		4,305,474	66
69	ELECTROCARDIOLOGY	49,339,245		9,279,603		8,361,003	69
69.01	SPECIAL PROCEDURES	31,266,812		8,448,328		5,876,524	69.01
69.02	CARDIAC REHAB						69.02
70	ELECTROENCEPHALOGRAPHY	871,700		114,713		61,238	70
71	MEDICAL SUPPLIES CHARGED TO	101,658,580		23,877,314		8,628,657	71
72	IMPL. DEV. CHARGED TO PATIEN	78,730,350		23,456,365		7,845,116	72
73	DRUGS CHARGED TO PATIENTS	182,857,823		43,263,057		15,451,478	73
73.01	VACCINES	194,102					73.01
75	ASC (NON-DISTINCT PART)	6,001,172		7,486		1,275,216	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION	373,182				151,926	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,777,925		619,554		3,619	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	124,095,059		120,558		28,864,886	90.01
91	EMERGENCY	114,210,267		12,059,628		11,615,842	91
91.01	SLEEP LAB	8,460,564		11,540		1,687,281	91.01
91.02	BRONCH & GASTRO LAB	39,243,408		3,174,895		8,506,949	91.02
91.03	SURGICENTER						91.03
92	OBSERVATION BEDS (NON-DISTIN	27,061,728		1,474,638		1,994,061	92
92.01	OBSERVATION BEDS-DISTINCT	16,860,008		1,415,594		6,672,759	92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	1,767,507,888		251,127,911		224,252,950	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES		PROGRAM COSTS		5	6	7	
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 6				
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.319676	8,620,092				2,755,637			50
51 RECOVERY ROOM	0.199668	1,173,093				234,229			51
52 DELIVERY ROOM & LABOR ROOM	0.527751	19,793				10,446			52
53 ANESTHESIOLOGY									53
54 RADIOLOGY-DIAGNOSTIC	0.231794	60,446,923				14,011,234			54
57 CT SCAN	0.061677	20,044,307				1,236,273			57
58 MRI	0.095336	9,465,995				902,450			58
59 CARDIAC CATHETERIZATION	0.100013	6,446,967				644,781			59
60 LABORATORY	0.112252	5,243,152	38,746			588,554	4,349		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.315408	362,211				114,244			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.093373	1,128,388				105,361			65
66 PHYSICAL THERAPY	0.455711	4,305,474				1,962,052			66
69 ELECTROCARDIOLOGY	0.128254	8,361,003				1,072,332			69
69.01 SPECIAL PROCEDURES	0.358315	5,876,524				2,105,647			69.01
69.02 CARDIAC REHAB									69.02
70 ELECTROENCEPHALOGRAPHY	0.567169	61,238				34,732			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284382	8,628,657				2,453,835			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.285933	7,845,116				2,243,178			72
73 DRUGS CHARGED TO PATIENTS	0.163558	15,451,478	2,763			2,527,213	452		73
73.01 VACCINES	0.377229				165,110			62,284	73.01
75 ASC (NON-DISTINCT PART)	0.527095	1,275,216				672,160			75
75.01 WOUND CARE									75.01
76 ACUTE DIALYSIS									76
76.97 CARDIAC REHABILITATION	0.563218	151,926				85,567			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.135172	3,619				489			76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90.01 340B CLINICS	0.532891	28,864,886				15,381,838			90.01
91 EMERGENCY	0.152494	11,615,842				1,771,346			91
91.01 SLEEP LAB	0.205896	1,687,281				347,404			91.01
91.02 BRONCH & GASTRO LAB	0.227473	8,506,949				1,935,101			91.02
91.03 SURGICENTER									91.03
92 OBSERVATION BEDS (NON-DISTINCT)	0.089484	1,994,061				178,437			92
92.01 OBSERVATION BEDS-DISTINCT	0.358788	6,672,759				2,394,106			92.01
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		224,252,950	41,509	165,110		55,768,646	4,801	62,284	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		224,252,950	41,509	165,110		55,768,646	4,801	62,284	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T091)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 + COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
					1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS									
50					2,613,764	115,325,065	0.022664	2,160	49	50
51					101,845	14,598,987	0.006976	866	6	51
52					666,974	19,795,129	0.033694			52
53					3,357					53
54					4,084,365	228,773,857	0.017853	28,485	509	54
57					569,039	107,654,876	0.005286	68,960	365	57
58					655,779	52,443,361	0.012505	9,430	118	58
59					1,105,382	37,687,260	0.029330			59
60					1,569,660	256,271,464	0.006125	217,895	1,335	60
62					57,532	16,212,454	0.003549	4,468	16	62
62.30										62.30
65					345,971	75,933,580	0.004556	381,965	1,740	65
66					2,133,531	59,809,930	0.035672	2,201,647	78,537	66
69					804,316	49,339,245	0.016302			69
69.01					1,694,328	31,266,812	0.054189	30,500	1,653	69.01
69.02										69.02
70					102,858	871,700	0.117997			70
71					39,220	101,658,580	0.000386	31,699	12	71
72					30,486	78,730,350	0.000387	524		72
73					634,545	182,857,823	0.003470	594,068	2,061	73
73.01					1,154	194,102	0.005945			73.01
75					494,811	6,001,172	0.082452			75
75.01										75.01
76					35,399					76
76.97					68,979	373,182	0.184840			76.97
76.98					431	1,777,925	0.000242			76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
90.01					12,391,422	124,095,059	0.099854			90.01
91					602,623	114,210,267	0.005276			91
91.01					103,425	8,460,564	0.012224			91.01
91.02					991,256	39,243,408	0.025259	6,745	170	91.02
91.03										91.03
92						27,061,728	27,061,728			92
92.01					454,515	16,860,008	0.026958			92.01
	OTHER REIMBURSABLE COST CENTERS									
200					32,356,967	1,767,507,888		3,579,412	86,571	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					
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 CT SCAN						57
58 MRI						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 CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 VACCINES						73.01
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						
90.01 340B CLINICS						90.01
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	115,325,065			2,160			50
51 RECOVERY ROOM	14,598,987			866			51
52 DELIVERY ROOM & LABOR ROOM	19,795,129						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	228,773,857			28,485			54
57 CT SCAN	107,654,876			68,960			57
58 MRI	52,443,361			9,430			58
59 CARDIAC CATHETERIZATION	37,687,260						59
60 LABORATORY	256,271,464			217,895			60
62 WHOLE BLOOD & PACKED RED BLO	16,212,454			4,468			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	75,933,580			381,965			65
66 PHYSICAL THERAPY	59,809,930			2,201,647			66
69 ELECTROCARDIOLOGY	49,339,245						69
69.01 SPECIAL PROCEDURES	31,266,812			30,500			69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	871,700						70
71 MEDICAL SUPPLIES CHARGED TO	101,658,580			31,699			71
72 IMPL. DEV. CHARGED TO PATIEN	78,730,350			524			72
73 DRUGS CHARGED TO PATIENTS	182,857,823			594,068		312	73
73.01 VACCINES	194,102						73.01
75 ASC (NON-DISTINCT PART)	6,001,172						75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION	373,182						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,777,925						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 340B CLINICS	124,095,059						90.01
91 EMERGENCY	114,210,267						91
91.01 SLEEP LAB	8,460,564						91.01
91.02 BRONCH & GASTRO LAB	39,243,408			6,745			91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS (NON-DISTIN	27,061,728						92
92.01 OBSERVATION BEDS-DISTINCT	16,860,008						92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,767,507,888			3,579,412		312	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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		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	
		2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.319676							50
51 RECOVERY ROOM	0.199668							51
52 DELIVERY ROOM & LABOR ROOM	0.527751							52
53 ANESTHESIOLOGY								53
54 RADIOLOGY-DIAGNOSTIC	0.231794							54
57 CT SCAN	0.061677							57
58 MRI	0.095336							58
59 CARDIAC CATHETERIZATION	0.100013							59
60 LABORATORY	0.112252							60
62 WHOLE BLOOD & PACKED RED BLOOD	0.315408							62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.093373							65
66 PHYSICAL THERAPY	0.455711							66
69 ELECTROCARDIOLOGY	0.128254							69
69.01 SPECIAL PROCEDURES	0.358315							69.01
69.02 CARDIAC REHAB								69.02
70 ELECTROENCEPHALOGRAPHY	0.567169							70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284382							71
72 IMPL. DEV. CHARGED TO PATIENTS	0.285933							72
73 DRUGS CHARGED TO PATIENTS	0.163558	312		302	51		49	73
73.01 VACCINES	0.377229							73.01
75 ASC (NON-DISTINCT PART)	0.527095							75
75.01 WOUND CARE								75.01
76 ACUTE DIALYSIS								76
76.97 CARDIAC REHABILITATION	0.563218							76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.135172							76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 340B CLINICS	0.532891							90.01
91 EMERGENCY	0.152494							91
91.01 SLEEP LAB	0.205896							91.01
91.02 BRONCH & GASTRO LAB	0.227473							91.02
91.03 SURGICENTER								91.03
92 OBSERVATION BEDS (NON-DISTINCT)	0.089484							92
92.01 OBSERVATION BEDS-DISTINCT	0.358788							92.01
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		312		302	51		49	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		312		302	51		49	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 (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	4,700,456		4,700,456	77,007	61.04	12,038	734,800	30
31 INTENSIVE CARE UNIT								31
31.01 NEONATAL ICU	628,875		628,875	9,522	66.04	7,305	482,422	31.01
32 CORONARY CARE UNIT	520,840		520,840	4,059	128.32	371	47,607	32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT	549,161		549,161	4,223	130.04	847	110,144	34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	126,693		126,693	4,224	29.99	671	20,123	41
42 SUBPROVIDER I								42
43 NURSERY	152,462		152,462	6,671	22.85	1,785	40,787	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	6,678,487		6,678,487	105,706		23,017	1,435,883	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0091) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA [ ] OTHER					
					CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,613,764	115,325,065	0.022664					50
51	RECOVERY ROOM	101,845	14,598,987	0.006976					51
52	DELIVERY ROOM & LABOR ROOM	666,974	19,795,129	0.033694					52
53	ANESTHESIOLOGY	3,357							53
54	RADIOLOGY-DIAGNOSTIC	4,084,365	228,773,857	0.017853					54
57	CT SCAN	569,039	107,654,876	0.005286					57
58	MRI	655,779	52,443,361	0.012505					58
59	CARDIAC CATHETERIZATION	1,105,382	37,687,260	0.029330					59
60	LABORATORY	1,569,660	256,271,464	0.006125					60
62	WHOLE BLOOD & PACKED RED BLOO	57,532	16,212,454	0.003549					62
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
65	RESPIRATORY THERAPY	345,971	75,933,580	0.004556					65
66	PHYSICAL THERAPY	2,133,531	59,809,930	0.035672					66
69	ELECTROCARDIOLOGY	804,316	49,339,245	0.016302					69
69.01	SPECIAL PROCEDURES	1,694,328	31,266,812	0.054189					69.01
69.02	CARDIAC REHAB								69.02
70	ELECTROENCEPHALOGRAPHY	102,858	871,700	0.117997					70
71	MEDICAL SUPPLIES CHARGED TO P	39,220	101,658,580	0.000386					71
72	IMPL. DEV. CHARGED TO PATIENT	30,486	78,730,350	0.000387					72
73	DRUGS CHARGED TO PATIENTS	634,545	182,857,823	0.003470					73
73.01	VACCINES	1,154	194,102	0.005945					73.01
75	ASC (NON-DISTINCT PART)	494,811	6,001,172	0.082452					75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS	35,399							76
76.97	CARDIAC REHABILITATION	68,979	373,182	0.184840					76.97
76.98	HYPERBARIC OXYGEN THERAPY	431	1,777,925	0.000242					76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	12,391,422	124,095,059	0.099854					90.01
91	EMERGENCY	602,623	114,210,267	0.005276					91
91.01	SLEEP LAB	103,425	8,460,564	0.012224					91.01
91.02	BRONCH & GASTRO LAB	991,256	39,243,408	0.025259					91.02
91.03	SURGICENTER								91.03
92	OBSERVATION BEDS (NON-DISTINC	170,910	27,061,728	0.006316					92
92.01	OBSERVATION BEDS-DISTINCT	454,515	16,860,008	0.026958					92.01
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	32,527,877	1,767,507,888						200

PROVIDER CCN: 14-0091 CARLE FOUNDATION HOSPITAL  
 PERIOD FROM 01/01/2013 TO 12/31/2013

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

VERSION: 2014.03  
 04/08/2014 20:54

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	77,007		12,038		30
31 INTENSIVE CARE UNIT					31
31.01 NEONATAL ICU	9,522		7,305		31.01
32 CORONARY CARE UNIT	4,059		371		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT	4,223		847		34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,224		671		41
42 SUBPROVIDER I					42
43 NURSERY	6,671		1,785		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	105,706		23,017		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					
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 CT SCAN						57
58 MRI						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 CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 VACCINES						73.01
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						
90.01 340B CLINICS						90.01
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	115,325,065						50
51 RECOVERY ROOM	14,598,987						51
52 DELIVERY ROOM & LABOR ROOM	19,795,129						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	228,773,857						54
57 CT SCAN	107,654,876						57
58 MRI	52,443,361						58
59 CARDIAC CATHETERIZATION	37,687,260						59
60 LABORATORY	256,271,464						60
62 WHOLE BLOOD & PACKED RED BLO	16,212,454						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	75,933,580						65
66 PHYSICAL THERAPY	59,809,930						66
69 ELECTROCARDIOLOGY	49,339,245						69
69.01 SPECIAL PROCEDURES	31,266,812						69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	871,700						70
71 MEDICAL SUPPLIES CHARGED TO	101,658,580						71
72 IMPL. DEV. CHARGED TO PATIEN	78,730,350						72
73 DRUGS CHARGED TO PATIENTS	182,857,823						73
73.01 VACCINES	194,102						73.01
75 ASC (NON-DISTINCT PART)	6,001,172						75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION	373,182						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,777,925						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 340B CLINICS	124,095,059						90.01
91 EMERGENCY	114,210,267						91
91.01 SLEEP LAB	8,460,564						91.01
91.02 BRONCH & GASTRO LAB	39,243,408						91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS (NON-DISTIN	27,061,728						92
92.01 OBSERVATION BEDS-DISTINCT	16,860,008						92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,767,507,888						200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T091)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER				
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 + COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)		
	COST CENTER DESCRIPTION	1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,613,764	115,325,065	0.022664				50
51	RECOVERY ROOM	101,845	14,598,987	0.006976				51
52	DELIVERY ROOM & LABOR ROOM	666,974	19,795,129	0.033694				52
53	ANESTHESIOLOGY	3,357						53
54	RADIOLOGY-DIAGNOSTIC	4,084,365	228,773,857	0.017853				54
57	CT SCAN	569,039	107,654,876	0.005286				57
58	MRI	655,779	52,443,361	0.012505				58
59	CARDIAC CATHETERIZATION	1,105,382	37,687,260	0.029330				59
60	LABORATORY	1,569,660	256,271,464	0.006125				60
62	WHOLE BLOOD & PACKED RED BLOO	57,532	16,212,454	0.003549				62
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	345,971	75,933,580	0.004556				65
66	PHYSICAL THERAPY	2,133,531	59,809,930	0.035672				66
69	ELECTROCARDIOLOGY	804,316	49,339,245	0.016302				69
69.01	SPECIAL PROCEDURES	1,694,328	31,266,812	0.054189				69.01
69.02	CARDIAC REHAB							69.02
70	ELECTROENCEPHALOGRAPHY	102,858	871,700	0.117997				70
71	MEDICAL SUPPLIES CHARGED TO P	39,220	101,658,580	0.000386				71
72	IMPL. DEV. CHARGED TO PATIENT	30,486	78,730,350	0.000387				72
73	DRUGS CHARGED TO PATIENTS	634,545	182,857,823	0.003470				73
73.01	VACCINES	1,154	194,102	0.005945				73.01
75	ASC (NON-DISTINCT PART)	494,811	6,001,172	0.082452				75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS	35,399						76
76.97	CARDIAC REHABILITATION	68,979	373,182	0.184840				76.97
76.98	HYPERBARIC OXYGEN THERAPY	431	1,777,925	0.000242				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	12,391,422	124,095,059	0.099854				90.01
91	EMERGENCY	602,623	114,210,267	0.005276				91
91.01	SLEEP LAB	103,425	8,460,564	0.012224				91.01
91.02	BRONCH & GASTRO LAB	991,256	39,243,408	0.025259				91.02
91.03	SURGICENTER							91.03
92	OBSERVATION BEDS (NON-DISTINC		27,061,728	27,061,728				92
92.01	OBSERVATION BEDS-DISTINCT	454,515	16,860,008	0.026958				92.01
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	32,356,967	1,767,507,888					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
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 CT SCAN						57
58 MRI						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 CHARGED TO P						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 VACCINES						73.01
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						
90.01 340B CLINICS						90.01
91 EMERGENCY						91
91.01 SLEEP LAB						91.01
91.02 BRONCH & GASTRO LAB						91.02
91.03 SURGICENTER						91.03
92 OBSERVATION BEDS (NON-DISTINC						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	CHARGES	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	10	COL. 10)	12	COL. 12)
	7	8	9		11		13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	115,325,065						50
51 RECOVERY ROOM	14,598,987						51
52 DELIVERY ROOM & LABOR ROOM	19,795,129						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	228,773,857						54
57 CT SCAN	107,654,876						57
58 MRI	52,443,361						58
59 CARDIAC CATHETERIZATION	37,687,260						59
60 LABORATORY	256,271,464						60
62 WHOLE BLOOD & PACKED RED BLO	16,212,454						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	75,933,580						65
66 PHYSICAL THERAPY	59,809,930						66
69 ELECTROCARDIOLOGY	49,339,245						69
69.01 SPECIAL PROCEDURES	31,266,812						69.01
69.02 CARDIAC REHAB							69.02
70 ELECTROENCEPHALOGRAPHY	871,700						70
71 MEDICAL SUPPLIES CHARGED TO	101,658,580						71
72 IMPL. DEV. CHARGED TO PATIEN	78,730,350						72
73 DRUGS CHARGED TO PATIENTS	182,857,823						73
73.01 VACCINES	194,102						73.01
75 ASC (NON-DISTINCT PART)	6,001,172						75
75.01 WOUND CARE							75.01
76 ACUTE DIALYSIS							76
76.97 CARDIAC REHABILITATION	373,182						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,777,925						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 340B CLINICS	124,095,059						90.01
91 EMERGENCY	114,210,267						91
91.01 SLEEP LAB	8,460,564						91.01
91.02 BRONCH & GASTRO LAB	39,243,408						91.02
91.03 SURGICENTER							91.03
92 OBSERVATION BEDS (NON-DISTIN	27,061,728						92
92.01 OBSERVATION BEDS-DISTINCT	16,860,008						92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	1,767,507,888						200



WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	77,007	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	77,007	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	74,207	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)	28,546	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)	66,599,389	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	66,599,389	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	66,599,389	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)			864.85	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)			24,688,008	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)			24,688,008	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	13,457,313	9,522	1,413.29			43.01
44	7,900,316	4,059	1,946.37	1,426	2,775,524	44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	7,958,415	4,223	1,884.54	1,075	2,025,881	47
48	OTHER SPECIAL CARE (SPECIFY)					48
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					49,962,034 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					79,451,447 49

PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				2,065,225	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)				2,586,849	51
52	TOTAL PROGRAM EXCLUDABLE COST				4,652,074	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)				74,799,373	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)			2,800	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)			864.85	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)			2,421,580	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	4,700,456	66,599,389	0.070578	2,421,580	170,910 90
91	NURSING SCHOOL COST					91
92	ALLIED HEALTH COST					92
93	ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1  
 PART I

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)	4,224	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,224	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,224	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)	1,511	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)	3,417,240	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	3,417,240	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	3,417,240	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)	809.01 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,222,414 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)	1,222,414 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,197,227 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,419,641 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	45,315 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	86,571 51
52	TOTAL PROGRAM EXCLUDABLE COST	131,886 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,287,755 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 XVII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	77,007	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	77,007	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	74,207	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)	12,038	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)	6,671	15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,785	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)	66,599,389	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	66,599,389	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	66,599,389	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) 864.85 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,411,064 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) 10,411,064 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)	3,664,426	6,671	549.31	1,785	980,518 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					43
43.01 NEONATAL ICU	13,457,313	9,522	1,413.29	7,305	10,324,083 43.01
44 CORONARY CARE UNIT	7,900,316	4,059	1,946.37	371	722,103 44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT	7,958,415	4,223	1,884.54	847	1,596,205 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)					24,033,973 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,415,760 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 1,415,760 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 22,618,213 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) 2,800 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

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



WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	807.66 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	541,940 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)	541,940 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	541,940 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	20,123 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	20,123 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 XVII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0091)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[ ]	OTHER
COST CENTER DESCRIPTION	RATIO OF COST		INPATIENT		INPATIENT					
	TO CHARGES		PROGRAM CHARGES		PROGRAM COSTS					
	1		2		(COL.1 x COL.2)					
					3					
INPATIENT ROUTINE SERVICE COST CENTERS										
30 ADULTS & PEDIATRICS			65,917,730		30					
31.01 NEONATAL ICU					31.01					
32 CORONARY CARE UNIT			8,946,058		32					
34 SURGICAL INTENSIVE CARE UNIT			6,743,521		34					
41 SUBPROVIDER - IRF					41					
ANCILLARY SERVICE COST CENTERS										
50 OPERATING ROOM	0.320036		24,781,183		7,930,871					
51 RECOVERY ROOM	0.199668		2,817,545		562,574					
52 DELIVERY ROOM & LABOR ROOM	0.527751		107,530		56,749					
53 ANESTHESIOLOGY					53					
54 RADIOLOGY-DIAGNOSTIC	0.231840		7,544,889		1,749,207					
57 CT SCAN	0.061677		11,492,173		708,803					
58 MRI	0.095336		3,381,954		322,422					
59 CARDIAC CATHETERIZATION	0.100286		9,217,350		924,371					
60 LABORATORY	0.112280		30,232,949		3,394,556					
62 WHOLE BLOOD & PACKED RED BLOOD	0.315408		4,572,576		1,442,227					
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30					
65 RESPIRATORY THERAPY	0.093373		24,448,643		2,282,843					
66 PHYSICAL THERAPY	0.456147		5,207,846		2,375,543					
69 ELECTROCARDIOLOGY	0.128254		9,279,603		1,190,146					
69.01 SPECIAL PROCEDURES	0.358315		8,448,328		3,027,163					
69.02 CARDIAC REHAB					69.01					
70 ELECTROENCEPHALOGRAPHY	0.567169		114,713		65,062					
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284382		23,877,314		6,790,278					
72 IMPL. DEV. CHARGED TO PATIENTS	0.285933		23,456,365		6,706,949					
73 DRUGS CHARGED TO PATIENTS	0.163558		43,263,057		7,076,019					
73.01 VACCINES	0.377229				73.01					
75 ASC (NON-DISTINCT PART)	0.530437		7,486		3,971					
75.01 WOUND CARE					75					
76 ACUTE DIALYSIS					75.01					
76.97 CARDIAC REHABILITATION	0.563218				76					
76.98 HYPERBARIC OXYGEN THERAPY	0.135172		619,554		83,746					
76.99 LITHOTRIPSY					76.97					
OUTPATIENT SERVICE COST CENTERS										
90.01 340B CLINICS	0.532891		120,558		64,244					
91 EMERGENCY	0.152494		12,059,628		1,839,021					
91.01 SLEEP LAB	0.207332		11,540		2,393					
91.02 BRONCH & GASTRO LAB	0.227473		3,174,895		722,203					
91.03 SURGICENTER					91.02					
92 OBSERVATION BEDS (NON-DISTINCT	0.089484		1,474,638		131,957					
92.01 OBSERVATION BEDS-DISTINCT	0.359366		1,415,594		508,716					
OTHER REIMBURSABLE COST CENTERS										
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			251,127,911		49,962,034					
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					200					
202 NET CHARGES (LINE 200 MINUS LINE 201)			251,127,911		201					

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 TO CHARGES		INPATIENT PROGRAM CHARGES		INPATIENT 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			3,636,430			41			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	0.320036		2,160		691	50			
51	RECOVERY ROOM	0.199668		866		173	51			
52	DELIVERY ROOM & LABOR ROOM	0.527751					52			
53	ANESTHESIOLOGY						53			
54	RADIOLOGY-DIAGNOSTIC	0.231840		28,485		6,604	54			
57	CT SCAN	0.061677		68,960		4,253	57			
58	MRI	0.095336		9,430		899	58			
59	CARDIAC CATHETERIZATION	0.100286					59			
60	LABORATORY	0.112280		217,895		24,465	60			
62	WHOLE BLOOD & PACKED RED BLOOD	0.315408		4,468		1,409	62			
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30			
65	RESPIRATORY THERAPY	0.093373		381,965		35,665	65			
66	PHYSICAL THERAPY	0.456147		2,201,647		1,004,275	66			
69	ELECTROCARDIOLOGY	0.128254					69			
69.01	SPECIAL PROCEDURES	0.358315		30,500		10,929	69.01			
69.02	CARDIAC REHAB						69.02			
70	ELECTROENCEPHALOGRAPHY	0.567169					70			
71	MEDICAL SUPPLIES CHARGED TO PAT	0.284382		31,699		9,015	71			
72	IMPL. DEV. CHARGED TO PATIENTS	0.285933		524		150	72			
73	DRUGS CHARGED TO PATIENTS	0.163558		594,068		97,165	73			
73.01	VACCINES	0.377229					73.01			
75	ASC (NON-DISTINCT PART)	0.530437					75			
75.01	WOUND CARE						75.01			
76	ACUTE DIALYSIS						76			
76.97	CARDIAC REHABILITATION	0.563218					76.97			
76.98	HYPERBARIC OXYGEN THERAPY	0.135172					76.98			
76.99	LITHOTRIPSY						76.99			
OUTPATIENT SERVICE COST CENTERS										
90.01	340B CLINICS	0.532891					90.01			
91	EMERGENCY	0.152494					91			
91.01	SLEEP LAB	0.207332					91.01			
91.02	BRONCH & GASTRO LAB	0.227473		6,745		1,534	91.02			
91.03	SURGICENTER						91.03			
92	OBSERVATION BEDS (NON-DISTINCT)	0.089484					92			
92.01	OBSERVATION BEDS-DISTINCT	0.359366					92.01			
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-94 AND 96-98)			3,579,412		1,197,227	200			
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES						201			
202	NET CHARGES (LINE 200 MINUS LINE 201)			3,579,412			202			

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0091)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[XX]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[ ]	OTHER
COST CENTER DESCRIPTION	RATIO OF COST		INPATIENT		INPATIENT					
	TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM COSTS	(COL.1 x COL.2)					
	1	2	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	0.320036			50					
51	RECOVERY ROOM	0.199668			51					
52	DELIVERY ROOM & LABOR ROOM	0.527751			52					
53	ANESTHESIOLOGY				53					
54	RADIOLOGY-DIAGNOSTIC	0.231840			54					
57	CT SCAN	0.061677			57					
58	MRI	0.095336			58					
59	CARDIAC CATHETERIZATION	0.100286			59					
60	LABORATORY	0.112280			60					
62	WHOLE BLOOD & PACKED RED BLOOD	0.315408			62					
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30					
65	RESPIRATORY THERAPY	0.093373			65					
66	PHYSICAL THERAPY	0.456147			66					
69	ELECTROCARDIOLOGY	0.128254			69					
69.01	SPECIAL PROCEDURES	0.358315			69.01					
69.02	CARDIAC REHAB				69.02					
70	ELECTROENCEPHALOGRAPHY	0.567169			70					
71	MEDICAL SUPPLIES CHARGED TO PAT	0.284382			71					
72	IMPL. DEV. CHARGED TO PATIENTS	0.285933			72					
73	DRUGS CHARGED TO PATIENTS	0.163558			73					
73.01	VACCINES	0.377229			73.01					
75	ASC (NON-DISTINCT PART)	0.530437			75					
75.01	WOUND CARE				75.01					
76	ACUTE DIALYSIS				76					
76.97	CARDIAC REHABILITATION	0.563218			76.97					
76.98	HYPERBARIC OXYGEN THERAPY	0.135172			76.98					
76.99	LITHOTRIPSY				76.99					
OUTPATIENT SERVICE COST CENTERS										
90.01	340B CLINICS	0.532891			90.01					
91	EMERGENCY	0.152494			91					
91.01	SLEEP LAB	0.207332			91.01					
91.02	BRONCH & GASTRO LAB	0.227473			91.02					
91.03	SURGICENTER				91.03					
92	OBSERVATION BEDS (NON-DISTINCT)	0.089484			92					
92.01	OBSERVATION BEDS-DISTINCT	0.359366			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	0.319676		50
51 RECOVERY ROOM	0.199668		51
52 DELIVERY ROOM & LABOR ROOM	0.527751		52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	0.231794		54
57 CT SCAN	0.061677		57
58 MRI	0.095336		58
59 CARDIAC CATHETERIZATION	0.100013		59
60 LABORATORY	0.112252		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.315408		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.093373		65
66 PHYSICAL THERAPY	0.455711		66
69 ELECTROCARDIOLOGY	0.128254		69
69.01 SPECIAL PROCEDURES	0.358315		69.01
69.02 CARDIAC REHAB			69.02
70 ELECTROENCEPHALOGRAPHY	0.567169		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.284382		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.285933		72
73 DRUGS CHARGED TO PATIENTS	0.163558		73
73.01 VACCINES	0.377229		73.01
75 ASC (NON-DISTINCT PART)	0.527095		75
75.01 WOUND CARE			75.01
76 ACUTE DIALYSIS			76
76.97 CARDIAC REHABILITATION	0.563218		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.135172		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.01 340B CLINICS	0.532891		90.01
91 EMERGENCY	0.152494		91
91.01 SLEEP LAB	0.205896		91.01
91.02 BRONCH & GASTRO LAB	0.227473		91.02
91.03 SURGICENTER			91.03
92 OBSERVATION BEDS (NON-DISTINCT	0.089484		92
92.01 OBSERVATION BEDS-DISTINCT	0.358788		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	1.01	
1 DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS			1
1.01 DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCTOBER 1, 2013 (SEE INSTRUCTIONS)	43,860,746		1.01
1.02 DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (SEE INSTRUCTIONS)	14,151,086		1.02
1.03 DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			1.03
2 OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	3,033,460		2
2.01 OUTLIER RECONCILIATION AMOUNT			2.01
2.02 OUTLIER PAYMENT FOR MODEL 4 BPCI (SEE INSTRUCTIONS)			2.02
3 MANAGED CARE SIMULATED PAYMENTS	17,612,861		3
4 BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	324.87		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	50.78		10
11 FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	4.00		11
12 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	31.29		12
13 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	30.69		13
14 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	32.75		14
15 SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	31.58		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	31.58		18
19 CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.097208		19
20 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.106120		20
21 ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.097208		21
22 IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	3,908,738		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)	23.49		24
25 IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	23.49		25
26 RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.072306		26
27 IME PAYMENTS ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	0.018927		27
28 IME ADD-ON ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	1,431,349		28
29 TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	5,340,087		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0440		30
31 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.2467		31
32 SUM OF LINES 30 AND 31	0.2907		32
33 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1320		33
34 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,256,604		34
UNCOMPENSATED CARE ADJUSTMENT			
35 TOTAL UNCOMPENSATED CARE AMOUNT (SEE INSTRUCTIONS)			35
35.01 FACTOR 3 (SEE INSTRUCTIONS)			35.01
35.02 HOSPITAL UNCOMPENSATED CARE PAYMENT (IF LINE 34 IS ZERO, ENTER ZERO ON THIS LINE) (SEE INSTRUCTIONS)		5,583,317	35.02
35.03 PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (SEE INSTRUCTIONS)		1,407,303	35.03
36 TOTAL UNCOMPENSATED CARE (SUM OF COLUMNS 1 AND 2 ON LINE 35.03)	1,407,303		36
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

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)	74,049,286	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)	74,049,286	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	5,413,249	50
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)	1,216,164	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)	80,678,699	59
60	PRIMARY PAYER PAYMENTS	60,735	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	80,617,964	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,127,380	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	142,665	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	749,513	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	487,183	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	6,101	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	75,835,102	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
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-110,426	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-204,333	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	75,520,343	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	1,140,357	71.01
72	INTERIM PAYMENTS	75,668,443	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-1,288,457	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,002,238	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	67,085	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	55,768,646	2
3	PPS PAYMENTS	37,980,850	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	438,339	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	67,085	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	206,619	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)	206,619	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)	206,619	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	139,534	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)	67,085	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)	38,419,189	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	7,982,880	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	30,503,394	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	830,044	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	31,333,438	30
31	PRIMARY PAYER PAYMENTS	424	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	31,333,014	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)	738,293	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	479,890	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	2,205	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	31,812,904	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	31,812,904	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	480,375	40.01
41	INTERIM PAYMENTS	30,701,273	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	631,256	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	49	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	51	2
3	PPS PAYMENTS	80	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	48	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)	49	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	302	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)	302	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)	302	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	253	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)	49	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)	80	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)	129	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)	129	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	129	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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	129	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	129	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	2	40.01
41	INTERIM PAYMENTS	78	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	49	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  HOSPITAL (14-0091)  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOX:  IRF  SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		73,072,841		29,930,528	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.		678,302		164,818	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 04/26/2013 .02 12/20/2013 .03 .04 .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	1,038,398 878,902	04/26/2013 12/20/2013	195,576 410,351	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		1,917,300		605,927	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		75,668,443		30,701,273	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			1,111,631	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		75,520,343		31,812,904	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:  IRF (14-T091)  SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,118,736		78	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 04/26/2013	2,344		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		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
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	2,344			3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,121,080		78	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
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	35,771		51	6.01
	TO PROVIDER .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)	PROGRAM	2,156,851		129	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

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	21,669	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	31,047	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	9,094	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	92,011	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	2,044,422,318	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	234,572,098	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)	1,504,026	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	30,081	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,473,945	10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,520,236	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-46,291	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	1.01	
1 NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,412,091	470,697	1
2 MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.031900		2
3 INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	141,915	32,102	3
4 OUTLIER PAYMENTS	116,295		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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)			7
8 CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	11.572603		10
11 TEACHING ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			11
12 TEACHING ADJUSTMENT (SEE INSTRUCTIONS)			12
13 TOTAL PPS PAYMENT (SEE INSTRUCTIONS)	2,173,100		13
14 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	2,173,100		17
18 PRIMARY PAYER PAYMENTS	1,477		18
19 SUBTOTAL LINE 17b LESS LINE 18)	2,171,623		19
20 DEDUCTIBLES	8,260		20
21 SUBTOTAL (LINE 19 MINUS LINE 20)	2,163,363		21
22 COINSURANCE	6,512		22
23 SUBTOTAL (LINE 21 MINUS LINE 22)	2,156,851		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)	2,156,851		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)	2,156,851		32
32.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	32,568		32.01
33 INTERIM PAYMENTS	2,121,080		33
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			34
35 BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	3,203		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  TITLE XIX  IPF  NF  TEFRA  
 BOXES:  IRF (14-T091)  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	541,940		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	541,940		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	541,940		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))	541,940		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)			21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)			31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)			36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)			38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)			40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)			42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996	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 42 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 AND 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)	55.46		6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	27.50		7
			PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	42.97	11.31	54.28 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	21.31	5.61	26.92 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.50	10
11	TOTAL WEIGHTED FTE COUNT	21.31	9.11	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	21.78	9.29	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	23.59	7.37	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	22.23	8.59	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	22.23	8.59	17
18	PER RESIDENT AMOUNT	81,500.83	81,500.83	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,811,763	700,092	2,511,855 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)			27.96 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			24.47 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			96,702.07 23
24	MULTIPLY LINE 22 TIMES LINE 23			2,366,300 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			4,878,155 25
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	32,558		9,094 26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	96,235		96,235 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.338318		0.094498 28
29	PROGRAM DIRECT GME AMOUNT	1,650,368		460,976 29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			65,136 30
31	NET PROGRAM DIRECT GME AMOUNT			2,046,208 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)			81,871,088 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)			62,212 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			81,808,876 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			55,835,831 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			424 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			55,835,407 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			137,644,283 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.594350 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.405650 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			2,046,208 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,216,164 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			830,044 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 42 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 AND 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				
26	INPATIENT DAYS	INPATIENT PART A	MANAGED CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	21,232		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	96,235		27
29	PROGRAM DIRECT GME AMOUNT	0.220627		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
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	-14,388,857			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	518,613,076			4
5 OTHER RECEIVABLES	1,222,425			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-410,671,681			6
7 INVENTORY	6,493,283			7
8 PREPAID EXPENSES	3,917,661			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	105,185,907			11
<b>FIXED ASSETS</b>				
12 LAND				12
13 LAND IMPROVEMENTS	688,371			13
14 ACCUMULATED DEPRECIATION	-534,151			14
15 BUILDINGS	4,161,149			15
16 ACCUMULATED DEPRECIATION	-42,999			16
17 LEASEHOLD IMPROVEMENTS	506,637			17
18 ACCUMULATED AMORTIZATION	-240,767			18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS	97,869			21
22 ACCUMULATED DEPRECIATION	-70,847			22
23 MAJOR MOVABLE EQUIPMENT	99,715,776			23
24 ACCUMULATED DEPRECIATION	-39,893,102			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)	64,387,936			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS				31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	28,000			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	28,000			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	169,601,843			36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	8,442,372			37
38 SALARIES, WAGES & FEES PAYABLE	31,983,899			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	-138,747,638			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	-98,321,367			45
<b>LONG-TERM LIABILITIES</b>				
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)	-98,321,367			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	267,923,210			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)	267,923,210			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	169,601,843			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		185,100,297							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		180,192,664							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		365,292,961							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)		365,292,961							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)		97,369,751							12
13 NET AFFILIATE TRANSFERS									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		97,369,751							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		267,923,210							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	207,122,175		207,122,175	1
2 SUBPROVIDER IPF				2
3 SUBPROVIDER IRF	10,319,432		10,319,432	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	217,441,607		217,441,607	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT				11
11.01 NEONATAL ICU	36,320,122		36,320,122	11.01
12 CORONARY CARE UNIT	21,076,061		21,076,061	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)	78,928,731		78,928,731	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	296,370,338		296,370,338	17
18 ANCILLARY SERVICES	709,936,991		709,936,991	18
19 OUTPATIENT SERVICES		1,053,416,698	1,053,416,698	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		6,737,335	6,737,335	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE	603,604	7,672,534	8,276,138	26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	1,006,910,933	1,067,826,567	2,074,737,500	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		434,220,398	29
30 ADD (SPECIFY)			30
31 BAD DEBTS	29,444,969		31
32			32
33			33
34			34
35 INCOME TAX			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		29,444,969	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)		463,665,367	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	2,074,737,500	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,448,309,933	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	626,427,567	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	463,665,367	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	162,762,200	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	21,207	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		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.)	219,846	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	12,398	22
23	GOVERNMENTAL APPROPRIATIONS	709,494	23
24			24
24.01	OTHER (OTHER)	14,110,489	24.01
24.02	OTHER (GOVT SUBSIDIES)		24.02
24.03	OTHER (GRANT)	2,357,030	24.03
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	17,430,464	25
26	TOTAL (LINE 5 PLUS LINE 25)	180,192,664	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)	180,192,664	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						
2 CAPITAL RELATED-BLDGS & FIXTURES						1
3 CAPITAL RELATED-MOVABLE EQUIPMENT						2
4 PLANT OPERATION & MAINTENANCE						3
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	722,352	215,909	20,581		528,907	1,487,749 5
7 SKILLED NURSING CARE	1,946,501	499,515	198,922	71,727	-14,668	2,701,997 6
8 PHYSICAL THERAPY	812,179	165,936	69,203	29,146	12,823	1,089,287 7
9 OCCUPATIONAL THERAPY	228,218	54,486	34,253	7,876	65	324,898 8
10 SPEECH PATHOLOGY	56,940	5,737	29,043		70	91,790 9
11 MEDICAL SOCIAL SERVICES	12,446	3,061	2,426		8	17,941 10
12 HOME HEALTH AIDE	64,009	18,672	28,549		46,566	157,796 11
13 SUPPLIES (SEE INSTRUCTIONS)					133,796	133,796 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)	3,842,645	963,316	382,977	108,749	707,567	6,005,254 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	-491,960	995,789	-10,816	984,973	5
6		2,701,997		2,701,997	6
7		1,089,287		1,089,287	7
8		324,898		324,898	8
9		91,790		91,790	9
10		17,941		17,941	10
11		157,796		157,796	11
12		133,796		133,796	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-491,960	5,513,294	-10,816	5,502,478	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									1
2									2
3									3
4									4
5		984,973				984,973	984,973		5
6	2,701,997					2,701,997	589,129	3,291,126	6
7	1,089,287					1,089,287	237,503	1,326,790	7
8	324,898					324,898	70,839	395,737	8
9	91,790					91,790	20,013	111,803	9
10	17,941					17,941	3,912	21,853	10
11	157,796					157,796	34,405	192,201	11
12	133,796					133,796	29,172	162,968	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	5,502,478					5,502,478		5,502,478	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7241

WORKSHEET H-1  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION	ADMIN & GENERAL (ACCUM COST)	
	1	2	3	4	5A	5	
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDGS & FIXTUR						2
3	CAPITAL RELATED-MOVABLE EQUIPM						3
4	PLANT OPERATION & MAINTENANCE						4
5	TRANSPORTATION (SEE INSTR.)						5
6	ADMINISTRATIVE AND GENERAL				-984,973	4,517,505	6
7	HHA REIMBURSABLE SERVICES						7
8	SKILLED NURSING CARE					2,701,997	8
9	PHYSICAL THERAPY					1,089,287	9
10	OCCUPATIONAL THERAPY					324,898	10
11	SPEECH PATHOLOGY					91,790	11
12	MEDICAL SOCIAL SERVICES					17,941	12
13	HOME HEALTH AIDE					157,796	13
14	SUPPLIES (SEE INSTRUCTIONS)					133,796	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
23.50	TELEMEDICINE						23.50
24	TOTAL (SUM OF LINES 1-23)				-984,973	4,517,505	24
25	COST TO BE ALLOC (PER W/S H)					984,973	25
26	UNIT COST MULTIPLIER					0.218035	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	172,569	5,042,349	2
3 PHYSICAL THERAPY	69,568	2,032,779	3
4 OCCUPATIONAL THERAPY	20,750	606,310	4
5 SPEECH PATHOLOGY	5,862	171,294	5
6 MEDICAL SOCIAL SERVICES	1,146	33,481	6
7 HOME HEALTH AIDE	10,078	294,472	7
8 SUPPLIES	8,545	249,684	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)	288,518	8,430,369	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.	0.035436		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 BENEFITS DEPARTMENT GROSS SALARIES	NON-PATIENT TELEPHONE PHONE INSTR	DATA PROCES SING 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	12,125		724,645	154	71,958		
2 SKILLED NURSING CARE				1,952,681				
3 PHYSICAL THERAPY				814,757				
4 OCCUPATIONAL THERAPY				228,942				
5 SPEECH PATHOLOGY				57,120				
6 MEDICAL SOCIAL SERVICES				12,485				
7 HOME HEALTH AIDE				64,214				
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	12,125		3,854,844	154	71,958		
21 TOTAL COST TO BE ALLOCATED	104,305	12,908						
22 UNIT COST MULTIPLIER	30.128538							
22 UNIT COST MULTIPLIER		1.064577						





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	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
	20	21	22	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 COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	COLS. 1+2) 3	4	(COL.3 ÷ COL.4) 5	
1	SKILLED NURSING CARE	2	5,042,349		5,042,349	20,310	248.27	1
2	PHYSICAL THERAPY	3	2,032,779		2,032,779	9,433	215.50	2
3	OCCUPATIONAL THERAPY	4	606,310		606,310	2,151	281.87	3
4	SPEECH PATHOLOGY	5	171,294		171,294	557	307.53	4
5	MEDICAL SOCIAL SERVICES	6	33,481		33,481	129	259.54	5
6	HOME HEALTH AIDE	7	294,472		294,472	2,205	133.55	6
7	TOTAL (SUM OF LINES 1-6)		8,180,685		8,180,685	34,785		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 COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
OTHER PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I) 1	(FROM PART II) 2	COLS. 1+2) 3	4	5	
15	COST OF MEDICAL SUPPLIES	8	249,684		249,684	25,109	9.944004	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	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	5,105	5,109		1,267,418	1,268,411		2,535,829
2 PHYSICAL THERAPY	2,387	2,133		514,399	459,662		974,061
3 OCCUPATIONAL THERAPY	541	553		152,492	155,874		308,366
4 SPEECH PATHOLOGY	85	178		26,140	54,740		80,880
5 MEDICAL SOCIAL SERVICES	43	32		11,160	8,305		19,465
6 HOME HEALTH AIDE	377	1,039		50,348	138,758		189,106
7 TOTAL (SUM OF LINES 1-6)	8,538	9,044		2,021,957	2,085,750		4,107,707

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	16580	2,705	3,121	8
8.01 SKILLED NURSING CARE	19180	1,065	862	8.01
8.02 SKILLED NURSING CARE	14060	12	9	8.02
8.03 SKILLED NURSING CARE	19500		3	8.03
8.04 SKILLED NURSING CARE	99914	1,323	1,114	8.04
9 PHYSICAL THERAPY	16580	1,460	1,319	9
9.01 PHYSICAL THERAPY	19180	481	424	9.01
9.02 PHYSICAL THERAPY	14060	11	8	9.02
9.03 PHYSICAL THERAPY	19500	6	5	9.03
9.04 PHYSICAL THERAPY	99914	429	377	9.04
10 OCCUPATIONAL THERAPY	16580	360	337	10
10.01 OCCUPATIONAL THERAPY	19180	121	132	10.01
10.02 OCCUPATIONAL THERAPY	14060		4	10.02
10.03 OCCUPATIONAL THERAPY	19500			10.03
10.04 OCCUPATIONAL THERAPY	99914	60	80	10.04
11 SPEECH PATHOLOGY	16580	55	90	11
11.01 SPEECH PATHOLOGY	19180	14	50	11.01
11.02 SPEECH PATHOLOGY	14060		3	11.02
11.03 SPEECH PATHOLOGY	19500			11.03
11.04 SPEECH PATHOLOGY	99914	16	35	11.04
12 MEDICAL SOCIAL SERVICES	16580	28	19	12
12.01 MEDICAL SOCIAL SERVICES	19180	7	5	12.01
12.02 MEDICAL SOCIAL SERVICES	14060		1	12.02
12.03 MEDICAL SOCIAL SERVICES	19500			12.03
12.04 MEDICAL SOCIAL SERVICES	99914	8	7	12.04
13 HOME HEALTH AIDE	16580	285	632	13
13.01 HOME HEALTH AIDE	19180	20	99	13.01
13.02 HOME HEALTH AIDE	14060			13.02
13.03 HOME HEALTH AIDE	19500			13.03
13.04 HOME HEALTH AIDE	99914	72	308	13.04
14 TOTAL (SUM OF LINES 8-13)		8,538	9,044	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES		
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
OTHER PATIENT SERVICES	6	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES						15
16 COST OF DRUGS						16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1	1	2	3	4	
1 PHYSICAL THERAPY	66	0.455711		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 CHARGED TO PA	71	0.284382		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.163558		COL 2, LINE 16	5
5.01 VACCINES	73.01	0.377229		COL 2, LINE 16	5.01

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7241

WORKSHEET H-4  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PART A & PART B SERVICES				
1 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2 TOTAL CHARGES	1,537,720			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,537,720			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,537,720			7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,517,869	1,318,264	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	41,979	131,986	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	43,034	38,692	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	13,540	16,084	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	1,354	2,518	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,617,776	1,507,544	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,617,776	1,507,544	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,617,776	1,507,544	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,617,776	1,507,544	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,617,776	1,507,544	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	22,073	25,201	31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,595,703	1,482,343	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2			35



ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1526

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6
1						1
2						2
3						3
4						4
5						5
6	143,293				2,286,970	2,430,263 6
7						7
8						8
9						9
10	1,080,516		90,528		280,404	1,451,448 10
11						11
12			1,782			1,782 12
13						13
14						14
15	104,096		12,363		24,949	141,408 15
16	94,762		16,169		34,966	145,897 16
17						17
18						18
19	95,248		41,037		34,354	170,639 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	23,006		1,361		21,103	45,470 35
36	33,234		2,953		21,948	58,135 36
37						37
38						38
39	1,574,155		166,193		2,704,694	4,445,042 39

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	-424,831	2,005,432	-16,075	1,989,357	6
7					7
8					8
9					9
10					10
11		1,451,448		1,451,448	11
12		1,782		1,782	12
13					13
14					14
15		141,408		141,408	15
16		145,897		145,897	16
17					17
18					18
19		170,639		170,639	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		45,470		45,470	35
36		58,135		58,135	36
37					37
38					38
39	-849,662	4,020,211	-32,150	4,004,136	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									
2									
3									
4									
5									
6		113,063						30,230	143,293
7									
8									
9									
10					1,080,516				1,080,516
11									
12									
13									
14									
15			104,096						104,096
16								94,762	94,762
17									
18									
19							95,248		95,248
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35								23,006	23,006
36								33,234	33,234
37									
38									
39		113,063	104,096		1,080,516		95,248	181,232	1,574,155





COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1526

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDGCOSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	6	7
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	1,989,357						1,989,357	1,989,357	6
7 INPATIENT - GENERAL CARE									7
8 INPATIENT - RESPITE CARE VISITING SERVICES									8
9 PHYSICIAN SERVICES									9
10 NURSING CARE	1,451,448						1,451,448	1,433,134	2,884,582
11 NURSING CARE-CONTINUOUS HOME									11
12 PHYSICAL THERAPY	1,782						1,782	1,760	3,542
13 OCCUPATIONAL THERAPY									13
14 SPEECH/LANGUAGE PATHOLOGY									14
15 MEDICAL SOCIAL SERVICES	141,408						141,408	139,624	281,032
16 SPIRITUAL COUNSELING	145,897						145,897	144,056	289,953
17 DIETARY COUNSELING									17
18 COUNSELING - OTHER									18
19 HH AIDE AND HOME MAKER	170,639						170,639	168,486	339,125
20 HH AIDE & HMKR-CONT. HOME CA									20
21 OTHER									21
OTHER HOSPICE SERVICE COSTS									
22 DRUGS, BIOL. & INFUS. THER.									22
23 ANALGESICS									23
24 SEDATIVES / HYPNOTICS									24
25 OTHER - SPECIFY									25
26 DURABLE MED. EQUIP./OXYGEN									26
27 PATIENT TRANSPORTATION									27
28 IMAGING SERVICES									28
29 LABS AND DIAGNOSTICS									29
30 MEDICAL SUPPLIES									30
31 OUTPAT.SERV.(INCL.E/R DEPT.)									31
32 RADIATION THERAPY									32
33 CHEMOTHERAPY									33
34 OTHER									34
HOSPICE NONREIMBURSABLE SERV.									
35 BEREAVEMENT PROGRAM COSTS	45,470						45,470	44,896	90,366
36 VOLUNTEER PROGRAM COSTS	58,135						58,135	57,401	115,536
37 FUNDRAISING									37
38 OTHER PROGRAM COSTS									38
39 TOTAL (SUM OF LINES 1-38)	4,004,136						4,004,136		4,004,136

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-4  
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6	
	1	2	3	4	5			
1								1
2								2
3								3
4								4
5								5
6						-1,989,357	2,014,779	6
7								7
8								8
9								9
10							1,451,448	10
11								11
12							1,782	12
13								13
14								14
15							141,408	15
16							145,897	16
17								17
18								18
19							170,639	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							45,470	35
36							58,135	36
37								37
38								38
39							1,989,357	39
40							0.987382	40









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) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL			1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE	205,598	4,473,827	5
6 NURSING CARE-CONTINUOUS HOM			6
7 PHYSICAL THERAPY	252	5,493	7
8 OCCUPATIONAL THERAPY			8
9 SPEECH/LANGUAGE PATHOLOGY			9
10 MEDICAL SOCIAL SERV. - DIRE	20,030	435,865	10
11 SPIRITUAL COUNSELING	20,666	449,701	11
12 DIETARY COUNSELING			12
13 COUNSELING - OTHER			13
14 HOME HLTH AIDE & HOMEMAKERS	24,171	525,964	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	6,441	140,153	30
31 VOLUNTEER PROGRAM COSTS	8,235	179,190	31
32 FUNDRAISING			32
33 OTHER PROGRAM COSTS			33
34 TOTALS (SUM OF LINES 1-33)		6,210,193	34
35 UNIT COST MULTIPLIER	0.048169		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 BENEFITS DEPARTMENT GROSS SALARIES	NON-PATIENT TELEPHONE INSTR	DATA PROCESsing INVOICES	FOUNDATION OVERHEAD TOTAL COST	ADMITTING GROSS REVENUE
	1	2	3	4	5.01	5.02	5.03	5.04
1 ADMINISTRATIVE AND GENERAL	3,439	11,278		143,294	44	71,958		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				1,080,516				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				104,096				10
11 SPIRITUAL COUNSELING				94,762				11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS				95,248				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				23,006				30
31 VOLUNTEER PROGRAM COSTS				36,233				31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	3,439	11,278		1,577,155	44	71,958		34
35 TOTAL COST TO BE ALLOCATED	103,612	12,006						35
36 UNIT COST MULTIPLIER	30.128526	1.064550						36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
 STATISTICAL BASIS

HOSPICE NO.: 14-1526

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	5.05	4A.06	5.06	6	7	8	9	10
	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIAION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAINTENANC E & REPAIR SQ FEET	OPERATION OF PLANT SQ FEET	LAUNDRY & LINEN SERV ICE POUNDS OF LAUNDRY	HOUSEKEEPI NG SQ FEET	DIETARY MEALS SERVED
1 ADMINISTRATIVE AND GENERAL			115,618	3,439	3,439		3,439	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE			2,884,582					5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY			3,542					7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE			281,032					10
11 SPIRITUAL COUNSELING			289,953					11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS			339,125					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			90,366					30
31 VOLUNTEER PROGRAM COSTS			115,536					31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)			4,119,754	3,439	3,439		3,439	34
35 TOTAL COST TO BE ALLOCATED			1,976,122		84,940		29,377	35
36 UNIT COST MULTIPLIER			0.479670		24.699040		8.542309	36



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

WORKSHEET K-5  
 PART II

HOSPICE COST CENTER	NURSING SCHOOL ASSIGNED TIME 20	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME 21	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	
1 ADMINISTRATIVE AND GENERAL					1
2 INPATIENT - GENERAL CARE					2
3 INPATIENT - RESPITE CARE					3
4 PHYSICIAN SERVICES					4
5 NURSING CARE					5
6 NURSING CARE-CONTINUOUS HOM					6
7 PHYSICAL THERAPY					7
8 OCCUPATIONAL THERAPY					8
9 SPEECH/LANGUAGE PATHOLOGY					9
10 MEDICAL SOCIAL SERV. - DIRE					10
11 SPIRITUAL COUNSELING					11
12 DIETARY COUNSELING					12
13 COUNSELING - OTHER					13
14 HOME HLTH AIDE & HOMEMAKERS					14
15 HH AIDE & HMKR-CONT. HOME C					15
16 OTHER					16
17 DRUGS,BIOLOGICALS & INFUSIO					17
18 ANALGESICS					18
19 SEDATIVES / HYPNOTICS					19
20 OTHER - SPECIFY					20
21 DURABLE MED. EQUIP./OXYGEN					21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES					25
26 OUTPAT. SERV.(INCL.E/R DEPT					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTALS (SUM OF LINES 1-33)					34
35 TOTAL COST TO BE ALLOCATED					35
36 UNIT COST MULTIPLIER					36

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1526

WORKSHEET K-5  
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.455711		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68			3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.163558		4
4.01	VACCINES	73.01	0.377229		4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.112252		6
7	MEDICAL SUPPLIES	71	0.284382		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	0.563218		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.135172		10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

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)				6,210,193	1
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				33,292	2
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				186.54	3
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	29,296				4
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	5,464,876				5
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		972			6
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		181,317			7
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)	6,680				8
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,246,087				9
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)		125			10
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)		23,318			11
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			3,024		12
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			564,097		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	4,609,725	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	230,535	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	252.08	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	55.07	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0636	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (MULTIPLY LINE 5 BY THE SUM OF LINES 1 AND 1.01)	293,179	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0440	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.2467	8
9	SUM OF LINES 7 AND 8	0.2907	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0607	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES THE SUM OF LINES 1 AND 1.01)	279,810	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1, 1.01, 2, 2.01, 6 AND 11)	5,413,249	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

CAPITAL FEDERAL AMOUNT	1
CAPITAL DRG OTHER THAN OUTLIER	1.01
1.01 MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER	1.01
2 CAPITAL DRG OUTLIER PAYMENTS	2
2.01 MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS	2.01
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (MULTIPLY LINE 5 BY THE SUM OF LINES 1 AND 1.01)	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	8
9 SUM OF LINES 7 AND 8	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES THE SUM OF LINES 1 AND 1.01)	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1, 1.01, 2, 2.01, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					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 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					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 CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 VACCINES					73.01
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					
90.01 340B CLINICS					90.01
91 EMERGENCY					91
91.01 SLEEP LAB					91.01
91.02 BRONCH & GASTRO LAB					91.02
91.03 SURGICENTER					91.03
92 OBSERVATION BEDS (NON-DISTINCT					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

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	
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
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
193.10 OTHER NONREIMBURSABLE ADMIN						193.10
193.11 RELATED PARTY THERAPY						193.11
193.12 RELATED PARTY PHARMACY						193.12
193.13 RELATED PARTY LABORATORY						193.13
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