

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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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. <input checked="" type="checkbox"/> Electronically filed cost report Date: 05/27/2015 Time: 10:19		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**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 WERE 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 certification 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 01/01/2014 and ending 12/31/2014, and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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 XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		79,656	618,855	1,614	1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF		2,901	-33		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		82,557	618,822	1,614	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 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.

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Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 611 W. PARK STREET	P.O. Box:								1
2	City: URBANA	State: IL	ZIP Code: 61801-2595	County: CHAMPAIGN						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	CARLE FOUNDATION HOSPITAL	14-0091	16580	1	07 / 01 / 1966	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF	CARLE INPATIENT REHAB	14-T091	16580	5	07 / 01 / 1991	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	CARLE HOME CARE	14-7241	16580		09 / 13 / 1983	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	CARLE HOSPICE	14-1526	16580		05 / 09 / 1989				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01 / 01 / 2014	To: 12 / 31 / 2014							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	2	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	21,211	7,588			489		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	840						25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35

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**WORKSHEET S-2  
PART I**

36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.			37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XVIII	XIX	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N		39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40
45	Prospective Payment System (PPS)-Capital 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 Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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

		1	2	3	
56	Teaching Hospitals 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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. 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 Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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	IME	Direct GME	
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 baseline 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 osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs 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	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

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.

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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WORKSHEET S-2  
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
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 nonprovider 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)	0.43	5.82	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. 3 + col. 4))
	1	2	3	4	5
65	FAMILY MEDICINE	1350	0.93	12.58	0.068838
65.01	OSTEOPATHIC	3600	0.08	1.76	0.043478
65.02	INTERNAL MEDICINE	1400		26.87	0.068800
Section 5504 of the ACA Current Year FTE Residents in Nonprovider 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 nonprovider 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)	0.57	6.95	0.075798	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. 3/ col. 3 + col. 4))
	1	2	3	4	5
67	FAMILY MEDICINE	1350	0.18	8.03	0.021924
67.01	OSTEOPATHIC	3600	0.39	3.55	0.098985

Inpatient Psychiatric Facility PPS

	1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N		70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)			71

Inpatient Rehabilitation Facility PPS

	1	2	3	
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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)	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
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N		81

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.			86

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

		1	2		
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	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. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
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
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 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 Pub. 15-I, Section 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
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	486,908			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 high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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PART I

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2 04H077	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: THE CARLE FOUNDATION	Contractor's Name: NATIONAL GOVERNMENT SERVICES Contractor's Number: 00450		141
142	Street: 611 W. PARK ST.	P.O. Box:		142
143	City: URBANA	State: IL	ZIP Code: 61801	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Worksheet A, line 74 are the 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				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N	N	N	160
161	CMHC		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. (see instructions)						166
	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 is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					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. (see instructions)	0.25				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01 / 01 / 2014	12 / 31 / 2014			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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HOSPITAL AND HOSPITAL 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

		Y/N	Date	
<b>Provider Organization and Operation</b>		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

		Y/N	Type	Date
<b>Financial Data and Reports</b>		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 in the filed financial statements? If yes, submit reconciliation.	Y		5

		Y/N	Y/N
<b>Approved Educational Activities</b>		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	
7	Are costs claimed for allied health programs? If yes, see instructions.	N	
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y	
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	
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	

		Y/N
<b>Bad Debts</b>		Y/N
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y
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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N

<b>Bed Complement</b>		Y
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y

		Part A		Part B	
		Y/N	Date	Y/N	Date
<b>PS&amp;R Report Data</b>		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/24/2015	Y	02/24/2015
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	

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HOSPITAL AND HOSPITAL 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 relifed 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 capitalization 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	Are 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 & REIMBUR	41
42	Employer: CARLE FOUNDATION HOSPITAL			42
43	Phone number: 217-383-4717	E-mail Address: THERESA.OBANION@CARLE.COM		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 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)	30	284	101,587			25,017	13,124	84,295	1
2	HMO and other (see instructions)						16,201	8,077		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						268	134		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		284	101,587			25,017	13,124	84,295	7
8	Intensive Care Unit	31								8
8.01	NEONATAL ICU	31.01	25	9,125				4,919	8,381	8.01
9	Coronary Care Unit	32	20	7,300			2,280	580	5,855	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34	20	5,758			1,509	1,301	4,268	11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,287	6,804	13
14	Total (see instructions)		349	123,770			28,806	21,211	109,603	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	15	5,475			1,151	735	4,121	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					12,612	2,389	34,392	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		364							27
28	Observation Bed Days							304	2,533	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		10	3,650				942	2,019	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 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)					5,580	5,147	24,046	1
2	HMO and other (see instructions)					3,265			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	NEONATAL ICU								8.01
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	54.78	2,674.46			5,580	5,147	24,046	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		22.97			93	58	286	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		57.45						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		28.38						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	54.78	2,783.26						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	Total salaries (see instructions)	200	152,785,185	2,143,635	154,928,820	5,789,186.00	26.76
2	Non-physician anesthetist Part A						
3	Non-physician anesthetist Part B						
4	Physician-Part A - Administrative						
4.01	Physician-Part A - Teaching						
5	Physician-Part B						
6	Non-physician-Part B						
7	Interns & residents (in an approved program)	21	3,446,953	92,522	3,539,475	110,889.00	31.92
7.01	Contracted interns & residents (in an approved program)						
8	Home office personnel						
9	SNF	44					
10	Excluded area salaries (see instructions)		11,637,934	104,520	11,742,454	314,614.00	37.32
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11	Contract labor (see instructions)		6,835,305		6,835,305	89,960.00	75.98
12	Contract management and administrative services						
13	Contract labor: Physician-Part A - Administrative		6,971,931		6,971,931	89,862.00	77.58
14	Home office salaries & wage-related costs		58,744,474		58,744,474	1,525,571.00	38.51
15	Home office: Physician Part A - Administrative						
16	Home office & Contract Physicians Part A - Teaching						
<b>WAGE-RELATED COSTS</b>							
17	Wage-related costs (core)(see instructions)		39,009,259		39,009,259		
18	Wage-related costs (other)(see instructions)						
19	Excluded areas		4,196,052		4,196,052		
20	Non-physician anesthetist Part A						
21	Non-physician anesthetist Part B						
22	Physician Part A - Administrative						
22.01	Physician Part A - Teaching						
23	Physician Part B						
24	Wage-related costs (RHC/FQHC)						
25	Interns & residents (in an approved program)		358,070		358,070		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26	Employee Benefits Department						
27	Administrative & General		5,566,341	12,858	5,579,199	181,591.00	30.72
28	Administrative & General under contract (see instructions)		444,630		444,630	1,890.00	235.25
29	Maintenance & Repairs						
30	Operation of Plant						
31	Laundry & Linen Service						
32	Housekeeping						
33	Housekeeping under contract (see instructions)						
34	Dietary						
35	Dietary under contract (see instructions)						
36	Cafeteria						
37	Maintenance of Personnel						
38	Nursing Administration		2,196,264	14,219	2,210,483	34,180.00	64.67
39	Central Services and Supply						
40	Pharmacy		3,744,161		3,744,161	94,519.00	39.61
41	Medical Records & Medical Records Library		506,636		506,636	1,043.00	485.75
42	Social Service						
43	Other General Service						

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		149,782,862	2,051,113	151,833,975	5,680,187.00	26.73
2	Excluded area salaries (see instructions)		11,637,934	104,520	11,742,454	314,614.00	37.32
3	Subtotal salaries (line 1 minus line 2)		138,144,928	1,946,593	140,091,521	5,365,573.00	26.11
4	Subtotal other wages & related costs (see instructions)		72,551,710		72,551,710	1,705,393.00	42.54
5	Subtotal wage-related costs (see instructions)		39,009,259		39,009,259		27.85%
6	Total (sum of lines 3 through 5)		249,705,897	1,946,593	251,652,490	7,070,966.00	35.59
7	Total overhead cost (see instructions)		12,458,032	27,077	12,485,109	313,223.00	39.86

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**HOSPITAL WAGE RELATED COSTS**

**WORKSHEET S-3  
PART IV**

**Part IV - Wage Related Cost**

**Part A - Core List**

		Amount Reported	
	<b>RETIREMENT COST</b>		
1	401K Employer Contributions	7,981,880	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	<b>HEALTH AND INSURANCE COST</b>		
8	Health Insurance (Purchased or Self Funded)	21,315,515	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	94,857	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	647,294	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
	<b>TAXES</b>		
17	FICA-Employers Portion Only	11,088,316	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	92,744	19
20	State or Federal Unemployment Taxes		20
	<b>OTHER</b>		
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	1,089,244	23
24	Total Wage Related cost (Sum of lines 1-23)	42,309,850	24

**Part B - Other Than Core Related Cost**

25	OTHER WAGE RELATED COSTS (SPECIFY)		25
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**WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)**

**EXHIBIT 3**

<b>STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>			
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
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>			
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**

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>			
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	<b>DEPOSIT DATE(S)</b>	<b>CONTRIBUTION(S)</b> 11
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
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>			
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

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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**Part V - Contract Labor and Benefit Cost**

**Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 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		2,200		1,699	3,899	1
2	Unduplicated Census Count (see instructions)		1,660.00		1,137.00	2,797.00	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			1.72	5
6	Direct Nursing Service			21.87	6
7	Nursing Supervisor			0.12	7
8	Physical Therapy Service			2.57	8
9	Physical Therapy Supervisor			9.40	9
10	Occupational Therapy Service			1.06	10
11	Occupational Therapy Supervisor			2.88	11
12	Speech Pathology Service			0.46	12
13	Speech Pathology Supervisor			1.22	13
14	Medical Social Service			0.28	14
15	Medical Social Service Supervisor				15
16	Home Health Aide			1.87	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	7	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	14060	20
20.01		16580	20.01
20.02		16660	20.02
20.03		19180	20.03
20.04		19500	20.04
20.05		45460	20.05
20.06		99914	20.06

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	5,580	581	422	150	6,733	21
22	Skilled Nursing Visit Charges	909,857	99,877	57,624	23,853	1,091,211	22
23	Physical Therapy Visits	3,352	48	119	59	3,578	23
24	Physical Therapy Visit Charges	610,697	8,453	17,119	11,114	647,383	24
25	Occupational Therapy Visits	709	16	20	22	767	25
26	Occupational Therapy Visit Charges	131,904	2,898	3,293	4,255	142,350	26
27	Speech Pathology Visits	291	13	7	12	323	27
28	Speech Pathology Visit Charges	60,144	2,718	1,255	2,502	66,619	28
29	Medical Social Service Visits	36	3	3	3	45	29
30	Medical Social Service Visit Charges	10,126	847	846	837	12,656	30
31	Home Health Aide Visits	1,035	97	1	33	1,166	31
32	Home Health Aide Visit Charges	80,249	7,547	80	2,550	90,426	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,003	758	572	279	12,612	33
34	Other Charges	67,387	10,738	2,427	1,449	82,001	34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,870,364	133,078	82,644	46,560	2,132,646	35
36	Total Number of Episodes (standard/non-outlier)	780		160	21	961	36
37	Total Number of Ourlier Episodes		17			17	37
38	Total Non-Routine Medical Supply Charges	13,549	1,181	1,897	12	16,639	38

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**HOSPICE IDENTIFICATION DATA**

**HOSPICE CCN: 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	35,408	1,094	8,920	152	3,090	39,592	2
3	Inpatient Respite Care	72		5		10	82	3
4	General Inpatient Care	805	45			80	930	4
5	Total Hospice Days	36,285	1,139	8,925	152	3,180	40,604	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	664	31	182	6	139	834	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	54.65	36.74	49.04	25.33	22.88	48.69	8
9	Unduplicated Census Count	585	29	158	5	129	743	9

NOTE: Parts I & II, columns 1 and 2 also include the days reported in column 3 and 4.

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.204689	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		41,520,901	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		237,152,957	6
7	Medicaid cost (line 1 times line 6)		48,542,602	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.		7,021,701	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 fundng 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)		7,021,701	19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	81,503,200	92,803,042	174,306,242	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	16,682,809	18,995,762	35,678,571	21
22	Partial payment by patients approved for charity care	4,071,409	24,877,096	28,948,505	22
23	Cost of charity care (line 21 minus line 22)	12,611,400	-5,881,334	6,730,066	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		24,552,200	26
27	Medicare bad debts for the entire hospital complex (see instructions)		1,676,332	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		22,875,868	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,682,439	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		11,412,505	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,434,206	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	Cap Rel Costs-Bldg & Fixt				-735,759	-735,759	18,732,556	17,996,797	1
2	00200	Cap Rel Costs-Mvble Equip				14,815,463	14,815,463	20,148,500	34,963,963	2
3	00300	Other Cap Rel Costs							-0-	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	1,929,109	1,258,191	3,187,300	-268,608	2,918,692	-3,073	2,915,619	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	836,527	80,610,981	81,447,508	68,402,425	149,849,933	-72,619,634	77,230,299	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	2,800,705	44,075,897	46,876,602	-29,058,906	17,817,696	-12,560,510	5,257,186	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant						17,780,150	17,780,150	7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping						6,205,649	6,205,649	9
10	01000	Dietary						3,093,681	3,093,681	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,196,264	1,577,269	3,773,533	-294,064	3,479,469		3,479,469	13
14	01400	Central Services & Supply						5,185,456	5,185,456	14
15	01500	Pharmacy	3,744,161	13,594,723	17,338,884	-11,508,404	5,830,480		5,830,480	15
16	01600	Medical Records & Library	506,636	300,481	807,117		807,117	2,012,209	2,819,326	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	3,446,953	4,244,305	7,691,258	-2,804,904	4,886,354	-281,007	4,605,347	21
22	02200	I&R Services-Other Prgm Costs Apprvd		78,872	78,872	2,723,048	2,801,920	-366	2,801,554	22
23	02300	Paramed Ed Prgm-(specify)								23
		<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	03000	Adults & Pediatrics	31,057,052	25,506,789	56,563,841	-14,644,734	41,919,107	-42,930	41,876,177	30
31.01	03101	NEONATAL ICU	5,553,196	4,032,277	9,585,473	-687,077	8,898,396		8,898,396	31.01
32	03200	Coronary Care Unit	3,627,087	2,900,342	6,527,429	-719,485	5,807,944	-1,205	5,806,739	32
34	03400	Surgical Intensive Care Unit	3,816,726	3,479,301	7,296,027	-745,216	6,550,811	-8,354	6,542,457	34
41	04100	Subprovider - IRF	1,584,284	845,361	2,429,645	-172,721	2,256,924	-7,054	2,249,870	41
43	04300	Nursery				2,358,928	2,358,928		2,358,928	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	Operating Room	6,654,297	33,997,480	40,651,777	-17,838,307	22,813,470	-48,365	22,765,105	50
51	05100	Recovery Room	1,262,678	743,073	2,005,751	-143,285	1,862,466		1,862,466	51
52	05200	Delivery Room & Labor Room				6,411,841	6,411,841		6,411,841	52
53	05300	Anesthesiology		964,067	964,067	-964,067				53
54	05400	Radiology-Diagnostic	9,958,149	15,590,379	25,548,528	-5,604,803	19,943,725	-7,829	19,935,896	54
57	05700	CT Scan	1,163,475	3,089,556	4,253,031	-783,776	3,469,255		3,469,255	57
58	05800	MRI	1,140,014	2,440,133	3,580,147	-476,386	3,103,761	-5,354	3,098,407	58
59	05900	Cardiac Catheterization	828,150	4,875,655	5,703,805	-4,253,770	1,450,035	-8,673	1,441,362	59
60	06000	Laboratory	6,208,395	14,887,572	21,095,967	-3,082,221	18,013,746	-105,642	17,908,104	60
62	06200	Whole Blood & Packed Red Blood Cells	303,368	2,958,630	3,261,998	-53,519	3,208,479		3,208,479	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	2,175,016	2,146,118	4,321,134	-377,960	3,943,174	-10,818	3,932,356	65
66	06600	Physical Therapy	9,349,784	7,712,254	17,062,038	-3,602,685	13,459,353	-310,810	13,148,543	66
69	06900	Electrocardiology	2,055,720	3,446,126	5,501,846	-1,041,810	4,460,036		4,460,036	69
69.01	03650	SPECIAL PROCEDURES	2,831,864	17,787,235	20,619,099	-14,749,897	5,869,202	-25	5,869,177	69.01
69.02	06901	CARDIAC REHAB								69.02
70	07000	Electroencephalography	140,942	491,371	632,313	-179,029	453,284		453,284	70
71	07100	Medical Supplies Charged to Patients				9,645,095	9,645,095		9,645,095	71
72	07200	Impl. Dev. Charged to Patients				22,893,525	22,893,525		22,893,525	72
73	07300	Drugs Charged to Patients		2,176,008	2,176,008	10,745,091	12,921,099		12,921,099	73
75	07500	ASC (Non-Distinct Part)	628,506	1,879,138	2,507,644	-1,114,970	1,392,674		1,392,674	75
75.01	07501	WOUND CARE								75.01
76	03950	ACUTE DIALYSIS		834,724	834,724	-834,724				76
76.97	07697	CARDIAC REHABILITATION	294,373	311,822	606,195	-242,862	363,333	-224,344	138,989	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	211,794	80,119	291,913		291,913		291,913	76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	09001	340B CLINICS	26,959,432	43,553,569	70,513,001	-13,188,391	57,324,610	-3,914	57,320,696	90.01
91	09100	Emergency	4,438,153	9,029,621	13,467,774	-2,119,146	11,348,628	-4,690	11,343,938	91

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
91.01	09101	SLEEP LAB	718,638	593,485	1,312,123	-130,718	1,181,405	-13,912	1,167,493	91.01
91.02	09102	BRONCH & GASTRO LAB	2,064,654	4,110,943	6,175,597	-1,264,812	4,910,785	-396	4,910,389	91.02
91.03	09103	SURGICENTER								91.03
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	2,245,433	1,859,437	4,104,870	-530,768	3,574,102	-10,720	3,563,382	92.01
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	4,082,588	2,640,849	6,723,437	-732,240	5,991,197	-1,943	5,989,254	101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
116	11600	Hospice	1,700,348	3,679,322	5,379,670	-719,881	4,659,789	-8,973	4,650,816	116
118		SUBTOTALS (sum of lines 1-117)	148,514,471	364,383,475	512,897,946	2,325,511	515,223,457	-13,132,340	502,091,117	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	Gift, Flower, Coffee Shop & Canteen		133,175	133,175	-113,856	19,319		19,319	190
191	19100	Research		628	628		628		628	191
192.0	19201	CHEMOTHERAPY RX	562,055	14,185,966	14,748,021	-53,053	14,694,968		14,694,968	192.0
192.0	19202	RURAL HEALTH								192.0
192.0	19203	ARBOURS RX								192.0
192.0	19204	FUND DEVELOPMENT								192.0
192.0	19205	MARKETING								192.0
192.0	19206	CARLE CLINIC								192.0
192.0	19208	CARLE FOUNDATION #14-8077								192.0
192.0	19209	CARLE ARBOURS #14-1439								192.0
192.1	19210	OTHER REL ENTITIES								192.1
192.1	19211	CHAMPAIGN ASC		69,680	69,680	-18,299	51,381		51,381	192.1
192.1	19212	SOUTH PARKING GARAGE				292,887	292,887		292,887	192.1
192.1	19213	PARISH NRSG	26,228	62,886	89,114	-14,196	74,918		74,918	192.1
192.1	19214	COMM HLTH & WLNS	46,468	2,143,408	2,189,876	-29,436	2,160,440		2,160,440	192.1
192.1	19215	MOBILE CLINIC								192.1
192.1	19216	PALLIATIVE CARE	189,882	70,847	260,729		260,729		260,729	192.1
192.1	19217	SMOKING CESSATION								192.1
192.1	19218	HRT DISEASE PRVT								192.1
192.1	19219	STRATUM								192.1
193.0	19301	CONTRACT MANAGEMENT		134,345	134,345		134,345		134,345	193.0
193.0	19302	TELEMEDICINE	61,850	89,733	151,583	-35,667	115,916		115,916	193.0
193.0	19304	NORTH GARAGE				538,158	538,158		538,158	193.0
193.0	19305	HOME INFUSION	574,301	2,843,442	3,417,743	-549,970	2,867,773		2,867,773	193.0
193.0	19306	MISSION RELATED								193.0
193.0	19307	GRANT RELATED	2,263,388	3,638,492	5,901,880	-1,982,883	3,918,997	-464	3,918,533	193.0

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
193.08	19308	EMERGENCY MEDICAL SERVICES	173,025	124,546	297,571		297,571		297,571	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	373,517	3,793,671	4,167,188		4,167,188		4,167,188	193.10
193.11	19309	RELATED PARTY THERAPY						292,241	292,241	193.11
193.12	19310	RELATED PARTY PHARMACY						381,491	381,491	193.12
193.13	19311	RELATED PARTY PHARMACISTS						122,063	122,063	193.13
194	07950	UNDERGRADUATE MEDICAL EDUCATION		372,540	372,540	-359,196	13,344		13,344	194
200		TOTAL (sum of lines 118-199)	152,785,185	392,046,834	544,832,019		544,832,019	-12,337,009	532,495,010	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	INTERNS AND RESIDENTS	A	I&R Services-Other Prgm Costs	22		2,800,100	1
500	Total reclassifications					2,800,100	500
	Code Letter - A						
1	PARKING GARAGE DEPRECIATION	B	SOUTH PARKING GARAGE	192.12		292,887	1
2			NORTH GARAGE	193.04		538,158	2
500	Total reclassifications					831,045	500
	Code Letter - B						
1	INTERNAL FEES	C	SHARED ADMINISTRATIVE & GENER	5.05		68,473,998	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
500	Total reclassifications					68,473,998	500
	Code Letter - C						
1	DRUGS CHARGED	D	Drugs Charged to Patients	73		10,745,091	1
500	Total reclassifications					10,745,091	500
	Code Letter - D						
1	OBSTETRICS	E	Nursery	43	1,173,447	1,185,481	1
500	Total reclassifications				1,173,447	1,185,481	500
	Code Letter - E						
1	ACUTE RENAL	F	Adults & Pediatrics	30		834,724	1
500	Total reclassifications					834,724	500
	Code Letter - F						
1	L&D DEPT FROM ROUTINE	G	Delivery Room & Labor Room	52	3,499,068	2,912,773	1
500	Total reclassifications				3,499,068	2,912,773	500
	Code Letter - G						
1	DEPRECIATION	H	Cap Rel Costs-Bldg & Fixt	1		95,286	1
2			Cap Rel Costs-Mvble Equip	2		14,815,463	2
3							3

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY		OTHER
		1	2	3	4	5	
4						4	
5						5	
6						6	
7						7	
8						8	
9						9	
10						10	
11						11	
12						12	
13						13	
14						14	
15						15	
16						16	
17						17	
18						18	
19						19	
20						20	
21						21	
22						22	
23						23	
24						24	
25						25	
26						26	
27						27	
28						28	
29						29	
30						30	
31						31	
32						32	
33						33	
34						34	
35						35	
36						36	
37						37	
38						38	
39						39	
40						40	
500	Total reclassifications Code Letter - H					14,910,749	500
1	BONUSES	I	ADMITTING	5.04	10,000		1
2			SHARED ADMINISTRATIVE & GENER	5.05	2,858		2
3			Nursing Administration	13	14,219		3
4			I&R Services-Salary & Fringes	21	92,522		4
5			Adults & Pediatrics	30	938,710		5
6			NEONATAL ICU	31.01	117,832		6
7			Coronary Care Unit	32	53,797		7
8			Surgical Intensive Care Unit	34	123,250		8
9			Subprovider - IRF	41	31,500		9
10			Operating Room	50	90,320		10
11			Recovery Room	51	22,000		11
12			Radiology-Diagnostic	54	53,692		12
13			CT Scan	57	2,500		13
14			Cardiac Catheterization	59	5,000		14
15			Laboratory	60	39,195		15
16			Physical Therapy	66	18,513		16
17			Electrocardiology	69	16,847		17
18			SPECIAL PROCEDURES	69.01	5,000		18
19			Electroencephalography	70	7,500		19
20			340B CLINICS	90.01	204,860		20
21			Emergency	91	169,000		21
22			SLEEP LAB	91.01	2,500		22
23			BRONCH & GASTRO LAB	91.02	10,000		23
24			OBSERVATION BEDS-DISTINCT	92.01	39,000		24
25			Home Health Agency	101	10,000		25
26			Hospice	116	62,860		26
27			GRANT RELATED	193.07	160		27
500	Total reclassifications Code Letter - I				2,143,635		500

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**RECLASSIFICATIONS**

**WORKSHEET A-6**

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	SUPLIES CHARGED	J	Medical Supplies Charged to P	71		9,645,095	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
500	Total reclassifications					9,645,095	500
	Code Letter - J						
1	IMPLANTS	K	Impl. Dev. Charged to Patient	72		22,893,525	1
2							2
3							3
4							4
500	Total reclassifications					22,893,525	500
	Code Letter - K						
1	ANESTHESIA	L	Operating Room	50		964,067	1
500	Total reclassifications					964,067	500
	Code Letter - L						
	<b>GRAND TOTAL (Increases)</b>					<b>6,816,150</b>	<b>136,196,648</b>

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
1	INTERNS AND RESIDENTS	A	I&R Services-Salary & Fringes	21		2,800,100	1	
500	Total reclassifications					2,800,100	500	
	Code letter - A							
1	PARKING GARAGE DEPRECIATION	B	Cap Rel Costs-Bldg & Fixt	1		831,045	9	
2							2	
500	Total reclassifications					831,045	500	
	Code letter - B							
1	INTERNAL FEES	C	ADMITTING	5.04		253,032	1	
2			OTHER ADMINISTRATIVE & GENERA	5.06		28,952,728	2	
3			Nursing Administration	13		75,612	3	
4			Pharmacy	15		306,012	4	
5			I&R Services-Other Prgm Costs	22		77,052	5	
6			Adults & Pediatrics	30		5,964,420	6	
7			NEONATAL ICU	31.01		559,548	7	
8			Coronary Care Unit	32		597,036	8	
9			Surgical Intensive Care Unit	34		604,056	9	
10			Subprovider - IRF	41		164,508	10	
11			Operating Room	50		1,608,228	11	
12			Recovery Room	51		139,956	12	
13			Radiology-Diagnostic	54		2,725,644	13	
14			CT Scan	57		140,976	14	
15			MRI	58		162,156	15	
16			Cardiac Catheterization	59		125,988	16	
17			Laboratory	60		2,273,870	17	
18			Whole Blood & Packed Red Bloo	62		45,612	18	
19			Respiratory Therapy	65		189,336	19	
20			Physical Therapy	66		3,215,526	20	
21			Electrocardiology	69		329,132	21	
22			SPECIAL PROCEDURES	69.01		1,229,376	22	
23			Electroencephalography	70		81,012	23	
24			ASC (Non-Distinct Part)	75		940,175	24	
25			CARDIAC REHABILITATION	76.97		212,256	25	
26			340B CLINICS	90.01		10,903,576	26	
27			Emergency	91		1,481,412	27	
28			SLEEP LAB	91.01		96,264	28	
29			BRONCH & GASTRO LAB	91.02		813,192	29	
30			OBSERVATION BEDS-DISTINCT	92.01		442,248	30	
31			Home Health Agency	101		551,975	31	
32			Hospice	116		646,554	32	
33			Gift, Flower, Coffee Shop & C	190		113,856	33	
34			CHEMOTHERAPY RX	192.01		48,000	34	
35			PARISH NRSG	192.13		14,196	35	
36			TELEMEDICINE	193.02		9,888	36	
37			HOME INFUSION	193.05		468,399	37	
38			GRANT RELATED	193.07		1,551,995	38	
39			UNDERGRADUATE MEDICAL EDUCATI	194		359,196	39	
500	Total reclassifications					68,473,998	500	
	Code letter - C							
1	DRUGS CHARGED	D	Pharmacy	15		10,745,091	1	
500	Total reclassifications					10,745,091	500	
	Code letter - D							
1	OBSTETRICS	E	Adults & Pediatrics	30	1,173,447	1,185,481	1	
500	Total reclassifications				1,173,447	1,185,481	500	
	Code letter - E							
1	ACUTE RENAL	F	ACUTE DIALYSIS	76		834,724	1	
500	Total reclassifications					834,724	500	
	Code letter - F							
1	L&D DEPT FROM ROUTINE	G	Adults & Pediatrics	30	3,499,068	2,912,773	1	
500	Total reclassifications				3,499,068	2,912,773	500	
	Code letter - G							
1	DEPRECIATION	H	ADMITTING	5.04		15,576	9	
2			SHARED ADMINISTRATIVE & GENER	5.05		71,573	9	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.
		1	6	7	8	9	10
3			OTHER ADMINISTRATIVE & GENERA	5.06		106,178	3
4			Nursing Administration	13		218,452	4
5			Pharmacy	15		457,301	5
6			I&R Services-Salary & Fringes	21		4,804	6
7			Adults & Pediatrics	30		703,115	7
8			NEONATAL ICU	31.01		127,444	8
9			Coronary Care Unit	32		117,233	9
10			Surgical Intensive Care Unit	34		130,177	10
11			Subprovider - IRF	41		7,051	11
12			Operating Room	50		1,494,485	12
13			Recovery Room	51		2,423	13
14			Operating Room	50		7,097	14
15			Radiology-Diagnostic	54		2,629,418	15
16			CT Scan	57		641,889	16
17			MRI	58		311,059	17
18			Cardiac Catheterization	59		1,364,439	18
19			Laboratory	60		800,863	19
20			Whole Blood & Packed Red Bloo	62		7,907	20
21			Respiratory Therapy	65		188,624	21
22			Physical Therapy	66		136,740	22
23			Electrocardiology	69		710,811	23
24			SPECIAL PROCEDURES	69.01		1,515,198	24
25			Electroencephalography	70		98,017	25
26			ASC (Non-Distinct Part)	75		174,795	26
27			CARDIAC REHABILITATION	76.97		30,606	27
28			340B CLINICS	90.01		982,129	28
29			Emergency	91		599,522	29
30			SLEEP LAB	91.01		34,454	30
31			BRONCH & GASTRO LAB	91.02		450,211	31
32			OBSERVATION BEDS-DISTINCT	92.01		85,368	32
33			Home Health Agency	101		58,274	33
34			Hospice	116		60,109	34
35			CHEMOTHERAPY RX	192.01		5,053	35
36			CHAMPAIGN ASC	192.11		18,299	36
37			COMM HLTH & WLNS	192.14		29,436	37
38			TELEMEDICINE	193.02		25,779	38
39			HOME INFUSION	193.05		57,952	39
40			GRANT RELATED	193.07		430,888	40
500	Total reclassifications					14,910,749	500
	Code letter - H						
1	BONUSES	I	ADMITTING	5.04		10,000	1
2			SHARED ADMINISTRATIVE & GENER	5.05		2,858	2
3			Nursing Administration	13		14,219	3
4			I&R Services-Salary & Fringes	21		92,522	4
5			Adults & Pediatrics	30		938,710	5
6			NEONATAL ICU	31.01		117,832	6
7			Coronary Care Unit	32		53,797	7
8			Surgical Intensive Care Unit	34		123,250	8
9			Subprovider - IRF	41		31,500	9
10			Operating Room	50		90,320	10
11			Recovery Room	51		22,000	11
12			Radiology-Diagnostic	54		53,692	12
13			MRI	58		2,500	13
14			Cardiac Catheterization	59		5,000	14
15			Laboratory	60		39,195	15
16			Physical Therapy	66		18,513	16
17			Electrocardiology	69		16,847	17
18			SPECIAL PROCEDURES	69.01		5,000	18
19			Electroencephalography	70		7,500	19
20			340B CLINICS	90.01		204,860	20
21			Emergency	91		169,000	21
22			SLEEP LAB	91.01		2,500	22
23			BRONCH & GASTRO LAB	91.02		10,000	23
24			OBSERVATION BEDS-DISTINCT	92.01		39,000	24
25			Home Health Agency	101		10,000	25
26			Hospice	116		62,860	26
27			GRANT RELATED	193.07		160	27
500	Total reclassifications					2,143,635	500

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.
		1	6	7	8	9	10
	Code letter - I						
1	SUPPLIES CHARGED	J	Adults & Pediatrics	30		41,154	1
2			NEONATAL ICU	31.01		85	2
3			Coronary Care Unit	32		5,216	3
4			Surgical Intensive Care Unit	34		10,983	4
5			Subprovider - IRF	41		1,162	5
6			Operating Room	50		7,793,903	6
7			Recovery Room	51		906	7
8			Radiology-Diagnostic	54		3,212	8
9			CT Scan	57		3,411	9
10			MRI	58		671	10
11			Laboratory	60		7,488	11
12			Physical Therapy	66		250,419	12
13			Electrocardiology	69		1,867	13
14			SPECIAL PROCEDURES	69.01		20,331	14
15			340B CLINICS	90.01		1,302,686	15
16			Emergency	91		38,212	16
17			BRONCH & GASTRO LAB	91.02		1,409	17
18			OBSERVATION BEDS-DISTINCT	92.01		3,152	18
19			Home Health Agency	101		121,991	19
20			Hospice	116		13,218	20
21			HOME INFUSION	193.05		23,619	21
500	Total reclassifications					9,645,095	500
	Code letter - J						
1	IMPLANTS	K	Operating Room	50		7,898,661	1
2			Radiology-Diagnostic	54		246,529	2
3			Cardiac Catheterization	59		2,763,343	3
4			SPECIAL PROCEDURES	69.01		11,984,992	4
500	Total reclassifications					22,893,525	500
	Code letter - K						
1	ANESTHESIA	L	Anesthesiology	53		964,067	1
500	Total reclassifications					964,067	500
	Code letter - L						
	GRAND TOTAL (Decreases)				4,672,515	138,340,283	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	688,371				35,664	652,707		2
3	Buildings and Fixtures	4,161,149				3,957,499	203,650		3
4	Building Improvements	506,638					506,638		4
5	Fixed Equipment	99,715,776					99,715,776		5
6	Movable Equipment	97,869					97,869		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	105,169,803				3,993,163	101,176,640		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	105,169,803				3,993,163	101,176,640		10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)								3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may

have been included in Worksheet A, column 2, lines 1 and 2.

\* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000				1	
2	Cap Rel Costs-Mvble Equip				0.000000				2	
3	Total (sum of lines 1-2)				0.000000				3	

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	17,996,797							17,996,797	1
2	Cap Rel Costs-Mvble Equip	34,963,963							34,963,963	2
3	Total (sum of lines 1-2)	52,960,760							52,960,760	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		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	Trace, 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	1	SHARED ADMINISTRATIVE & GENERAL	5.05	8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-763,840			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	1,439,092			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 overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
34	AHA AND IHA LOBBYING EXPENSE	A	-51,730	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35	CAOS TUITION	B	-275,114	Physical Therapy	66	35
35.06	EDUCATION REVENUE	B	-3,125	Adults & Pediatrics	30	35.06
35.07	EDUCATION REVENUE	B	-4,690	Emergency	91	35.07
35.08	EDUCATION REVENUE	B	-13,632	Physical Therapy	66	35.08
35.09	EDUCATION REVENUE	B	-3,865	SLEEP LAB	91.01	35.09
36						36
37						37
38	MISC REVENUE & CCA REVENUE, SER	B	1	OTHER ADMINISTRATIVE & GENERAL	5.06	38
39						39
40	U OF I SUBSIDY	B	-281,007	I&R Services-Salary & Fringes Apprvd	21	40
41						41
42						42
43	PATIENT ADVISORY NURSE	A	1	OTHER ADMINISTRATIVE & GENERAL	5.06	43
44	PROVIDER TAX	A	-12,430,654	OTHER ADMINISTRATIVE & GENERAL	5.06	44
45	REF LAB	B	-224,344	CARDIAC REHABILITATION	76.97	45
45.01	MISC & CCA REVENUE	B	-96,972	Laboratory	60	45.01
45.07	MISC REVENUE	B	-10,818	Respiratory Therapy	65	45.07
45.08	MISC REVENUE	B	-1,010	Adults & Pediatrics	30	45.08
45.09	MISC REVENUE	B	7,504	Radiology-Diagnostic	54	45.09
45.10	MISC REVENUE	B	-1,913	OTHER ADMINISTRATIVE & GENERAL	5.06	45.10
45.11	MISC REVENUE	B	-2,258	340B CLINICS	90.01	45.11
45.12	UNALLOWABLE EXPENSE	A	-187	SHARED ADMINISTRATIVE & GENERAL	5.05	45.12
45.13	UNALLOWABLE EXPENSE	A	-54	Radiology-Diagnostic	54	45.13

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
45.14	UNALLOWABLE EXPENSE	A	-14	OTHER ADMINISTRATIVE & GENERAL	5.06	45.14
45.16	UNALLOWABLE EXPENSE	A	-366	I&R Services-Other Prgm Costs Apprvd	22	45.16
45.17	UNALLOWABLE EXPENSE	A	-6	340B CLINICS	90.01	45.17
45.18	UNALLOWABLE EXPENSE	A	-464	GRANT RELATED	193.07	45.18
45.21	MISC REVENUE	B	-5,354	MRI	58	45.21
45.38	DONATIONS	A	-382,008	SHARED ADMINISTRATIVE & GENERAL	5.05	45.38
45.39	DONATIONS	A	-14,354	OTHER ADMINISTRATIVE & GENERAL	5.06	45.39
45.40	DONATIONS	A	-330	Adults & Pediatrics	30	45.40
46	MISC REVENUE	B	-396	BRONCH & GASTRO LAB	91.02	46
47	MISC REVENUE	B	-1,943	Home Health Agency	101	47
47.01	CONF TRAINING REVENUE	B	-8,973	Hospice	116	47.01
47.02	CONF TRAINING REVENUE	B	-2,372	Adults & Pediatrics	30	47.02
47.03	CONF TRAINING REVENUE	B	-125	Subprovider - IRF	41	47.03
47.05	CONF TRAINING REVENUE	B	4,165	Physical Therapy	66	47.05
47.06	CONF TRAINING REVENUE	B	-1,650	340B CLINICS	90.01	47.06
48	RELATED PARTY THERAPY ADD ON	A	292,241	RELATED PARTY THERAPY	193.11	48
48.01	RELATED PARTY PHARMACY ADD ON	A	381,491	RELATED PARTY PHARMACY	193.12	48.01
48.02	RELATED PARTY PHARMACISTS	A	122,063	RELATED PARTY PHARMACISTS	193.13	48.02
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-12,337,009			50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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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 CLAIMED HOME OFFICE COSTS:

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	FUNCTIONAL ALLOCATION	18,732,556		18,732,556	9 1
2	2	Cap Rel Costs-Mvble Equip	POOLED ALLOCATION	20,148,500		20,148,500	9 2
3	5.05	SHARED ADMINISTRATIVE & GENERAL	FUNCTIONAL HO ALLOCATION	15,655,992	69,021,931	-53,365,939	3
3.01	10	Dietary	FUNCTIONAL HO ALLOCATION	3,093,681		3,093,681	3.01
3.02	9	Housekeeping	FUNCTIONAL HO ALLOCATION	6,205,649		6,205,649	3.02
3.03	7	Operation of Plant	FUNCTIONAL HO ALLOCATION	17,780,150		17,780,150	3.03
3.04	14	Central Services & Supply	FUNCTIONAL HO ALLOCATION	5,185,456		5,185,456	3.04
3.05	16	Medical Records & Library	FUNCTIONAL HO ALLOCATION	2,073,333		2,073,333	3.05
3.06	5.05	SHARED ADMINISTRATIVE & GENERAL	POOLED ALLOCATION	50,631,100	69,045,394	-18,414,294	3.06
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			139,506,417	138,067,325	1,439,092	5

\* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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	Percentage of Ownership	Related Organization(s) and/or Home Office			
			Name	Percentage of Ownership	Type of Business	
1	2	3	4	5	6	
6	B		CARLE FOUNDATIO	100.00	HOME OFFICE	6
7						7
8						8
9						9
10						10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.04	ADMITTING AGGREGATE	12,714		12,714	171,400	117	9,641	482	1
2	5.05	SHARED ADMINISTRATIV AGGREGATE	1,998,324		1,998,324	171,400	18,702	1,541,117	77,056	2
3	5.06	OTHER ADMINISTRATIVE AGGREGATE	78,987		78,987	171,400	208	17,140	857	3
4	16	Medical Records & Li AGGREGATE	150,120		150,120	171,400	1,080	88,996	4,450	4
5	30	Adults & Pediatrics AGGREGATE	875,342		875,342	194,500	8,975	839,249	41,962	5
6										6
7	32	Coronary Care Unit AGGREGATE	2,284		2,284	204,100	11	1,079	54	7
8	34	Surgical Intensive C AGGREGATE	17,913		17,913	171,400	116	9,559	478	8
9	54	Radiology-Diagnostic AGGREGATE	24,673		24,673	171,400	114	9,394	470	9
10	50	Operating Room AGGREGATE	86,595		86,595	200,300	397	38,230	1,912	10
11										11
12	66	Physical Therapy AGGREGATE	55,318		55,318	171,400	353	29,089	1,454	12
13	69.01	SPECIAL PROCEDURES AGGREGATE	272		272	171,400	3	247	12	13
14	60	Laboratory AGGREGATE	19,135		19,135	171,400	127	10,465	523	14
15										15
16	91	Emergency AGGREGATE	3,579,219		3,579,219	171,400	59,223	4,880,203	244,010	16
17	91.01	SLEEP LAB AGGREGATE	19,992		19,992	152,100	136	9,945	497	17
18	92.01	OBSERVATION BEDS-DIS AGGREGATE	21,845		21,845	171,400	135	11,125	556	18
19	41	Subprovider - IRF AGGREGATE	15,169		15,169	171,400	100	8,240	412	19
20	59	Cardiac Catheterizat AGGREGATE	14,029		14,029	171,400	65	5,356	268	20
200		TOTAL	6,971,931		6,971,931		89,862	7,509,075	375,453	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.04	ADMITTING AGGREGATE					9,641	3,073	3,073	1
2	5.05	SHARED ADMINISTRATIV AGGREGATE					1,541,117	457,207	457,207	2
3	5.06	OTHER ADMINISTRATIVE AGGREGATE					17,140	61,847	61,847	3
4	16	Medical Records & Li AGGREGATE					88,996	61,124	61,124	4
5	30	Adults & Pediatrics AGGREGATE					839,249	36,093	36,093	5
6										6
7	32	Coronary Care Unit AGGREGATE					1,079	1,205	1,205	7
8	34	Surgical Intensive C AGGREGATE					9,559	8,354	8,354	8
9	54	Radiology-Diagnostic AGGREGATE					9,394	15,279	15,279	9
10	50	Operating Room AGGREGATE					38,230	48,365	48,365	10
11										11
12	66	Physical Therapy AGGREGATE					29,089	26,229	26,229	12
13	69.01	SPECIAL PROCEDURES AGGREGATE					247	25	25	13
14	60	Laboratory AGGREGATE					10,465	8,670	8,670	14
15										15
16	91	Emergency AGGREGATE					4,880,203			16
17	91.01	SLEEP LAB AGGREGATE					9,945	10,047	10,047	17
18	92.01	OBSERVATION BEDS-DIS AGGREGATE					11,125	10,720	10,720	18
19	41	Subprovider - IRF AGGREGATE					8,240	6,929	6,929	19
20	59	Cardiac Catheterizat AGGREGATE					5,356	8,673	8,673	20
200		TOTAL					7,509,075	763,840	763,840	200

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	ADMITTING	SHARED ADM INISTRATIV E & GENERA	SUBTOTAL (cols.0-4)	
		0	1	2	5.04	5.05	4A	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	17,996,797	17,996,797					1
2	Cap Rel Costs-Mvble Equip	34,963,963		34,963,963				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	2,915,619	83,329	36,799	3,035,747			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	77,230,299	32,998	169,101		77,432,398		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	5,257,186	105,515	250,864		77,432,398	83,045,963	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	17,780,150	6,978,555				24,758,705	7
8	Laundry & Linen Service							8
9	Housekeeping	6,205,649	45,567				6,251,216	9
10	Dietary	3,093,681	207,133				3,300,814	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	3,479,469	35,556	516,131			4,031,156	13
14	Central Services & Supply	5,185,456					5,185,456	14
15	Pharmacy	5,830,480	92,803	1,080,454			7,003,737	15
16	Medical Records & Library	2,819,326					2,819,326	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,605,347					4,605,347	21
22	I&R Services-Other Prgm Costs Apprvd	2,801,554	14,512	11,348			2,827,414	22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	41,876,177	1,579,702	1,690,768	313,853		45,460,500	30
31.01	NEONATAL ICU	8,898,396	162,257	301,109	43,104		9,404,866	31.01
32	Coronary Care Unit	5,806,739	162,707	276,983	37,298		6,283,727	32
34	Surgical Intensive Care Unit	6,542,457	164,595	307,566	41,879		7,056,497	34
41	Subprovider - IRF	2,249,870	42,570	16,659	13,581		2,322,680	41
43	Nursery	2,358,928	52,395		9,785		2,421,108	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	22,765,105	500,646	3,530,980	156,785		26,953,516	50
51	Recovery Room	1,862,466	35,490	5,722	20,377		1,924,055	51
52	Delivery Room & Labor Room	6,411,841	173,377		25,059		6,610,277	52
53	Anesthesiology							53
54	Radiology-Diagnostic	19,935,896	825,083	6,206,123	238,276		27,205,378	54
57	CT Scan	3,469,255	46,873	1,516,575	154,560		5,187,263	57
58	MRI	3,098,407	60,936	734,931	82,704		3,976,978	58
59	Cardiac Catheterization	1,441,362	40,199	3,223,726	61,121		4,766,408	59
60	Laboratory	17,908,104	286,236	1,892,179	365,990		20,452,509	60
62	Whole Blood & Packed Red Blood Cells	3,208,479	12,415	18,682	22,926		3,262,502	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,932,356	64,393	445,660	103,869		4,546,278	65
66	Physical Therapy	13,148,543	695,758	323,072	79,269		14,246,642	66
69	Electrocardiology	4,460,036	70,541	1,679,413	88,263		6,298,253	69
69.01	SPECIAL PROCEDURES	5,869,177	311,407	3,579,923	63,028		9,823,535	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	453,284	20,824	231,580	2,977		708,665	70
71	Medical Supplies Charged to Patients	9,645,095			130,104		9,775,199	71
72	Impl. Dev. Charged to Patients	22,893,525			113,166		23,006,691	72
73	Drugs Charged to Patients	12,921,099			222,081		13,143,180	73
75	ASC (Non-Distinct Part)	1,392,674	126,635	361,017	8,031		1,888,357	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	138,989	27,125	72,310	1,416		239,840	76.97
76.98	HYPERBARIC OXYGEN THERAPY	291,913			3,801		295,714	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS	57,320,696	3,898,755	2,293,808	357,445		63,870,704	90.01
91	Emergency	11,343,938	300,605	1,416,476	171,783		13,232,802	91
91.01	SLEEP LAB	1,167,493	37,609	28,494	12,960		1,246,556	91.01
91.02	BRONCH & GASTRO LAB	4,910,389	173,201	1,063,702	57,305		6,204,597	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,563,382	124,418	201,694	32,951		3,922,445	92.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	ADMITTING	SHARED ADM INISTRATIV E & GENERA	SUBTOTAL (cols.0-4)	
		0	1	2	5.04	5.05	4A	
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	5,989,254	38,004	122,439			6,149,697	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	4,650,816	37,751	126,774			4,815,341	116
118	SUBTOTALS (sum of lines 1-117)	502,091,117	17,668,475	33,733,062	3,035,747	77,432,398	500,531,894	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	19,319	39,134				58,453	190
191	Research	628					628	191
192.0	CHEMOTHERAPY RX	14,694,968	14,117	11,939			14,721,024	192.0
1								1
192.0	RURAL HEALTH							192.0
2								2
192.0	ARBOURS RX							192.0
3								3
192.0	FUND DEVELOPMENT							192.0
4								4
192.0	MARKETING							192.0
5								5
192.0	CARLE CLINIC							192.0
6								6
192.0	CARLE FOUNDATION #14-8077							192.0
8								8
192.0	CARLE ARBOURS #14-1439							192.0
9								9
192.1	OTHER REL ENTITIES							192.1
0								0
192.1	CHAMPAIGN ASC	51,381	53,767	41,172			146,320	192.1
1								1
192.1	SOUTH PARKING GARAGE	292,887					292,887	192.1
2								2
192.1	PARISH NRSG	74,918	2,536				77,454	192.1
3								3
192.1	COMM HLTH & WLNS	2,160,440		69,545			2,229,985	192.1
4								4
192.1	MOBILE CLINIC							192.1
5								5
192.1	PALLIATIVE CARE	260,729					260,729	192.1
6								6
192.1	SMOKING CESSATION							192.1
7								7
192.1	HRT DISEASE PRVT							192.1
8								8
192.1	STRATUM							192.1
9								9
193.0	CONTRACT MANAGEMENT	134,345					134,345	193.0
1								1
193.0	TELEMEDICINE	115,916	2,283	60,907			179,106	193.0
2								2
193.0	NORTH GARAGE	538,158					538,158	193.0
4								4
193.0	HOME INFUSION	2,867,773	26,631	61,368			2,955,772	193.0
5								5
193.0	MISSION RELATED							193.0
6								6
193.0	GRANT RELATED	3,918,533	108,962	985,970			5,013,465	193.0
7								7
193.0	EMERGENCY MEDICAL SERVICES	297,571					297,571	193.0
8								8
193.1	OTHER NONREIMBURSABLE ADMIN	4,167,188					4,167,188	193.1
0								0
193.1	RELATED PARTY THERAPY	292,241					292,241	193.1
1								1
193.1	RELATED PARTY PHARMACY	381,491					381,491	193.1
2								2

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	ADMITTING	SHARED ADM INISTRATIV E & GENERA	SUBTOTAL (cols.0-4)	
		0	1	2	5.04	5.05	4A	
193.1 3	RELATED PARTY PHARMACISTS	122,063					122,063	193.1 3
194	UNDERGRADUATE MEDICAL EDUCATION	13,344	80,892				94,236	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	532,495,010	17,996,797	34,963,963	3,035,747	77,432,398	532,495,010	202

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	OTHER ADMINIS TRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPI NG	DIETARY	CAFETERIA	NURSING AD MINISTRATI ON	
		5.06	7	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	83,045,963						5.06
6	Maintenance & Repairs							6
7	Operation of Plant	4,574,740	29,333,445					7
8	Laundry & Linen Service							8
9	Housekeeping	1,155,056	123,804	7,530,076				9
10	Dietary	609,901	562,772	145,079	4,618,566			10
11	Cafeteria				2,379,453	2,379,453		11
12	Maintenance of Personnel							12
13	Nursing Administration	744,849	96,604	24,904		30,136	4,927,649	13
14	Central Services & Supply	958,132						14
15	Pharmacy	1,294,101	252,142	65,001		42,371		15
16	Medical Records & Library	520,935				5,992		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	850,944				49,727		21
22	I&R Services-Other Prgm Costs Apprvd	522,430	39,429	10,165				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	8,399,873	4,291,996	1,106,452	1,880,482	452,915	3,023,367	30
31.01	NEONATAL ICU	1,737,765	440,846	113,648		79,669	531,816	31.01
32	Coronary Care Unit	1,161,063	442,069	113,963	96,730	59,744	398,815	32
34	Surgical Intensive Care Unit	1,303,850	447,199	115,285	99,717	59,319	395,975	34
41	Subprovider - IRF	429,169	115,662	29,817	95,316	21,425		41
43	Nursery	447,355	142,356	36,698		17,722		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	4,980,282	1,360,238	350,661		108,152		50
51	Recovery Room	355,513	96,425	24,858		17,590		51
52	Delivery Room & Labor Room	1,221,401	471,059	121,436		51,626		52
53	Anesthesiology							53
54	Radiology-Diagnostic	5,026,819	2,241,722	577,903		163,699		54
57	CT Scan	958,466	127,354	32,831		18,328		57
58	MRI	734,838	165,560	42,680		16,546		58
59	Cardiac Catheterization	880,704	109,220	28,156		10,575		59
60	Laboratory	3,779,071	777,692	200,485		117,858		60
62	Whole Blood & Packed Red Blood Cells	602,822	33,732	8,696		4,537		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	840,029	174,955	45,102		35,477	236,820	65
66	Physical Therapy	2,632,395	1,890,351	487,322		135,781		66
69	Electrocardiology	1,163,747	191,657	49,408		35,745		69
69.01	SPECIAL PROCEDURES	1,815,124	846,081	218,115		38,423		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	130,942	56,578	14,586		2,588		70
71	Medical Supplies Charged to Patients	1,806,193						71
72	Impl. Dev. Charged to Patients	4,251,015						72
73	Drugs Charged to Patients	2,428,505						73
75	ASC (Non-Distinct Part)	348,917	344,064	88,698		8,620		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	44,316	73,698	18,999		6,749		76.97
76.98	HYPERBARIC OXYGEN THERAPY	54,640				2,688		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS	11,801,498	10,592,778	2,730,755		615,012		90.01
91	Emergency	2,445,065	816,733	210,549		64,094		91
91.01	SLEEP LAB	230,330	102,181	26,342		12,784	85,335	91.01
91.02	BRONCH & GASTRO LAB	1,146,442	470,582	121,313		32,183		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	724,762	338,039	87,144	66,868	38,251	255,338	92.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	OTHER ADMI NISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPI NG	DIETARY	CAFETERIA	NURSING AD MINISTRATI ON	
		5.06	7	9	10	11	13	
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	1,136,298	103,255	26,619				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	889,745	102,569	26,442				116
118	SUBTOTALS (sum of lines 1-117)	77,140,042	28,441,402	7,300,112	4,618,566	2,356,326	4,927,466	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	10,801	106,327	27,410				190
191	Research	116						191
192.0	CHEMOTHERAPY RX	2,720,048	38,355	9,888		5,656		192.0
1								1
192.0	RURAL HEALTH							192.0
2								2
192.0	ARBOURS RX							192.0
3								3
192.0	FUND DEVELOPMENT							192.0
4								4
192.0	MARKETING							192.0
5								5
192.0	CARLE CLINIC							192.0
6								6
192.0	CARLE FOUNDATION #14-8077							192.0
8								8
192.0	CARLE ARBOURS #14-1439							192.0
9								9
192.1	OTHER REL ENTITIES							192.1
0								0
192.1	CHAMPAIGN ASC	27,036	146,084	37,660				192.1
1								1
192.1	SOUTH PARKING GARAGE	54,118						192.1
2								2
192.1	PARISH NRSG	14,311	6,890	1,776		632	183	192.1
3								3
192.1	COMM HLTH & WLNS	412,041				548		192.1
4								4
192.1	MOBILE CLINIC							192.1
5								5
192.1	PALLIATIVE CARE	48,176				1,887		192.1
6								6
192.1	SMOKING CESSATION							192.1
7								7
192.1	HRT DISEASE PRVT							192.1
8								8
192.1	STRATUM							192.1
9								9
193.0	CONTRACT MANAGEMENT	24,823						193.0
1								1
193.0	TELEMEDICINE	33,094	6,204	1,599		955		193.0
2								2
193.0	NORTH GARAGE	99,437						193.0
4								4
193.0	HOME INFUSION	546,147	72,356	18,653		7,536		193.0
5								5
193.0	MISSION RELATED							193.0
6								6
193.0	GRANT RELATED	926,353	296,045	76,319		1,954		193.0
7								7
193.0	EMERGENCY MEDICAL SERVICES	54,983				3,204		193.0
8								8
193.1	OTHER NONREIMBURSABLE ADMIN	769,984				755		193.1
0								0
193.1	RELATED PARTY THERAPY	53,998						193.1
1								1
193.1	RELATED PARTY PHARMACY	70,489						193.1
2								2

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		5.06	7	9	10	11	13	
193.13	RELATED PARTY PHARMACISTS	22,554						193.13
194	UNDERGRADUATE MEDICAL EDUCATION	17,412	219,782	56,659				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	83,045,963	29,333,445	7,530,076	4,618,566	2,379,453	4,927,649	202

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES	I&R SERVICES-OTHER PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	6,143,588						14
15	Pharmacy		8,657,352					15
16	Medical Records & Library			3,346,253				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				5,506,018			21
22	I&R Services-Other Prgm Costs Apprvd					3,399,438		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			345,943	4,975,317	3,071,781	73,008,626	30
31.01	NEONATAL ICU			47,511	331,688	204,785	12,892,594	31.01
32	Coronary Care Unit			41,112			8,597,223	32
34	Surgical Intensive Care Unit			46,161			9,524,003	34
41	Subprovider - IRF			14,970			3,029,039	41
43	Nursery			10,786	165,844	102,393	3,344,262	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		1,037	172,816			33,926,702	50
51	Recovery Room			22,460			2,440,901	51
52	Delivery Room & Labor Room			27,622			8,503,421	52
53	Anesthesiology							53
54	Radiology-Diagnostic		744,976	262,639			36,223,136	54
57	CT Scan		298,027	170,363			6,792,632	57
58	MRI		46,366	91,160			5,074,128	58
59	Cardiac Catheterization			67,370			5,862,433	59
60	Laboratory			403,521			25,731,136	60
62	Whole Blood & Packed Red Blood Cells			25,271			3,937,560	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			114,489			5,993,150	65
66	Physical Therapy		6,118	87,374			19,485,983	66
69	Electrocardiology		109,827	97,288			7,945,925	69
69.01	SPECIAL PROCEDURES		45,867	69,472			12,856,617	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography			3,281			916,640	70
71	Medical Supplies Charged to Patients	1,822,236		143,406			13,547,034	71
72	Impl. Dev. Charged to Patients	4,321,352		124,737			31,703,795	72
73	Drugs Charged to Patients		7,230,948	244,788			23,047,421	73
75	ASC (Non-Distinct Part)			8,853			2,687,509	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION			1,561			385,163	76.97
76.98	HYPERBARIC OXYGEN THERAPY			4,190			357,232	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS			393,993			90,004,740	90.01
91	Emergency		1,002	189,347	33,169	20,479	17,013,240	91
91.01	SLEEP LAB			14,285			1,717,813	91.01
91.02	BRONCH & GASTRO LAB		52	63,164			8,038,333	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		276	36,320			5,469,443	92.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES	I&R SERVICES-OTHER PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						7,415,869	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice						5,834,097	116
118	SUBTOTALS (sum of lines 1-117)	6,143,588	8,484,496	3,346,253	5,506,018	3,399,438	493,307,800	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						202,991	190
191	Research						744	191
192.0	CHEMOTHERAPY RX						17,494,971	192.0
1								1
192.0	RURAL HEALTH							192.0
2								2
192.0	ARBOURS RX							192.0
3								3
192.0	FUND DEVELOPMENT							192.0
4								4
192.0	MARKETING							192.0
5								5
192.0	CARLE CLINIC							192.0
6								6
192.0	CARLE FOUNDATION #14-8077							192.0
8								8
192.0	CARLE ARBOURS #14-1439							192.0
9								9
192.1	OTHER REL ENTITIES							192.1
0								0
192.1	CHAMPAIGN ASC						357,100	192.1
1								1
192.1	SOUTH PARKING GARAGE						347,005	192.1
2								2
192.1	PARISH NRSG						101,246	192.1
3								3
192.1	COMM HLTH & WLNS						2,642,574	192.1
4								4
192.1	MOBILE CLINIC							192.1
5								5
192.1	PALLIATIVE CARE						310,792	192.1
6								6
192.1	SMOKING CESSATION							192.1
7								7
192.1	HRT DISEASE PRVT							192.1
8								8
192.1	STRATUM							192.1
9								9
193.0	CONTRACT MANAGEMENT						159,168	193.0
1								1
193.0	TELEMEDICINE						220,958	193.0
2								2
193.0	NORTH GARAGE						637,595	193.0
4								4
193.0	HOME INFUSION						3,600,464	193.0
5								5
193.0	MISSION RELATED							193.0
6								6
193.0	GRANT RELATED						6,314,136	193.0
7								7
193.0	EMERGENCY MEDICAL SERVICES						355,758	193.0
8								8
193.1	OTHER NONREIMBURSABLE ADMIN						4,937,927	193.1
0								0
193.1	RELATED PARTY THERAPY						346,239	193.1
1								1
193.1	RELATED PARTY PHARMACY		172,856				624,836	193.1
2								2

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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES	I&R SERVICES-OTHER PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
193.13	RELATED PARTY PHARMACISTS						144,617	193.13
194	UNDERGRADUATE MEDICAL EDUCATION						388,089	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,143,588	8,657,352	3,346,253	5,506,018	3,399,438	532,495,010	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	<b>GENERAL SERVICE COST CENTERS</b>					
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					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	Adults & Pediatrics	-8,047,098	64,961,528			30
31.01	NEONATAL ICU	-536,473	12,356,121			31.01
32	Coronary Care Unit		8,597,223			32
34	Surgical Intensive Care Unit		9,524,003			34
41	Subprovider - IRF		3,029,039			41
43	Nursery	-268,237	3,076,025			43
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room		33,926,702			50
51	Recovery Room		2,440,901			51
52	Delivery Room & Labor Room		8,503,421			52
53	Anesthesiology					53
54	Radiology-Diagnostic		36,223,136			54
57	CT Scan		6,792,632			57
58	MRI		5,074,128			58
59	Cardiac Catheterization		5,862,433			59
60	Laboratory		25,731,136			60
62	Whole Blood & Packed Red Blood Cells		3,937,560			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		5,993,150			65
66	Physical Therapy		19,485,983			66
69	Electrocardiology		7,945,925			69
69.01	SPECIAL PROCEDURES		12,856,617			69.01
69.02	CARDIAC REHAB					69.02
70	Electroencephalography		916,640			70
71	Medical Supplies Charged to Patients		13,547,034			71
72	Impl. Dev. Charged to Patients		31,703,795			72
73	Drugs Charged to Patients		23,047,421			73
75	ASC (Non-Distinct Part)		2,687,509			75
75.01	WOUND CARE					75.01
76	ACUTE DIALYSIS					76
76.97	CARDIAC REHABILITATION		385,163			76.97
76.98	HYPERBARIC OXYGEN THERAPY		357,232			76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	340B CLINICS		90,004,740			90.01
91	Emergency	-53,648	16,959,592			91
91.01	SLEEP LAB		1,717,813			91.01
91.02	BRONCH & GASTRO LAB		8,038,333			91.02
91.03	SURGICENTER					91.03
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT		5,469,443			92.01

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	Home Health Agency		7,415,869			101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
116	Hospice		5,834,097			116
118	SUBTOTALS (sum of lines 1-117)	-8,905,456	484,402,344			118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	Gift, Flower, Coffee Shop & Canteen		202,991			190
191	Research		744			191
192.0	CHEMOTHERAPY RX		17,494,971			192.0
1						1
192.0	RURAL HEALTH					192.0
2						2
192.0	ARBOURS RX					192.0
3						3
192.0	FUND DEVELOPMENT					192.0
4						4
192.0	MARKETING					192.0
5						5
192.0	CARLE CLINIC					192.0
6						6
192.0	CARLE FOUNDATION #14-8077					192.0
8						8
192.0	CARLE ARBOURS #14-1439					192.0
9						9
192.1	OTHER REL ENTITIES					192.1
0						0
192.1	CHAMPAIGN ASC		357,100			192.1
1						1
192.1	SOUTH PARKING GARAGE		347,005			192.1
2						2
192.1	PARISH NRSG		101,246			192.1
3						3
192.1	COMM HLTH & WLNS		2,642,574			192.1
4						4
192.1	MOBILE CLINIC					192.1
5						5
192.1	PALLIATIVE CARE		310,792			192.1
6						6
192.1	SMOKING CESSATION					192.1
7						7
192.1	HRT DISEASE PRVT					192.1
8						8
192.1	STRATUM					192.1
9						9
193.0	CONTRACT MANAGEMENT		159,168			193.0
1						1
193.0	TELEMEDICINE		220,958			193.0
2						2
193.0	NORTH GARAGE		637,595			193.0
4						4
193.0	HOME INFUSION		3,600,464			193.0
5						5
193.0	MISSION RELATED					193.0
6						6
193.0	GRANT RELATED		6,314,136			193.0
7						7
193.0	EMERGENCY MEDICAL SERVICES		355,758			193.0
8						8
193.1	OTHER NONREIMBURSABLE ADMIN		4,937,927			193.1
0						0
193.1	RELATED PARTY THERAPY		346,239			193.1
1						1
193.1	RELATED PARTY PHARMACY		624,836			193.1
2						2

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
193.1	RELATED PARTY PHARMACISTS		144,617					193.1
3								3
194	UNDERGRADUATE MEDICAL EDUCATION		388,089					194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	-8,905,456	523,589,554					202

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	SUBTOTAL	ADMITTING	SHARED ADM INISTRATIV E & GENERA	
		0	1	2	2A	5.04	5.05	
	<b>GENERAL SERVICE COST CENTERS</b>							
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		83,329	36,799	120,128	120,128		5.04
5.05	SHARED ADMINISTRATIVE & GENERAL		32,998	169,101	202,099		202,099	5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	7,246	105,515	250,864	363,625		202,099	5.06
6	Maintenance & Repairs							6
7	Operation of Plant		6,978,555		6,978,555			7
8	Laundry & Linen Service							8
9	Housekeeping		45,567		45,567			9
10	Dietary		207,133		207,133			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	105,005	35,556	516,131	656,692			13
14	Central Services & Supply							14
15	Pharmacy	1,037	92,803	1,080,454	1,174,294			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	44,148	14,512	11,348	70,008			22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	161,726	1,579,702	1,690,768	3,432,196	12,399		30
31.01	NEONATAL ICU	4,526	162,257	301,109	467,892	1,703		31.01
32	Coronary Care Unit	24,049	162,707	276,983	463,739	1,473		32
34	Surgical Intensive Care Unit	29,993	164,595	307,566	502,154	1,654		34
41	Subprovider - IRF	23,332	42,570	16,659	82,561	537		41
43	Nursery		52,395		52,395	387		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	33,850	500,646	3,530,980	4,065,476	6,194		50
51	Recovery Room		35,490	5,722	41,212	805		51
52	Delivery Room & Labor Room		173,377		173,377	990		52
53	Anesthesiology	387			387			53
54	Radiology-Diagnostic	65,757	825,083	6,206,123	7,096,963	9,413		54
57	CT Scan	177,510	46,873	1,516,575	1,740,958	6,106		57
58	MRI	324,256	60,936	734,931	1,120,123	3,267		58
59	Cardiac Catheterization	3,617	40,199	3,223,726	3,267,542	2,415		59
60	Laboratory	7,578	286,236	1,892,179	2,185,993	14,658		60
62	Whole Blood & Packed Red Blood Cells	600	12,415	18,682	31,697	906		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	132,435	64,393	445,660	642,488	4,103		65
66	Physical Therapy	63,060	695,758	323,072	1,081,890	3,131		66
69	Electrocardiology	24,061	70,541	1,679,413	1,774,015	3,487		69
69.01	SPECIAL PROCEDURES	6,453	311,407	3,579,923	3,897,783	2,490		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	527	20,824	231,580	252,931	118		70
71	Medical Supplies Charged to Patients					5,140		71
72	Impl. Dev. Charged to Patients					4,471		72
73	Drugs Charged to Patients					8,773		73
75	ASC (Non-Distinct Part)	825	126,635	361,017	488,477	317		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS	1,967			1,967			76
76.97	CARDIAC REHABILITATION		27,125	72,310	99,435	56		76.97
76.98	HYPERBARIC OXYGEN THERAPY					150		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS	225,650	3,898,755	2,293,808	6,418,213	14,121		90.01
91	Emergency	3,331	300,605	1,416,476	1,720,412	6,786		91
91.01	SLEEP LAB	6,725	37,609	28,494	72,828	512		91.01
91.02	BRONCH & GASTRO LAB	4,992	173,201	1,063,702	1,241,895	2,264		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	11,958	124,418	201,694	338,070	1,302		92.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	SUBTOTAL	ADMITTING	SHARED ADM INISTRATIV E & GENERA	
		0	1	2	2A	5.04	5.05	
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		38,004	122,439	160,443			101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice		37,751	126,774	164,525			116
118	SUBTOTALS (sum of lines 1-117)	1,496,601	17,668,475	33,733,062	52,898,138	120,128	202,099	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen		39,134		39,134			190
191	Research							191
192.0	CHEMOTHERAPY RX		14,117	11,939	26,056			192.0
1								1
192.0	RURAL HEALTH							192.0
2								2
192.0	ARBOURS RX							192.0
3								3
192.0	FUND DEVELOPMENT							192.0
4								4
192.0	MARKETING							192.0
5								5
192.0	CARLE CLINIC							192.0
6								6
192.0	CARLE FOUNDATION #14-8077							192.0
8								8
192.0	CARLE ARBOURS #14-1439							192.0
9								9
192.1	OTHER REL ENTITIES							192.1
0								0
192.1	CHAMPAIGN ASC		53,767	41,172	94,939			192.1
1								1
192.1	SOUTH PARKING GARAGE							192.1
2								2
192.1	PARISH NRSG	54	2,536		2,590			192.1
3								3
192.1	COMM HLTH & WLNS	4,819		69,545	74,364			192.1
4								4
192.1	MOBILE CLINIC							192.1
5								5
192.1	PALLIATIVE CARE							192.1
6								6
192.1	SMOKING CESSATION							192.1
7								7
192.1	HRT DISEASE PRVT							192.1
8								8
192.1	STRATUM							192.1
9								9
193.0	CONTRACT MANAGEMENT							193.0
1								1
193.0	TELEMEDICINE	2,195	2,283	60,907	65,385			193.0
2								2
193.0	NORTH GARAGE							193.0
4								4
193.0	HOME INFUSION		26,631	61,368	87,999			193.0
5								5
193.0	MISSION RELATED							193.0
6								6
193.0	GRANT RELATED		108,962	985,970	1,094,932			193.0
7								7
193.0	EMERGENCY MEDICAL SERVICES							193.0
8								8
193.1	OTHER NONREIMBURSABLE ADMIN	16,684			16,684			193.1
0								0
193.1	RELATED PARTY THERAPY							193.1
1								1
193.1	RELATED PARTY PHARMACY							193.1
2								2

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	SUBTOTAL	ADMITTING	SHARED ADM INISTRATIV E & GENERA	
		0	1	2	2A	5.04	5.05	
193.1 3	RELATED PARTY PHARMACISTS							193.1 3
194	UNDERGRADUATE MEDICAL EDUCATION		80,892		80,892			194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,520,353	17,996,797	34,963,963	54,481,113	120,128	202,099	202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	OTHER ADMINISTRATION & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		5.06	7	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	565,724						5.06
6	Maintenance & Repairs							6
7	Operation of Plant	31,171	7,009,726					7
8	Laundry & Linen Service							8
9	Housekeeping	7,870	29,585	83,022				9
10	Dietary	4,156	134,484	1,600	347,373			10
11	Cafeteria				178,965	178,965		11
12	Maintenance of Personnel							12
13	Nursing Administration	5,075	23,085	275		2,267	687,394	13
14	Central Services & Supply	6,528						14
15	Pharmacy	8,818	60,254	717		3,187		15
16	Medical Records & Library	3,550				451		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,798				3,740		21
22	I&R Services-Other Prgm Costs Apprvd	3,560	9,422	112				22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	57,235	1,025,645	12,199	141,435	34,065	421,752	30
31.01	NEONATAL ICU	11,841	105,348	1,253		5,992	74,187	31.01
32	Coronary Care Unit	7,911	105,640	1,256	7,275	4,494	55,634	32
34	Surgical Intensive Care Unit	8,884	106,866	1,271	7,500	4,462	55,237	34
41	Subprovider - IRF	2,924	27,639	329	7,169	1,611		41
43	Nursery	3,048	34,018	405		1,333		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	33,934	325,052	3,866		8,134		50
51	Recovery Room	2,422	23,042	274		1,323		51
52	Delivery Room & Labor Room	8,322	112,568	1,339		3,883		52
53	Anesthesiology							53
54	Radiology-Diagnostic	34,252	535,698	6,372		12,312		54
57	CT Scan	6,531	30,433	362		1,378		57
58	MRI	5,007	39,563	471		1,244		58
59	Cardiac Catheterization	6,001	26,100	310		795		59
60	Laboratory	25,750	185,843	2,210		8,864		60
62	Whole Blood & Packed Red Blood Cells	4,107	8,061	96		341		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,724	41,808	497		2,668	33,036	65
66	Physical Therapy	17,937	451,732	5,373		10,212		66
69	Electrocardiology	7,930	45,800	545		2,688		69
69.01	SPECIAL PROCEDURES	12,368	202,186	2,405		2,890		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	892	13,520	161		195		70
71	Medical Supplies Charged to Patients	12,307						71
72	Impl. Dev. Charged to Patients	28,965						72
73	Drugs Charged to Patients	16,547						73
75	ASC (Non-Distinct Part)	2,377	82,220	978		648		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	302	17,611	209		508		76.97
76.98	HYPERBARIC OXYGEN THERAPY	372				202		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS	80,281	2,531,324	30,106		46,258		90.01
91	Emergency	16,660	195,172	2,321		4,821		91
91.01	SLEEP LAB	1,569	24,418	290		961	11,904	91.01
91.02	BRONCH & GASTRO LAB	7,812	112,454	1,338		2,421		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,938	80,780	961	5,029	2,877	35,619	92.01

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	OTHER ADMI NISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPI NG	DIETARY	CAFETERIA	NURSING AD MINISTRATI ON	
		5.06	7	9	10	11	13	
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	7,742	24,675	293				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	6,063	24,511	292				116
118	SUBTOTALS (sum of lines 1-117)	525,481	6,796,557	80,486	347,373	177,225	687,369	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	74	25,409	302				190
191	Research	1						191
192.0	CHEMOTHERAPY RX	18,534	9,166	109		425		192.0
1								1
192.0	RURAL HEALTH							192.0
2								2
192.0	ARBOURS RX							192.0
3								3
192.0	FUND DEVELOPMENT							192.0
4								4
192.0	MARKETING							192.0
5								5
192.0	CARLE CLINIC							192.0
6								6
192.0	CARLE FOUNDATION #14-8077							192.0
8								8
192.0	CARLE ARBOURS #14-1439							192.0
9								9
192.1	OTHER REL ENTITIES							192.1
0								0
192.1	CHAMPAIGN ASC	184	34,909	415				192.1
1								1
192.1	SOUTH PARKING GARAGE	369						192.1
2								2
192.1	PARISH NRSG	98	1,646	20		48	25	192.1
3								3
192.1	COMM HLTH & WLNS	2,808				41		192.1
4								4
192.1	MOBILE CLINIC							192.1
5								5
192.1	PALLIATIVE CARE	328				142		192.1
6								6
192.1	SMOKING CESSATION							192.1
7								7
192.1	HRT DISEASE PRVT							192.1
8								8
192.1	STRATUM							192.1
9								9
193.0	CONTRACT MANAGEMENT	169						193.0
1								1
193.0	TELEMEDICINE	225	1,482	18		72		193.0
2								2
193.0	NORTH GARAGE	678						193.0
4								4
193.0	HOME INFUSION	3,721	17,291	206		567		193.0
5								5
193.0	MISSION RELATED							193.0
6								6
193.0	GRANT RELATED	6,312	70,745	841		147		193.0
7								7
193.0	EMERGENCY MEDICAL SERVICES	375				241		193.0
8								8
193.1	OTHER NONREIMBURSABLE ADMIN	5,246				57		193.1
0								0
193.1	RELATED PARTY THERAPY	368						193.1
1								1
193.1	RELATED PARTY PHARMACY	480						193.1
2								2

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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	OTHER ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		5.06	7	9	10	11	13	
193.13	RELATED PARTY PHARMACISTS	154						193.13
194	UNDERGRADUATE MEDICAL EDUCATION	119	52,521	625				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	565,724	7,009,726	83,022	347,373	178,965	687,394	202

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES	I&R SERVICES-OTHER PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	6,528						14
15	Pharmacy		1,247,270					15
16	Medical Records & Library			4,001				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				9,538			21
22	I&R Services-Other Prgm Costs Apprvd					83,102		22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics			486			5,137,412	30
31.01	NEONATAL ICU			67			668,283	31.01
32	Coronary Care Unit			58			647,480	32
34	Surgical Intensive Care Unit			65			688,093	34
41	Subprovider - IRF			21			122,791	41
43	Nursery			15			91,601	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room		149	243			4,443,048	50
51	Recovery Room			32			69,110	51
52	Delivery Room & Labor Room			39			300,518	52
53	Anesthesiology						387	53
54	Radiology-Diagnostic		107,329	369			7,802,708	54
57	CT Scan		42,937	239			1,828,944	57
58	MRI		6,680	128			1,176,483	58
59	Cardiac Catheterization			95			3,303,258	59
60	Laboratory			-137			2,423,181	60
62	Whole Blood & Packed Red Blood Cells			36			45,244	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			161			730,485	65
66	Physical Therapy		881	123			1,571,279	66
69	Electrocardiology		15,823	137			1,850,425	69
69.01	SPECIAL PROCEDURES		6,608	98			4,126,828	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography			5			267,822	70
71	Medical Supplies Charged to Patients	1,938		202			19,587	71
72	Impl. Dev. Charged to Patients	4,590		175			38,201	72
73	Drugs Charged to Patients		1,041,768	344			1,067,432	73
75	ASC (Non-Distinct Part)			12			575,029	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS						1,967	76
76.97	CARDIAC REHABILITATION			2			118,123	76.97
76.98	HYPERBARIC OXYGEN THERAPY			6			730	76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS			554			9,120,857	90.01
91	Emergency		144	266			1,946,582	91
91.01	SLEEP LAB			20			112,502	91.01
91.02	BRONCH & GASTRO LAB		7	89			1,368,280	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		40	51			469,667	92.01

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES	I&R SERVICES-OTHER PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency						193,153	101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice						195,391	116
118	SUBTOTALS (sum of lines 1-117)	6,528	1,222,366	4,001			52,522,881	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen						64,919	190
191	Research						1	191
192.0	CHEMOTHERAPY RX						54,290	192.0
1								1
192.0	RURAL HEALTH							192.0
2								2
192.0	ARBOURS RX							192.0
3								3
192.0	FUND DEVELOPMENT							192.0
4								4
192.0	MARKETING							192.0
5								5
192.0	CARLE CLINIC							192.0
6								6
192.0	CARLE FOUNDATION #14-8077							192.0
8								8
192.0	CARLE ARBOURS #14-1439							192.0
9								9
192.1	OTHER REL ENTITIES							192.1
0								0
192.1	CHAMPAIGN ASC						130,447	192.1
1								1
192.1	SOUTH PARKING GARAGE						369	192.1
2								2
192.1	PARISH NRSG						4,427	192.1
3								3
192.1	COMM HLTH & WLNS						77,213	192.1
4								4
192.1	MOBILE CLINIC							192.1
5								5
192.1	PALLIATIVE CARE						470	192.1
6								6
192.1	SMOKING CESSATION							192.1
7								7
192.1	HRT DISEASE PRVT							192.1
8								8
192.1	STRATUM							192.1
9								9
193.0	CONTRACT MANAGEMENT						169	193.0
1								1
193.0	TELEMEDICINE						67,182	193.0
2								2
193.0	NORTH GARAGE						678	193.0
4								4
193.0	HOME INFUSION						109,784	193.0
5								5
193.0	MISSION RELATED							193.0
6								6
193.0	GRANT RELATED						1,172,977	193.0
7								7
193.0	EMERGENCY MEDICAL SERVICES						616	193.0
8								8
193.1	OTHER NONREIMBURSABLE ADMIN						21,987	193.1
0								0
193.1	RELATED PARTY THERAPY						368	193.1
1								1
193.1	RELATED PARTY PHARMACY		24,904				25,384	193.1
2								2

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES	I&R SERVICES-OTHER PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
193.13	RELATED PARTY PHARMACISTS						154	193.13
194	UNDERGRADUATE MEDICAL EDUCATION						134,157	194
200	Cross Foot Adjustments				9,538	83,102	92,640	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,528	1,247,270	4,001	9,538	83,102	54,481,113	202

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	<b>GENERAL SERVICE COST CENTERS</b>					
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					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	Adults & Pediatrics		5,137,412			30
31.01	NEONATAL ICU		668,283			31.01
32	Coronary Care Unit		647,480			32
34	Surgical Intensive Care Unit		688,093			34
41	Subprovider - IRF		122,791			41
43	Nursery		91,601			43
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	Operating Room		4,443,048			50
51	Recovery Room		69,110			51
52	Delivery Room & Labor Room		300,518			52
53	Anesthesiology		387			53
54	Radiology-Diagnostic		7,802,708			54
57	CT Scan		1,828,944			57
58	MRI		1,176,483			58
59	Cardiac Catheterization		3,303,258			59
60	Laboratory		2,423,181			60
62	Whole Blood & Packed Red Blood Cells		45,244			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		730,485			65
66	Physical Therapy		1,571,279			66
69	Electrocardiology		1,850,425			69
69.01	SPECIAL PROCEDURES		4,126,828			69.01
69.02	CARDIAC REHAB					69.02
70	Electroencephalography		267,822			70
71	Medical Supplies Charged to Patients		19,587			71
72	Impl. Dev. Charged to Patients		38,201			72
73	Drugs Charged to Patients		1,067,432			73
75	ASC (Non-Distinct Part)		575,029			75
75.01	WOUND CARE					75.01
76	ACUTE DIALYSIS		1,967			76
76.97	CARDIAC REHABILITATION		118,123			76.97
76.98	HYPERBARIC OXYGEN THERAPY		730			76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	340B CLINICS		9,120,857			90.01
91	Emergency		1,946,582			91
91.01	SLEEP LAB		112,502			91.01
91.02	BRONCH & GASTRO LAB		1,368,280			91.02
91.03	SURGICENTER					91.03
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT		469,667			92.01

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		25	26			
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	Home Health Agency		193,153			101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
116	Hospice		195,391			116
118	SUBTOTALS (sum of lines 1-117)		52,522,881			118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	Gift, Flower, Coffee Shop & Canteen		64,919			190
191	Research		1			191
192.0	CHEMOTHERAPY RX		54,290			192.0
1						1
192.0	RURAL HEALTH					192.0
2						2
192.0	ARBOURS RX					192.0
3						3
192.0	FUND DEVELOPMENT					192.0
4						4
192.0	MARKETING					192.0
5						5
192.0	CARLE CLINIC					192.0
6						6
192.0	CARLE FOUNDATION #14-8077					192.0
8						8
192.0	CARLE ARBOURS #14-1439					192.0
9						9
192.1	OTHER REL ENTITIES					192.1
0						0
192.1	CHAMPAIGN ASC		130,447			192.1
1						1
192.1	SOUTH PARKING GARAGE		369			192.1
2						2
192.1	PARISH NRSG		4,427			192.1
3						3
192.1	COMM HLTH & WLNS		77,213			192.1
4						4
192.1	MOBILE CLINIC					192.1
5						5
192.1	PALLIATIVE CARE		470			192.1
6						6
192.1	SMOKING CESSATION					192.1
7						7
192.1	HRT DISEASE PRVT					192.1
8						8
192.1	STRATUM					192.1
9						9
193.0	CONTRACT MANAGEMENT		169			193.0
1						1
193.0	TELEMEDICINE		67,182			193.0
2						2
193.0	NORTH GARAGE		678			193.0
4						4
193.0	HOME INFUSION		109,784			193.0
5						5
193.0	MISSION RELATED					193.0
6						6
193.0	GRANT RELATED		1,172,977			193.0
7						7
193.0	EMERGENCY MEDICAL SERVICES		616			193.0
8						8
193.1	OTHER NONREIMBURSABLE ADMIN		21,987			193.1
0						0
193.1	RELATED PARTY THERAPY		368			193.1
1						1
193.1	RELATED PARTY PHARMACY		25,384			193.1
2						2

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**ALLOCATION OF CAPITAL-RELATED COSTS**

**WORKSHEET B  
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
193.13	RELATED PARTY PHARMACISTS		154					193.13
194	UNDERGRADUATE MEDICAL EDUCATION		134,157					194
200	Cross Foot Adjustments		92,640					200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		54,481,113					202

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	ADMITTING  GROSS REVENUE	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	
		1	2	4	5.04	5.05	5A.06	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	Cap Rel Costs-Bldg & Fixt	1,639,441						1
2	Cap Rel Costs-Mvble Equip		14,798,463					2
4	Employee Benefits Department			154,928,820				4
5.01	NON-PATIENT TELEPHONE							5.01
5.02	DATA PROCESSING							5.02
5.03	FOUNDATION OVERHEAD							5.03
5.04	ADMITTING	7,591	15,575	1,939,109	2,351,744,620			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	3,006	71,572	839,385		1,000,000		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	9,612	106,178	2,800,705		1,000,000	-83,045,963	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	635,720						7
8	Laundry & Linen Service							8
9	Housekeeping	4,151						9
10	Dietary	18,869						10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	3,239	218,452	2,210,483				13
14	Central Services & Supply							14
15	Pharmacy	8,454	457,301	3,744,161				15
16	Medical Records & Library			506,636				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			3,539,475				21
22	I&R Services-Other Prgm Costs Apprvd	1,322	4,803					22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	143,905	715,616	27,323,247	243,108,420			30
31.01	NEONATAL ICU	14,781	127,444	5,671,028	33,388,199			31.01
32	Coronary Care Unit	14,822	117,233	3,680,884	28,891,019			32
34	Surgical Intensive Care Unit	14,994	130,177	3,939,976	32,439,243			34
41	Subprovider - IRF	3,878	7,051	1,615,784	10,520,068			41
43	Nursery	4,773		1,173,447	7,579,570			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	45,607	1,494,484	6,744,617	121,444,736			50
51	Recovery Room	3,233	2,422	1,284,678	15,783,709			51
52	Delivery Room & Labor Room	15,794		3,499,068	19,410,888			52
53	Anesthesiology							53
54	Radiology-Diagnostic	75,162	2,626,734	10,011,841	184,566,765			54
57	CT Scan	4,270	641,889	1,165,975	119,721,176			57
58	MRI	5,551	311,059	1,140,014	64,062,130			58
59	Cardiac Catheterization	3,662	1,364,439	833,150	47,343,940			59
60	Laboratory	26,075	800,863	6,247,590	283,767,977			60
62	Whole Blood & Packed Red Blood Cells	1,131	7,907	303,368	17,758,711			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,866	188,625	2,175,016	80,456,004			65
66	Physical Therapy	63,381	136,740	9,368,297	61,401,501			66
69	Electrocardiology	6,426	710,810	2,072,567	68,368,075			69
69.01	SPECIAL PROCEDURES	28,368	1,515,199	2,836,864	48,821,111			69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	1,897	98,016	148,442	2,305,661			70
71	Medical Supplies Charged to Patients				100,777,353			71
72	Impl. Dev. Charged to Patients				87,657,640			72
73	Drugs Charged to Patients				172,022,182			73
75	ASC (Non-Distinct Part)	11,536	152,800	628,506	6,221,036			75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	2,471	30,605	294,373	1,096,764			76.97
76.98	HYPERBARIC OXYGEN THERAPY			211,794	2,944,410			76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS	355,162	970,852	27,164,292	276,874,569			90.01
91	Emergency	27,384	599,522	4,607,153	133,061,740			91
91.01	SLEEP LAB	3,426	12,060	721,138	10,038,770			91.01
91.02	BRONCH & GASTRO LAB	15,778	450,211	2,074,654	44,387,778			91.02
91.03	SURGICENTER							91.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	ADMITTING  GROSS REVENUE	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	
		1	2	4	5.04	5.05	5A.06	
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	11,334	85,367	2,284,433	25,523,475			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	3,462	51,822	4,092,588				101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	3,439	53,657	1,763,208				116
118	SUBTOTALS (sum of lines 1-117)	1,609,532	14,277,485	150,657,946	2,351,744,620	1,000,000	-83,045,963	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	3,565						190
191	Research							191
192.01	CHEMOTHERAPY RX	1,286	5,053	562,055				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	17,426					192.11
192.12	SOUTH PARKING GARAGE							192.12
192.13	PARISH NRSG	231		26,228				192.13
192.14	COMM HLTH & WLNS		29,435	46,468				192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE			189,882				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	25,779	61,850				193.02
193.04	NORTH GARAGE							193.04
193.05	HOME INFUSION	2,426	25,974	574,301				193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	9,926	417,311	2,263,548				193.07
193.08	EMERGENCY MEDICAL SERVICES			173,025				193.08
193.10	OTHER NONREIMBURSABLE ADMIN			373,517				193.10

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	ADMITTING  GROSS REVENUE	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	
		1	2	4	5.04	5.05	5A.06	
193.1 1	RELATED PARTY THERAPY							193.1 1
193.1 2	RELATED PARTY PHARMACY							193.1 2
193.1 3	RELATED PARTY PHARMACISTS							193.1 3
194	UNDERGRADUATE MEDICAL EDUCATION	7,369						194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	17,996,797	34,963,963		3,035,747	77,432,398		202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.977398	2.362675		0.001291	77.432398		203
204	Cost to be allocated (Per Wkst. B, Part II)				120,128	202,099		204
205	Unit Cost Multiplier (Wkst. B, Part II)				0.000051	0.202099		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OTHER ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSEKEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.06	6	7	8	9	10	
<b>GENERAL SERVICE COST CENTERS</b>								
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	449,449,047						5.06
6	Maintenance & Repairs		1,619,232					6
7	Operation of Plant	24,758,705	635,720	983,512				7
8	Laundry & Linen Service				3,709,238			8
9	Housekeeping	6,251,216	4,151	4,151		979,361		9
10	Dietary	3,300,814	18,869	18,869		18,869	698,922	10
11	Cafeteria						360,080	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,031,156	3,239	3,239		3,239		13
14	Central Services & Supply	5,185,456						14
15	Pharmacy	7,003,737	8,454	8,454		8,454		15
16	Medical Records & Library	2,819,326						16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,605,347						21
22	I&R Services-Other Prgm Costs Apprvd	2,827,414	1,322	1,322		1,322		22
23	Paramed Ed Prgm-(specify)							23
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	Adults & Pediatrics	45,460,500	143,905	143,905	1,518,031	143,905	284,571	30
31.01	NEONATAL ICU	9,404,866	14,781	14,781	44,687	14,781		31.01
32	Coronary Care Unit	6,283,727	14,822	14,822	78,712	14,822	14,638	32
34	Surgical Intensive Care Unit	7,056,497	14,994	14,994	82,837	14,994	15,090	34
41	Subprovider - IRF	2,322,680	3,878	3,878	87,917	3,878	14,424	41
43	Nursery	2,421,108	4,773	4,773		4,773		43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	26,953,516	45,607	45,607	156,801	45,607		50
51	Recovery Room	1,924,055	3,233	3,233	42,780	3,233		51
52	Delivery Room & Labor Room	6,610,277	15,794	15,794		15,794		52
53	Anesthesiology							53
54	Radiology-Diagnostic	27,205,378	75,162	75,162	214,136	75,162		54
57	CT Scan	5,187,263	4,270	4,270	39,583	4,270		57
58	MRI	3,976,978	5,551	5,551	5,616	5,551		58
59	Cardiac Catheterization	4,766,408	3,662	3,662	35,013	3,662		59
60	Laboratory	20,452,509	26,075	26,075	81	26,075		60
62	Whole Blood & Packed Red Blood Cells	3,262,502	1,131	1,131		1,131		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,546,278	5,866	5,866		5,866		65
66	Physical Therapy	14,246,642	63,381	63,381	198,931	63,381		66
69	Electrocardiology	6,298,253	6,426	6,426	39,559	6,426		69
69.01	SPECIAL PROCEDURES	9,823,535	28,368	28,368	23,943	28,368		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	708,665	1,897	1,897	2,006	1,897		70
71	Medical Supplies Charged to Patients	9,775,199						71
72	Impl. Dev. Charged to Patients	23,006,691						72
73	Drugs Charged to Patients	13,143,180						73
75	ASC (Non-Distinct Part)	1,888,357	11,536	11,536	23,614	11,536		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	239,840	2,471	2,471		2,471		76.97
76.98	HYPERBARIC OXYGEN THERAPY	295,714						76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	340B CLINICS	63,870,704	355,162	355,162	251,791	355,162		90.01
91	Emergency	13,232,802	27,384	27,384	279,933	27,384		91
91.01	SLEEP LAB	1,246,556	3,426	3,426	75,070	3,426		91.01
91.02	BRONCH & GASTRO LAB	6,204,597	15,778	15,778	321,042	15,778		91.02
91.03	SURGICENTER							91.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OTHER ADMIN ISTRATIVE & GENERAL ACCUM COST	MAINTENAN C E & REPAIR S SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	LAUNDRY & LINEN SERV ICE POUNDS OF LAUNDRY	HOUSEKEEPI NG  SQUARE FEET	DIETARY  MEALS SERVED	
		5.06	6	7	8	9	10	
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,922,445	11,334	11,334	187,155	11,334	10,119	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	6,149,697	3,462	3,462		3,462		101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice	4,815,341	3,439	3,439		3,439		116
118	SUBTOTALS (sum of lines 1-117)	417,485,931	1,589,323	953,603	3,709,238	949,452	698,922	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen	58,453	3,565	3,565		3,565		190
191	Research	628						191
192.01	CHEMOTHERAPY RX	14,721,024	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	146,320	4,898	4,898		4,898		192.11
192.12	SOUTH PARKING GARAGE	292,887						192.12
192.13	PARISH NRSG	77,454	231	231		231		192.13
192.14	COMM HLTH & WLNS	2,229,985						192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	260,729						192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT	134,345						193.01
193.02	TELEMEDICINE	179,106	208	208		208		193.02
193.04	NORTH GARAGE	538,158						193.04
193.05	HOME INFUSION	2,955,772	2,426	2,426		2,426		193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	5,013,465	9,926	9,926		9,926		193.07
193.08	EMERGENCY MEDICAL SERVICES	297,571						193.08
193.10	OTHER NONREIMBURSABLE ADMIN	4,167,188						193.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OTHER ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSEKEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.06	6	7	8	9	10	
193.11	RELATED PARTY THERAPY	292,241						193.11
193.12	RELATED PARTY PHARMACY	381,491						193.12
193.13	RELATED PARTY PHARMACISTS	122,063						193.13
194	UNDERGRADUATE MEDICAL EDUCATION	94,236	7,369	7,369		7,369		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	83,045,963		29,333,445		7,530,076	4,618,566	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.184773		29.825203		7.688764	6.608128	203
204	Cost to be allocated (Per Wkst. B, Part II)	565,724		7,009,726		83,022	347,373	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.001259		7.127240		0.084772	0.497013	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA FTES	NURSING AD MINISTRATI ON FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RE CORDS & LI BRARY GROSS REVENUE	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	
		11	13	14	15	16	21	
	<b>GENERAL SERVICE COST CENTERS</b>							
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	5,306,097						11
12	Maintenance of Personnel							12
13	Nursing Administration	67,203	1,646,127					13
14	Central Services & Supply			32,668,658				14
15	Pharmacy	94,485			12,893,710			15
16	Medical Records & Library	13,362				2,351,744,620		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	110,889					332	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	Adults & Pediatrics	1,009,984	1,009,984			243,108,420	300	30
31.01	NEONATAL ICU	177,658	177,658			33,388,199	20	31.01
32	Coronary Care Unit	133,228	133,228			28,891,019		32
34	Surgical Intensive Care Unit	132,279	132,279			32,439,243		34
41	Subprovider - IRF	47,778				10,520,068		41
43	Nursery	39,520				7,579,570	10	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	241,175			1,545	121,444,736		50
51	Recovery Room	39,224				15,783,709		51
52	Delivery Room & Labor Room	115,123				19,410,888		52
53	Anesthesiology							53
54	Radiology-Diagnostic	365,042			1,109,520	184,566,765		54
57	CT Scan	40,870			443,862	119,721,176		57
58	MRI	36,897			69,054	64,062,130		58
59	Cardiac Catheterization	23,581				47,343,940		59
60	Laboratory	262,820				283,767,977		60
62	Whole Blood & Packed Red Blood Cells	10,118				17,758,711		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	79,112	79,112			80,456,004		65
66	Physical Therapy	302,787			9,112	61,401,501		66
69	Electrocardiology	79,709			163,569	68,368,075		69
69.01	SPECIAL PROCEDURES	85,682			68,312	48,821,111		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	5,772				2,305,661		70
71	Medical Supplies Charged to Patients			9,689,754		100,777,353		71
72	Impl. Dev. Charged to Patients			22,978,904		87,657,640		72
73	Drugs Charged to Patients				10,769,315	172,022,182		73
75	ASC (Non-Distinct Part)	19,222				6,221,036		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	15,049				1,096,764		76.97
76.98	HYPERBARIC OXYGEN THERAPY	5,995				2,944,410		76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS	1,371,460				276,874,569		90.01
91	Emergency	142,928			1,492	133,061,740	2	91
91.01	SLEEP LAB	28,507	28,507			10,038,770		91.01
91.02	BRONCH & GASTRO LAB	71,767			77	44,387,778		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA FTES	NURSING AD MINISTRATI ON FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RE CORDS & LI BRARY GROSS REVENUE	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	
		11	13	14	15	16	21	
92.01	OBSERVATION BEDS-DISTINCT	85,298	85,298		411	25,523,475		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	5,254,524	1,646,066	32,668,658	12,636,269	2,351,744,620	332	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192.0	CHEMOTHERAPY RX	12,612						192.0
1								1
192.0	RURAL HEALTH							192.0
2								2
192.0	ARBOURS RX							192.0
3								3
192.0	FUND DEVELOPMENT							192.0
4								4
192.0	MARKETING							192.0
5								5
192.0	CARLE CLINIC							192.0
6								6
192.0	CARLE FOUNDATION #14-8077							192.0
8								8
192.0	CARLE ARBOURS #14-1439							192.0
9								9
192.1	OTHER REL ENTITIES							192.1
0								0
192.1	CHAMPAIGN ASC							192.1
1								1
192.1	SOUTH PARKING GARAGE							192.1
2								2
192.1	PARISH NRSG	1,410	61					192.1
3								3
192.1	COMM HLTH & WLNS	1,223						192.1
4								4
192.1	MOBILE CLINIC							192.1
5								5
192.1	PALLIATIVE CARE	4,208						192.1
6								6
192.1	SMOKING CESSATION							192.1
7								7
192.1	HRT DISEASE PRVT							192.1
8								8
192.1	STRATUM							192.1
9								9
193.0	CONTRACT MANAGEMENT							193.0
1								1
193.0	TELEMEDICINE	2,129						193.0
2								2
193.0	NORTH GARAGE							193.0
4								4
193.0	HOME INFUSION	16,805						193.0
5								5
193.0	MISSION RELATED							193.0
6								6
193.0	GRANT RELATED	4,357						193.0
7								7
193.0	EMERGENCY MEDICAL SERVICES	7,145						193.0
8								8
193.1	OTHER NONREIMBURSABLE ADMIN	1,684						193.1
0								0
193.1	RELATED PARTY THERAPY							193.1
1								1

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAFETERIA FTES	NURSING AD MINISTRATI ON FTES	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RE CORDS & LI BRARY GROSS REVENUE	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	
		11	13	14	15	16	21	
193.1 2	RELATED PARTY PHARMACY				257,441			193.1 2
193.1 3	RELATED PARTY PHARMACISTS							193.1 3
194	UNDERGRADUATE MEDICAL EDUCATION							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,379,453	4,927,649	6,143,588	8,657,352	3,346,253	5,506,018	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.448438	2.993480	0.188058	0.671440	0.001423	16,584.391566	203
204	Cost to be allocated (Per Wkst. B, Part II)	178,965	687,394	6,528	1,247,270	4,001	9,538	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.033728	0.417583	0.000200	0.096735	0.000002	28.728916	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R SERVICE-OTHER P RGM COSTS ASSIGNED TIME						
	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						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					30
31.01	NEONATAL ICU	20					31.01
32	Coronary Care Unit						32
34	Surgical Intensive Care Unit						34
41	Subprovider - IRF						41
43	Nursery	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
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					91
91.01	SLEEP LAB						91.01
91.02	BRONCH & GASTRO LAB						91.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R SERVICE-OTHER P RGM COSTS ASSIGNED TIME					
		22					
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)	332					118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
192.0	CHEMOTHERAPY RX						192.0
1							1
192.0	RURAL HEALTH						192.0
2							2
192.0	ARBOURS RX						192.0
3							3
192.0	FUND DEVELOPMENT						192.0
4							4
192.0	MARKETING						192.0
5							5
192.0	CARLE CLINIC						192.0
6							6
192.0	CARLE FOUNDATION #14-8077						192.0
8							8
192.0	CARLE ARBOURS #14-1439						192.0
9							9
192.1	OTHER REL ENTITIES						192.1
0							0
192.1	CHAMPAIGN ASC						192.1
1							1
192.1	SOUTH PARKING GARAGE						192.1
2							2
192.1	PARISH NRSG						192.1
3							3
192.1	COMM HLTH & WLNS						192.1
4							4
192.1	MOBILE CLINIC						192.1
5							5
192.1	PALLIATIVE CARE						192.1
6							6
192.1	SMOKING CESSATION						192.1
7							7
192.1	HRT DISEASE PRVT						192.1
8							8
192.1	STRATUM						192.1
9							9
193.0	CONTRACT MANAGEMENT						193.0
1							1
193.0	TELEMEDICINE						193.0
2							2
193.0	NORTH GARAGE						193.0
4							4
193.0	HOME INFUSION						193.0
5							5
193.0	MISSION RELATED						193.0
6							6
193.0	GRANT RELATED						193.0
7							7
193.0	EMERGENCY MEDICAL SERVICES						193.0
8							8
193.1	OTHER NONREIMBURSABLE ADMIN						193.1
0							0

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**COST ALLOCATION - STATISTICAL BASIS**

**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	I&R SERVICES-OTHER PROGRAM COSTS ASSIGNED TIME					
		22					
193.1 1	RELATED PARTY THERAPY						193.1 1
193.1 2	RELATED PARTY PHARMACY						193.1 2
193.1 3	RELATED PARTY PHARMACISTS						193.1 3
194	UNDERGRADUATE MEDICAL EDUCATION						194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	3,399,438					202
203	Unit Cost Multiplier (Wkst. B, Part I)	10,239.271084					203
204	Cost to be allocated (Per Wkst. B, Part II)	83,102					204
205	Unit Cost Multiplier (Wkst. B, Part II)	250.307229					205

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**POST STEPDOWN ADJUSTMENTS**

**WORKSHEET B-2**

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	64,961,528		64,961,528	36,093	64,997,621	30
31.01	NEONATAL ICU	12,356,121		12,356,121		12,356,121	31.01
32	Coronary Care Unit	8,597,223		8,597,223	1,205	8,598,428	32
34	Surgical Intensive Care Unit	9,524,003		9,524,003	8,354	9,532,357	34
41	Subprovider - IRF	3,029,039		3,029,039	6,929	3,035,968	41
43	Nursery	3,076,025		3,076,025		3,076,025	43
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	33,926,702		33,926,702	48,365	33,975,067	50
51	Recovery Room	2,440,901		2,440,901		2,440,901	51
52	Delivery Room & Labor Room	8,503,421		8,503,421		8,503,421	52
53	Anesthesiology						53
54	Radiology-Diagnostic	36,223,136		36,223,136	15,279	36,238,415	54
57	CT Scan	6,792,632		6,792,632		6,792,632	57
58	MRI	5,074,128		5,074,128		5,074,128	58
59	Cardiac Catheterization	5,862,433		5,862,433	8,673	5,871,106	59
60	Laboratory	25,731,136		25,731,136	8,670	25,739,806	60
62	Whole Blood & Packed Red Blood Cells	3,937,560		3,937,560		3,937,560	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	5,993,150		5,993,150		5,993,150	65
66	Physical Therapy	19,485,983		19,485,983	26,229	19,512,212	66
69	Electrocardiology	7,945,925		7,945,925		7,945,925	69
69.01	SPECIAL PROCEDURES	12,856,617		12,856,617	25	12,856,642	69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	916,640		916,640		916,640	70
71	Medical Supplies Charged to Patients	13,547,034		13,547,034		13,547,034	71
72	Impl. Dev. Charged to Patients	31,703,795		31,703,795		31,703,795	72
73	Drugs Charged to Patients	23,047,421		23,047,421		23,047,421	73
75	ASC (Non-Distinct Part)	2,687,509		2,687,509		2,687,509	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION	385,163		385,163		385,163	76.97
76.98	HYPERBARIC OXYGEN THERAPY	357,232		357,232		357,232	76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	340B CLINICS	90,004,740		90,004,740		90,004,740	90.01
91	Emergency	16,959,592		16,959,592		16,959,592	91
91.01	SLEEP LAB	1,717,813		1,717,813	10,047	1,727,860	91.01
91.02	BRONCH & GASTRO LAB	8,038,333		8,038,333		8,038,333	91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)	1,896,153		1,896,153		1,896,153	92
92.01	OBSERVATION BEDS-DISTINCT	5,469,443		5,469,443		5,480,163	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	7,415,869		7,415,869		7,415,869	101
116	Hospice	5,834,097		5,834,097		5,834,097	116
200	Subtotal (sum of lines 30 thru 199)	486,298,497		486,298,497	180,589	486,479,086	200
201	Less Observation Beds	1,896,153		1,896,153		1,896,153	201
202	Total (line 200 minus line 201)	484,402,344		484,402,344		484,582,933	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30	Adults & Pediatrics	235,425,733		235,425,733				30
31.01	NEONATAL ICU	33,388,199		33,388,199				31.01
32	Coronary Care Unit	28,891,019		28,891,019				32
34	Surgical Intensive Care Unit	32,439,243		32,439,243				34
41	Subprovider - IRF	10,520,068		10,520,068				41
43	Nursery	7,579,570		7,579,570				43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	Operating Room	81,156,936	40,287,800	121,444,736	0.279359	0.279359	0.279757	50
51	Recovery Room	9,230,609	6,553,100	15,783,709	0.154647	0.154647	0.154647	51
52	Delivery Room & Labor Room	17,510,788	1,900,100	19,410,888	0.438075	0.438075	0.438075	52
53	Anesthesiology							53
54	Radiology-Diagnostic	24,471,117	160,095,648	184,566,765	0.196260	0.196260	0.196343	54
57	CT Scan	38,238,902	81,482,274	119,721,176	0.056737	0.056737	0.056737	57
58	MRI	10,548,902	53,513,228	64,062,130	0.079206	0.079206	0.079206	58
59	Cardiac Catheterization	25,879,979	21,463,961	47,343,940	0.123826	0.123826	0.124010	59
60	Laboratory	85,750,486	198,017,491	283,767,977	0.090677	0.090677	0.090707	60
62	Whole Blood & Packed Red Blood Cells	13,369,174	4,389,537	17,758,711	0.221726	0.221726	0.221726	62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30
65	Respiratory Therapy	76,851,721	3,604,283	80,456,004	0.074490	0.074490	0.074490	65
66	Physical Therapy	19,579,724	41,821,777	61,401,501	0.317354	0.317354	0.317781	66
69	Electrocardiology	24,856,653	43,511,422	68,368,075	0.116223	0.116223	0.116223	69
69.01	<b>SPECIAL PROCEDURES</b>	27,104,666	21,716,445	48,821,111	0.263341	0.263341	0.263342	69.01
69.02	<b>CARDIAC REHAB</b>							69.02
70	Electroencephalography	1,550,440	755,221	2,305,661	0.397561	0.397561	0.397561	70
71	Medical Supplies Charged to Patients	66,959,992	33,817,361	100,777,353	0.134425	0.134425	0.134425	71
72	Impl. Dev. Charged to Patients	63,336,832	24,320,808	87,657,640	0.361677	0.361677	0.361677	72
73	Drugs Charged to Patients	142,571,852	29,450,330	172,022,182	0.133979	0.133979	0.133979	73
75	ASC (Non-Distinct Part)		6,221,036	6,221,036	0.432003	0.432003	0.432003	75
75.01	<b>WOUND CARE</b>							75.01
76	<b>ACUTE DIALYSIS</b>							76
76.97	<b>CARDIAC REHABILITATION</b>	1,463	1,095,301	1,096,764	0.351181	0.351181	0.351181	76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	2,934,610	9,800	2,944,410	0.121325	0.121325	0.121325	76.98
76.99	<b>LITHOTRIPSY</b>							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	<b>340B CLINICS</b>	741,176	276,133,393	276,874,569	0.325074	0.325074	0.325074	90.01
91	Emergency	39,541,237	93,520,503	133,061,740	0.127457	0.127457	0.127457	91
91.01	<b>SLEEP LAB</b>	20,700	10,018,070	10,038,770	0.171118	0.171118	0.172119	91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	8,709,300	35,678,478	44,387,778	0.181093	0.181093	0.181093	91.02
91.03	<b>SURGICENTER</b>							91.03
92	Observation Beds (Non-Distinct Part)		7,682,687	7,682,687	0.246809	0.246809	0.246809	92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	1,206,303	24,317,172	25,523,475	0.214291	0.214291	0.214711	92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	<b>CORF</b>							99.10
99.20	<b>OUTPATIENT PHYSICAL THERAPY</b>							99.20
99.30	<b>OUTPATIENT OCCUPATIONAL THERAPY</b>							99.30
99.40	<b>OUTPATIENT SPEECH PATHOLOGY</b>							99.40
101	Home Health Agency		4,643,280	4,643,280				101
116	Hospice	375,286	9,761,584	10,136,870				116
200	Subtotal (sum of lines 30 thru 199)	1,130,742,680	1,235,782,090	2,366,524,770				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,130,742,680	1,235,782,090	2,366,524,770				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	5,137,412		5,137,412	86,828	59.17	25,017	1,480,256	30
31	Intensive Care Unit								31
31.01	NEONATAL ICU	668,283		668,283	8,381	79.74			31.01
32	Coronary Care Unit	647,480		647,480	5,855	110.59	2,280	252,145	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	688,093		688,093	4,268	161.22	1,509	243,281	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	122,791		122,791	4,121	29.80	1,151	34,300	41
42	Subprovider I								42
43	Nursery	91,601		91,601	6,804	13.46			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,355,660		7,355,660	116,257		29,957	2,009,982	200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART II

Check  Title V  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,443,048	121,444,736	0.036585	28,401,004	1,039,051	50
51	Recovery Room	69,110	15,783,709	0.004379	2,359,980	10,334	51
52	Delivery Room & Labor Room	300,518	19,410,888	0.015482	18,805	291	52
53	Anesthesiology	387					53
54	Radiology-Diagnostic	7,802,708	184,566,765	0.042276	5,982,761	252,927	54
57	CT Scan	1,828,944	119,721,176	0.015277	10,745,920	164,165	57
58	MRI	1,176,483	64,062,130	0.018365	2,991,790	54,944	58
59	Cardiac Catheterization	3,303,258	47,343,940	0.069772	7,660,967	534,521	59
60	Laboratory	2,423,181	283,767,977	0.008539	34,039,158	290,660	60
62	Whole Blood & Packed Red Blood Cells	45,244	17,758,711	0.002548	2,585,283	6,587	62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	730,485	80,456,004	0.009079	21,402,863	194,317	65
66	Physical Therapy	1,571,279	61,401,501	0.025590	4,974,218	127,290	66
69	Electrocardiology	1,850,425	68,368,075	0.027066	11,861,700	321,049	69
69.01	<b>SPECIAL PROCEDURES</b>	4,126,828	48,821,111	0.084530	631,394	53,372	69.01
69.02	<b>CARDIAC REHAB</b>						69.02
70	Electroencephalography	267,822	2,305,661	0.116158	406,685	47,240	70
71	Medical Supplies Charged to Patients	19,587	100,777,353	0.000194	19,107,800	3,707	71
72	Impl. Dev. Charged to Patients	38,201	87,657,640	0.000436	21,615,676	9,424	72
73	Drugs Charged to Patients	1,067,432	172,022,182	0.006205	44,734,283	277,576	73
75	ASC (Non-Distinct Part)	575,029	6,221,036	0.092433			75
75.01	<b>WOUND CARE</b>						75.01
76	<b>ACUTE DIALYSIS</b>	1,967					76
76.97	<b>CARDIAC REHABILITATION</b>	118,123	1,096,764	0.107701	1,365	147	76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	730	2,944,410	0.000248	1,081,080	268	76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	<b>340B CLINICS</b>	9,120,857	276,874,569	0.032942	297,180	9,790	90.01
91	Emergency	1,946,582	133,061,740	0.014629	10,410,958	152,302	91
91.01	<b>SLEEP LAB</b>	112,502	10,038,770	0.011207			91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	1,368,280	44,387,778	0.030826	3,091,192	95,289	91.02
91.03	<b>SURGICENTER</b>						91.03
92	Observation Beds (Non-Distinct Part)	149,872	7,682,687	0.019508			92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	469,667	25,523,475	0.018401			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	44,928,549	2,003,500,788		234,402,062	3,645,251	200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					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 (lines 30-199)					200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics (General Routine Care)	86,828		25,017		30
31	Intensive Care Unit					31
31.01	NEONATAL ICU	8,381				31.01
32	Coronary Care Unit	5,855		2,280		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit	4,268		1,509		34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	4,121		1,151		41
42	Subprovider I					42
43	Nursery	6,804				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	116,257		29,957		200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	7	8	9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	121,444,736			28,401,004		13,690,315		50
51	Recovery Room	15,783,709			2,359,980		975,425		51
52	Delivery Room & Labor Room	19,410,888			18,805		6,025		52
53	Anesthesiology								53
54	Radiology-Diagnostic	184,566,765			5,982,761		26,093,028		54
57	CT Scan	119,721,176			10,745,920		20,006,275		57
58	MRI	64,062,130			2,991,790		8,924,135		58
59	Cardiac Catheterization	47,343,940			7,660,967		6,204,466		59
60	Laboratory	283,767,977			34,039,158		17,791,786		60
62	Whole Blood & Packed Red Blood Cells	17,758,711			2,585,283		400,507		62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	80,456,004			21,402,863		1,223,860		65
66	Physical Therapy	61,401,501			4,974,218		1,273,881		66
69	Electrocardiology	68,368,075			11,861,700		13,793,178		69
69.01	<b>SPECIAL PROCEDURES</b>	48,821,111			631,394		1,853,988		69.01
69.02	<b>CARDIAC REHAB</b>								69.02
70	Electroencephalography	2,305,661			406,685		207,005		70
71	Medical Supplies Charged to Patients	100,777,353			19,107,800		7,332,639		71
72	Impl. Dev. Charged to Patients	87,657,640			21,615,676		7,467,127		72
73	Drugs Charged to Patients	172,022,182			44,734,283		11,844,977		73
75	ASC (Non-Distinct Part)	6,221,036					920,133		75
75.01	<b>WOUND CARE</b>								75.01
76	<b>ACUTE DIALYSIS</b>								76
76.97	<b>CARDIAC REHABILITATION</b>	1,096,764			1,365		285,504		76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	2,944,410			1,081,080				76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	<b>340B CLINICS</b>	276,874,569			297,180		61,729,934		90.01
91	Emergency	133,061,740			10,410,958		9,471,626		91
91.01	<b>SLEEP LAB</b>	10,038,770					1,190,515		91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	44,387,778			3,091,192		6,863,826		91.02
91.03	<b>SURGICENTER</b>								91.03
92	Observation Beds (Non-Distinct Part)	7,682,687					3,426,132		92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	25,523,475					4,339,856		92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	2,003,500,788			234,402,062		227,316,143		200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART V

Check  Title V - O/P  Hospital  SUB (Other)  Swing Bed SNF  
 Applicable  Title XVIII, Part B  IPF  SNF  Swing Bed NF  
 Boxes:  Title XIX - O/P  IRF  NF  ICF/MR

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50	Operating Room	0.279359	13,690,315			3,824,513		50	
51	Recovery Room	0.154647	975,425			150,847		51	
52	Delivery Room & Labor Room	0.438075	6,025			2,639		52	
53	Anesthesiology							53	
54	Radiology-Diagnostic	0.196260	26,093,028			5,121,018		54	
57	CT Scan	0.056737	20,006,275			1,135,096		57	
58	MRI	0.079206	8,924,135			706,845		58	
59	Cardiac Catheterization	0.123826	6,204,466			768,274		59	
60	Laboratory	0.090677	17,791,786	15,798		1,613,306	1,433	60	
62	Whole Blood & Packed Red Blood Cells	0.221726	400,507			88,803		62	
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>							62.30	
65	Respiratory Therapy	0.074490	1,223,860			91,165		65	
66	Physical Therapy	0.317354	1,273,881			404,271		66	
69	Electrocardiology	0.116223	13,793,178			1,603,085		69	
69.01	<b>SPECIAL PROCEDURES</b>	0.263341	1,853,988			488,231		69.01	
69.02	<b>CARDIAC REHAB</b>							69.02	
70	Electroencephalography	0.397561	207,005			82,297		70	
71	Medical Supplies Charged to Patients	0.134425	7,332,639			985,690		71	
72	Impl. Dev. Charged to Patients	0.361677	7,467,127	420		2,700,688	152	72	
73	Drugs Charged to Patients	0.133979	11,844,977	2,941	282,279	1,586,978	394	37,819	
75	ASC (Non-Distinct Part)	0.432003	920,133			397,500		75	
75.01	<b>WOUND CARE</b>							75.01	
76	<b>ACUTE DIALYSIS</b>							76	
76.97	<b>CARDIAC REHABILITATION</b>	0.351181	285,504			100,264		76.97	
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	0.121325						76.98	
76.99	<b>LITHOTRIPSY</b>							76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.01	<b>340B CLINICS</b>	0.325074	61,729,934			20,066,797		90.01	
91	Emergency	0.127457	9,471,626			1,207,225		91	
91.01	<b>SLEEP LAB</b>	0.171118	1,190,515			203,719		91.01	
91.02	<b>BRONCH &amp; GASTRO LAB</b>	0.181093	6,863,826			1,242,991		91.02	
91.03	<b>SURGICENTER</b>							91.03	
92	Observation Beds (Non-Distinct Part)	0.246809	3,426,132			845,600		92	
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	0.214291	4,339,856			929,992		92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
200	Subtotal (see instructions)		227,316,143	19,159	282,279	46,347,834	1,979	37,819	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		227,316,143	19,159	282,279	46,347,834	1,979	37,819	

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART II

Check  Title v  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5			
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,443,048	121,444,736	0.036585	7,627	279	50
51	Recovery Room	69,110	15,783,709	0.004379	1,305	6	51
52	Delivery Room & Labor Room	300,518	19,410,888	0.015482			52
53	Anesthesiology	387					53
54	Radiology-Diagnostic	7,802,708	184,566,765	0.042276	38,045	1,608	54
57	CT Scan	1,828,944	119,721,176	0.015277	61,610	941	57
58	MRI	1,176,483	64,062,130	0.018365	13,920	256	58
59	Cardiac Catheterization	3,303,258	47,343,940	0.069772			59
60	Laboratory	2,423,181	283,767,977	0.008539	262,704	2,243	60
62	Whole Blood & Packed Red Blood Cells	45,244	17,758,711	0.002548			62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	730,485	80,456,004	0.009079	277,445	2,519	65
66	Physical Therapy	1,571,279	61,401,501	0.025590	1,772,989	45,371	66
69	Electrocardiology	1,850,425	68,368,075	0.027066	3,710	100	69
69.01	<b>SPECIAL PROCEDURES</b>	4,126,828	48,821,111	0.084530	21,910	1,852	69.01
69.02	<b>CARDIAC REHAB</b>						69.02
70	Electroencephalography	267,822	2,305,661	0.116158	1,665	193	70
71	Medical Supplies Charged to Patients	19,587	100,777,353	0.000194	56,015	11	71
72	Impl. Dev. Charged to Patients	38,201	87,657,640	0.000436	1,095		72
73	Drugs Charged to Patients	1,067,432	172,022,182	0.006205	728,478	4,520	73
75	ASC (Non-Distinct Part)	575,029	6,221,036	0.092433			75
75.01	<b>WOUND CARE</b>						75.01
76	<b>ACUTE DIALYSIS</b>	1,967					76
76.97	<b>CARDIAC REHABILITATION</b>	118,123	1,096,764	0.107701			76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	730	2,944,410	0.000248			76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	<b>340B CLINICS</b>	9,120,857	276,874,569	0.032942			90.01
91	Emergency	1,946,582	133,061,740	0.014629			91
91.01	<b>SLEEP LAB</b>	112,502	10,038,770	0.011207			91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	1,368,280	44,387,778	0.030826	6,000	185	91.02
91.03	<b>SURGICENTER</b>						91.03
92	Observation Beds (Non-Distinct Part)		7,682,687				92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	469,667	25,523,475	0.018401			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	44,778,677	2,003,500,788		3,254,518	60,084	200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	121,444,736			7,627				50
51	Recovery Room	15,783,709			1,305				51
52	Delivery Room & Labor Room	19,410,888							52
53	Anesthesiology								53
54	Radiology-Diagnostic	184,566,765			38,045				54
57	CT Scan	119,721,176			61,610				57
58	MRI	64,062,130			13,920				58
59	Cardiac Catheterization	47,343,940							59
60	Laboratory	283,767,977			262,704				60
62	Whole Blood & Packed Red Blood Cells	17,758,711							62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	80,456,004			277,445				65
66	Physical Therapy	61,401,501			1,772,989				66
69	Electrocardiology	68,368,075			3,710				69
69.01	<b>SPECIAL PROCEDURES</b>	48,821,111			21,910				69.01
69.02	<b>CARDIAC REHAB</b>								69.02
70	Electroencephalography	2,305,661			1,665				70
71	Medical Supplies Charged to Patients	100,777,353			56,015				71
72	Impl. Dev. Charged to Patients	87,657,640			1,095				72
73	Drugs Charged to Patients	172,022,182			728,478		168		73
75	ASC (Non-Distinct Part)	6,221,036							75
75.01	<b>WOUND CARE</b>								75.01
76	<b>ACUTE DIALYSIS</b>								76
76.97	<b>CARDIAC REHABILITATION</b>	1,096,764							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	2,944,410							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	<b>340B CLINICS</b>	276,874,569							90.01
91	Emergency	133,061,740							91
91.01	<b>SLEEP LAB</b>	10,038,770							91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	44,387,778			6,000				91.02
91.03	<b>SURGICENTER</b>								91.03
92	Observation Beds (Non-Distinct Part)	7,682,687							92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	25,523,475							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	2,003,500,788			3,254,518		168		200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [XX] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [ ] Title XIX - O/P [XX] IRF [ ] NF [ ] ICF/MR

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.279359							50
51	Recovery Room	0.154647							51
52	Delivery Room & Labor Room	0.438075							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.196260							54
57	CT Scan	0.056737							57
58	MRI	0.079206							58
59	Cardiac Catheterization	0.123826							59
60	Laboratory	0.090677							60
62	Whole Blood & Packed Red Blood Cells	0.221726							62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.074490							65
66	Physical Therapy	0.317354							66
69	Electrocardiology	0.116223							69
69.01	<b>SPECIAL PROCEDURES</b>	0.263341							69.01
69.02	<b>CARDIAC REHAB</b>								69.02
70	Electroencephalography	0.397561							70
71	Medical Supplies Charged to Patients	0.134425							71
72	Impl. Dev. Charged to Patients	0.361677							72
73	Drugs Charged to Patients	0.133979	168		188	23		25	73
75	ASC (Non-Distinct Part)	0.432003							75
75.01	<b>WOUND CARE</b>								75.01
76	<b>ACUTE DIALYSIS</b>								76
76.97	<b>CARDIAC REHABILITATION</b>	0.351181							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	0.121325							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	<b>340B CLINICS</b>	0.325074							90.01
91	Emergency	0.127457							91
91.01	<b>SLEEP LAB</b>	0.171118							91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	0.181093							91.02
91.03	<b>SURGICENTER</b>								91.03
92	Observation Beds (Non-Distinct Part)	0.246809							92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	0.214291							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)		168		188	23		25	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		168		188	23		25	202

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
PART I

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Adults & Pediatrics General Routine Care)	5,137,412		5,137,412	86,828	59.17	13,124	776,547	30
31	Intensive Care Unit								31
31.01	NEONATAL ICU	668,283		668,283	8,381	79.74	4,919	392,241	31.01
32	Coronary Care Unit	647,480		647,480	5,855	110.59	580	64,142	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	688,093		688,093	4,268	161.22	1,301	209,747	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	122,791		122,791	4,121	29.80	735	21,903	41
42	Subprovider I								42
43	Nursery	91,601		91,601	6,804	13.46	1,287	17,323	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,355,660		7,355,660	116,257		21,946	1,481,903	200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART II

Check [ ] Title v [XX] Hospital [ ] SUB (Other) [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,443,048	121,444,736	0.036585			50
51	Recovery Room	69,110	15,783,709	0.004379			51
52	Delivery Room & Labor Room	300,518	19,410,888	0.015482			52
53	Anesthesiology	387					53
54	Radiology-Diagnostic	7,802,708	184,566,765	0.042276			54
57	CT Scan	1,828,944	119,721,176	0.015277			57
58	MRI	1,176,483	64,062,130	0.018365			58
59	Cardiac Catheterization	3,303,258	47,343,940	0.069772			59
60	Laboratory	2,423,181	283,767,977	0.008539			60
62	Whole Blood & Packed Red Blood Cells	45,244	17,758,711	0.002548			62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	730,485	80,456,004	0.009079			65
66	Physical Therapy	1,571,279	61,401,501	0.025590			66
69	Electrocardiology	1,850,425	68,368,075	0.027066			69
69.01	<b>SPECIAL PROCEDURES</b>	4,126,828	48,821,111	0.084530			69.01
69.02	<b>CARDIAC REHAB</b>						69.02
70	Electroencephalography	267,822	2,305,661	0.116158			70
71	Medical Supplies Charged to Patients	19,587	100,777,353	0.000194			71
72	Impl. Dev. Charged to Patients	38,201	87,657,640	0.000436			72
73	Drugs Charged to Patients	1,067,432	172,022,182	0.006205			73
75	ASC (Non-Distinct Part)	575,029	6,221,036	0.092433			75
75.01	<b>WOUND CARE</b>						75.01
76	<b>ACUTE DIALYSIS</b>	1,967					76
76.97	<b>CARDIAC REHABILITATION</b>	118,123	1,096,764	0.107701			76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	730	2,944,410	0.000248			76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	<b>340B CLINICS</b>	9,120,857	276,874,569	0.032942			90.01
91	Emergency	1,946,582	133,061,740	0.014629			91
91.01	<b>SLEEP LAB</b>	112,502	10,038,770	0.011207			91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	1,368,280	44,387,778	0.030826			91.02
91.03	<b>SURGICENTER</b>						91.03
92	Observation Beds (Non-Distinct Part)	149,872	7,682,687	0.019508			92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	469,667	25,523,475	0.018401			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	44,928,549	2,003,500,788				200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30	Adults & Pediatrics General Routine Care)					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 (lines 30-199)					200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

Check  Title V  PPS  
 Applicable  Title XVIII, Part A  TEFRA  
 Boxes:  Title XIX  Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
6		7		8	9
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics (General Routine Care)	86,828		13,124	30
31	Intensive Care Unit				31
31.01	NEONATAL ICU	8,381		4,919	31.01
32	Coronary Care Unit	5,855		580	32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit	4,268		1,301	34
35	Other Special Care (specify)				35
40	Subprovider - IPF				40
41	Subprovider - IRF	4,121		735	41
42	Subprovider I				42
43	Nursery	6,804		1,287	43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	116,257		21,946	200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART IV

Check [ ] Title v [XX] Hospital [ ] SUB (Other) [ ] ICF/MR [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [ ] IRF [ ] NF [ ] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	121,444,736							50
51	Recovery Room	15,783,709							51
52	Delivery Room & Labor Room	19,410,888							52
53	Anesthesiology								53
54	Radiology-Diagnostic	184,566,765							54
57	CT Scan	119,721,176							57
58	MRI	64,062,130							58
59	Cardiac Catheterization	47,343,940							59
60	Laboratory	283,767,977							60
62	Whole Blood & Packed Red Blood Cells	17,758,711							62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	80,456,004							65
66	Physical Therapy	61,401,501							66
69	Electrocardiology	68,368,075							69
69.01	<b>SPECIAL PROCEDURES</b>	48,821,111							69.01
69.02	<b>CARDIAC REHAB</b>								69.02
70	Electroencephalography	2,305,661							70
71	Medical Supplies Charged to Patients	100,777,353							71
72	Impl. Dev. Charged to Patients	87,657,640							72
73	Drugs Charged to Patients	172,022,182							73
75	ASC (Non-Distinct Part)	6,221,036							75
75.01	<b>WOUND CARE</b>								75.01
76	<b>ACUTE DIALYSIS</b>								76
76.97	<b>CARDIAC REHABILITATION</b>	1,096,764							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	2,944,410							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	<b>340B CLINICS</b>	276,874,569							90.01
91	Emergency	133,061,740							91
91.01	<b>SLEEP LAB</b>	10,038,770							91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	44,387,778							91.02
91.03	<b>SURGICENTER</b>								91.03
92	Observation Beds (Non-Distinct Part)	7,682,687							92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	25,523,475							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	2,003,500,788							200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0091

WORKSHEET D  
PART V

Check [ ] Title V - O/P [XX] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.279359							50
51	Recovery Room	0.154647							51
52	Delivery Room & Labor Room	0.438075							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.196260							54
57	CT Scan	0.056737							57
58	MRI	0.079206							58
59	Cardiac Catheterization	0.123826							59
60	Laboratory	0.090677							60
62	Whole Blood & Packed Red Blood Cells	0.221726							62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.074490							65
66	Physical Therapy	0.317354							66
69	Electrocardiology	0.116223							69
69.01	<b>SPECIAL PROCEDURES</b>	0.263341							69.01
69.02	<b>CARDIAC REHAB</b>								69.02
70	Electroencephalography	0.397561							70
71	Medical Supplies Charged to Patients	0.134425							71
72	Impl. Dev. Charged to Patients	0.361677							72
73	Drugs Charged to Patients	0.133979							73
75	ASC (Non-Distinct Part)	0.432003							75
75.01	<b>WOUND CARE</b>								75.01
76	<b>ACUTE DIALYSIS</b>								76
76.97	<b>CARDIAC REHABILITATION</b>	0.351181							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	0.121325							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	<b>340B CLINICS</b>	0.325074							90.01
91	Emergency	0.127457							91
91.01	<b>SLEEP LAB</b>	0.171118							91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	0.181093							91.02
91.03	<b>SURGICENTER</b>								91.03
92	Observation Beds (Non-Distinct Part)	0.246809							92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	0.214291							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART II

Check  Title v  Hospital  SUB (Other)  
 Applicable  Title XVIII, Part A  IPF  
 Boxes:  Title XIX  IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	Operating Room	4,443,048	121,444,736	0.036585			50
51	Recovery Room	69,110	15,783,709	0.004379			51
52	Delivery Room & Labor Room	300,518	19,410,888	0.015482			52
53	Anesthesiology	387					53
54	Radiology-Diagnostic	7,802,708	184,566,765	0.042276			54
57	CT Scan	1,828,944	119,721,176	0.015277			57
58	MRI	1,176,483	64,062,130	0.018365			58
59	Cardiac Catheterization	3,303,258	47,343,940	0.069772			59
60	Laboratory	2,423,181	283,767,977	0.008539			60
62	Whole Blood & Packed Red Blood Cells	45,244	17,758,711	0.002548			62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>						62.30
65	Respiratory Therapy	730,485	80,456,004	0.009079			65
66	Physical Therapy	1,571,279	61,401,501	0.025590			66
69	Electrocardiology	1,850,425	68,368,075	0.027066			69
69.01	<b>SPECIAL PROCEDURES</b>	4,126,828	48,821,111	0.084530			69.01
69.02	<b>CARDIAC REHAB</b>						69.02
70	Electroencephalography	267,822	2,305,661	0.116158			70
71	Medical Supplies Charged to Patients	19,587	100,777,353	0.000194			71
72	Impl. Dev. Charged to Patients	38,201	87,657,640	0.000436			72
73	Drugs Charged to Patients	1,067,432	172,022,182	0.006205			73
75	ASC (Non-Distinct Part)	575,029	6,221,036	0.092433			75
75.01	<b>WOUND CARE</b>						75.01
76	<b>ACUTE DIALYSIS</b>	1,967					76
76.97	<b>CARDIAC REHABILITATION</b>	118,123	1,096,764	0.107701			76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	730	2,944,410	0.000248			76.98
76.99	<b>LITHOTRIPSY</b>						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	<b>340B CLINICS</b>	9,120,857	276,874,569	0.032942			90.01
91	Emergency	1,946,582	133,061,740	0.014629			91
91.01	<b>SLEEP LAB</b>	112,502	10,038,770	0.011207			91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	1,368,280	44,387,778	0.030826			91.02
91.03	<b>SURGICENTER</b>						91.03
92	Observation Beds (Non-Distinct Part)		7,682,687				92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	469,667	25,523,475	0.018401			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
200	Total (sum of lines 50-199)	44,778,677	2,003,500,788				200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART IV

Check  Title v  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX  IRF  NF  Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
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
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART IV

Check [ ] Title v [ ] Hospital [ ] SUB (Other) [ ] ICF/MR [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX [XX] IRF [ ] NF [XX] Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	121,444,736							50
51	Recovery Room	15,783,709							51
52	Delivery Room & Labor Room	19,410,888							52
53	Anesthesiology								53
54	Radiology-Diagnostic	184,566,765							54
57	CT Scan	119,721,176							57
58	MRI	64,062,130							58
59	Cardiac Catheterization	47,343,940							59
60	Laboratory	283,767,977							60
62	Whole Blood & Packed Red Blood Cells	17,758,711							62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	80,456,004							65
66	Physical Therapy	61,401,501							66
69	Electrocardiology	68,368,075							69
69.01	<b>SPECIAL PROCEDURES</b>	48,821,111							69.01
69.02	<b>CARDIAC REHAB</b>								69.02
70	Electroencephalography	2,305,661							70
71	Medical Supplies Charged to Patients	100,777,353							71
72	Impl. Dev. Charged to Patients	87,657,640							72
73	Drugs Charged to Patients	172,022,182							73
75	ASC (Non-Distinct Part)	6,221,036							75
75.01	<b>WOUND CARE</b>								75.01
76	<b>ACUTE DIALYSIS</b>								76
76.97	<b>CARDIAC REHABILITATION</b>	1,096,764							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	2,944,410							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	<b>340B CLINICS</b>	276,874,569							90.01
91	Emergency	133,061,740							91
91.01	<b>SLEEP LAB</b>	10,038,770							91.01
91.02	<b>BRONCH &amp; GASTRO LAB</b>	44,387,778							91.02
91.03	<b>SURGICENTER</b>								91.03
92	Observation Beds (Non-Distinct Part)	7,682,687							92
92.01	<b>OBSERVATION BEDS-DISTINCT</b>	25,523,475							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Total (sum of lines 50-199)	2,003,500,788							200

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T091

WORKSHEET D  
PART V

Check [ ] Title V - O/P [ ] Hospital [ ] SUB (Other) [ ] Swing Bed SNF  
 Applicable [ ] Title XVIII, Part B [ ] IPF [ ] SNF [ ] Swing Bed NF  
 Boxes: [XX] Title XIX - O/P [XX] IRF [ ] NF [ ] ICF/MR

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	Operating Room	0.279359							50
51	Recovery Room	0.154647							51
52	Delivery Room & Labor Room	0.438075							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.196260							54
57	CT Scan	0.056737							57
58	MRI	0.079206							58
59	Cardiac Catheterization	0.123826							59
60	Laboratory	0.090677							60
62	Whole Blood & Packed Red Blood Cells	0.221726							62
62.30	<b>BLOOD CLOTTING FOR HEMOPHILIACS</b>								62.30
65	Respiratory Therapy	0.074490							65
66	Physical Therapy	0.317354							66
69	Electrocardiology	0.116223							69
69.01	<b>SPECIAL PROCEDURES</b>	0.263341							69.01
69.02	<b>CARDIAC REHAB</b>								69.02
70	Electroencephalography	0.397561							70
71	Medical Supplies Charged to Patients	0.134425							71
72	Impl. Dev. Charged to Patients	0.361677							72
73	Drugs Charged to Patients	0.133979							73
75	ASC (Non-Distinct Part)	0.432003							75
75.01	<b>WOUND CARE</b>								75.01
76	<b>ACUTE DIALYSIS</b>								76
76.97	<b>CARDIAC REHABILITATION</b>	0.351181							76.97
76.98	<b>HYPERBARIC OXYGEN THERAPY</b>	0.121325							76.98
76.99	<b>LITHOTRIPSY</b>								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	340B CLINICS	0.325074							90.01
91	Emergency	0.127457							91
91.01	SLEEP LAB	0.171118							91.01
91.02	BRONCH & GASTRO LAB	0.181093							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct Part)	0.246809							92
92.01	OBSERVATION BEDS-DISTINCT	0.214291							92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0091

WORKSHEET D-1  
PART I

Check  Title V - I/P  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  NF  Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	86,828	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	86,828	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	84,295	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	25,017	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 XIX only)		15
16	Nursery days (title V or 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)	64,997,621	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 (line 21 minus line 26)	64,997,621	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	64,997,621	37

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0091

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		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		
38	Adjusted general inpatient routine service cost per diem (see instructions)					748.58	38	
39	Program general inpatient routine service cost (line 9 x line 38)					18,727,226	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)					18,727,226	41	
42	Nursery (Titles V and XIX only)						42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit						43	
43.01	NEONATAL ICU	12,356,121	8,381	1,474.30			43.01	
44	Coronary Care Unit	8,598,428	5,855	1,468.56	2,280	3,348,317	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit	9,532,357	4,268	2,233.45	1,509	3,370,276	46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					38,327,235	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					63,773,054	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,975,682	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,645,251	51
52	Total Program excludable cost (sum of lines 50 and 51)					5,620,933	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					58,152,121	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 (line 56 minus line 53)						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 (line 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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0091

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P                     Hospital                     SUB (Other)                     ICF/MR                     PPS  
 Applicable  Title XVIII, Part A                     IPF                     SNF                     TEFRA  
 Boxes:  Title XIX - I/P                     IRF                     NF                     Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					2,533	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					748.58	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,896,153	89
		Cost	Routine Cost (from line 27)	col. 1=col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	5,137,412	64,997,621	0.079040	1,896,153	149,872	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T091

WORKSHEET D-1  
PART I

Check  Title V - I/P  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  NF  Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,121	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,121	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,121	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,151	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 XIX only)		15
16	Nursery days (title V or 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)	3,035,968	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 (line 21 minus line 26)	3,035,968	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	3,035,968	37

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T091

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	736.71	38
39	Program general inpatient routine service cost (line 9 x line 38)	847,953	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)	847,953	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	735,800	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,583,753	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	34,300	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	60,084	51
52	Total Program excludable cost (sum of lines 50 and 51)	94,384	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,489,369	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 (line 56 minus line 53)		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 (line 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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0091

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [XX] Hospital [ ] SUB (Other) [ ] ICF/MR [XX] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [ ] IRF [ ] NF [ ] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	86,828	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	86,828	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	84,295	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	13,124	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 XIX only)	6,804	15
16	Nursery days (title V or XIX only)	1,287	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	64,997,621	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 (line 21 minus line 26)	64,997,621	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	64,997,621	37

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0091

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		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		
38	Adjusted general inpatient routine service cost per diem (see instructions)					748.58	38	
39	Program general inpatient routine service cost (line 9 x line 38)					9,824,364	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)					9,824,364	41	
42	Nursery (Titles V and XIX only)	3,076,025	6,804	452.09	1,287	581,840	42	
	<b>Intensive Care Type Inpatient Hospital Units</b>							
43	Intensive Care Unit						43	
43.01	NEONATAL ICU	12,356,121	8,381	1,474.30	4,919	7,252,082	43.01	
44	Coronary Care Unit	8,598,428	5,855	1,468.56	580	851,765	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit	9,532,357	4,268	2,233.45	1,301	2,905,718	46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					21,415,769	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,460,000	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 (sum of lines 50 and 51)					1,460,000	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					19,955,769	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 (line 56 minus line 53)						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 (line 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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0091

WORKSHEET D-1  
PARTS III & IV

Check  Title V - I/P  Hospital  SUB (Other)  ICF/MR  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  NF  Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					2,533	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 Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T091

WORKSHEET D-1  
PART I

Check [ ] Title V - I/P [ ] Hospital [ ] SUB (Other) [ ] ICF/MR [ ] PPS  
 Applicable [ ] Title XVIII, Part A [ ] IPF [ ] SNF [ ] TEFRA  
 Boxes: [XX] Title XIX - I/P [XX] IRF [ ] NF [XX] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,121	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,121	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,121	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	735	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 XIX only)		15
16	Nursery days (title V or 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)	3,029,039	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 (line 21 minus line 26)	3,029,039	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	3,029,039	37

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T091

WORKSHEET D-1  
PART II

Check  Title V - I/P  Hospital  SUB (Other)  PPS  
 Applicable  Title XVIII, Part A  IPF  TEFRA  
 Boxes:  Title XIX - I/P  IRF  Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	735.03	38
39	Program general inpatient routine service cost (line 9 x line 38)	540,247	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)	540,247	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	540,247	49

**PASS THROUGH COST ADJUSTMENTS**

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	21,903	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 (sum of lines 50 and 51)	21,903	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 (line 56 minus line 53)		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 (line 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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0091

WORKSHEET D-3

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics		76,295,897		30
31.01	NEONATAL ICU				31.01
32	Coronary Care Unit		12,724,726		32
34	Surgical Intensive Care Unit		11,532,407		34
41	Subprovider - IRF				41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.279757	28,401,004	7,945,380	50
51	Recovery Room	0.154647	2,359,980	364,964	51
52	Delivery Room & Labor Room	0.438075	18,805	8,238	52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.196343	5,982,761	1,174,673	54
57	CT Scan	0.056737	10,745,920	609,691	57
58	MRI	0.079206	2,991,790	236,968	58
59	Cardiac Catheterization	0.124010	7,660,967	950,037	59
60	Laboratory	0.090707	34,039,158	3,087,590	60
62	Whole Blood & Packed Red Blood Cells	0.221726	2,585,283	573,224	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.074490	21,402,863	1,594,299	65
66	Physical Therapy	0.317781	4,974,218	1,580,712	66
69	Electrocardiology	0.116223	11,861,700	1,378,602	69
69.01	SPECIAL PROCEDURES	0.263342	631,394	166,273	69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.397561	406,685	161,682	70
71	Medical Supplies Charged to Patients	0.134425	19,107,800	2,568,566	71
72	Impl. Dev. Charged to Patients	0.361677	21,615,676	7,817,893	72
73	Drugs Charged to Patients	0.133979	44,734,283	5,993,455	73
75	ASC (Non-Distinct Part)	0.432003			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.351181	1,365	479	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.121325	1,081,080	131,162	76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	340B CLINICS	0.325074	297,180	96,605	90.01
91	Emergency	0.127457	10,410,958	1,326,949	91
91.01	SLEEP LAB	0.172119			91.01
91.02	BRONCH & GASTRO LAB	0.181093	3,091,192	559,793	91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.246809			92
92.01	OBSERVATION BEDS-DISTINCT	0.214711			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		234,402,062	38,327,235	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		234,402,062		202

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T091

WORKSHEET D-3

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	Adults & Pediatrics				30
31.01	NEONATAL ICU				31.01
32	Coronary Care Unit				32
34	Surgical Intensive Care Unit				34
41	Subprovider - IRF		2,838,250		41
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.279757	7,627	2,134	50
51	Recovery Room	0.154647	1,305	202	51
52	Delivery Room & Labor Room	0.438075			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.196343	38,045	7,470	54
57	CT Scan	0.056737	61,610	3,496	57
58	MRI	0.079206	13,920	1,103	58
59	Cardiac Catheterization	0.124010			59
60	Laboratory	0.090707	262,704	23,829	60
62	Whole Blood & Packed Red Blood Cells	0.221726			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.074490	277,445	20,667	65
66	Physical Therapy	0.317781	1,772,989	563,422	66
69	Electrocardiology	0.116223	3,710	431	69
69.01	SPECIAL PROCEDURES	0.263342	21,910	5,770	69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.397561	1,665	662	70
71	Medical Supplies Charged to Patients	0.134425	56,015	7,530	71
72	Impl. Dev. Charged to Patients	0.361677	1,095	396	72
73	Drugs Charged to Patients	0.133979	728,478	97,601	73
75	ASC (Non-Distinct Part)	0.432003			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.351181			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.121325			76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	340B CLINICS	0.325074			90.01
91	Emergency	0.127457			91
91.01	SLEEP LAB	0.172119			91.01
91.02	BRONCH & GASTRO LAB	0.181093	6,000	1,087	91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.246809			92
92.01	OBSERVATION BEDS-DISTINCT	0.214711			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)		3,254,518	735,800	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,254,518		202

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0091

WORKSHEET D-3

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.279757			50
51	Recovery Room	0.154647			51
52	Delivery Room & Labor Room	0.438075			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.196343			54
57	CT Scan	0.056737			57
58	MRI	0.079206			58
59	Cardiac Catheterization	0.124010			59
60	Laboratory	0.090707			60
62	Whole Blood & Packed Red Blood Cells	0.221726			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.074490			65
66	Physical Therapy	0.317781			66
69	Electrocardiology	0.116223			69
69.01	SPECIAL PROCEDURES	0.263342			69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.397561			70
71	Medical Supplies Charged to Patients	0.134425			71
72	Impl. Dev. Charged to Patients	0.361677			72
73	Drugs Charged to Patients	0.133979			73
75	ASC (Non-Distinct Part)	0.432003			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.351181			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.121325			76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	340B CLINICS	0.325074			90.01
91	Emergency	0.127457			91
91.01	SLEEP LAB	0.172119			91.01
91.02	BRONCH & GASTRO LAB	0.181093			91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.246809			92
92.01	OBSERVATION BEDS-DISTINCT	0.214711			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T091

WORKSHEET D-3

Check  Title v  Hospital  SUB (Other)  Swing Bed SNF  PPS  
 Applicable  Title XVIII, Part A  IPF  SNF  Swing Bed NF  TEFRA  
 Boxes:  Title XIX  IRF  NF  ICF/MR  Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	Operating Room	0.279359			50
51	Recovery Room	0.154647			51
52	Delivery Room & Labor Room	0.438075			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.196260			54
57	CT Scan	0.056737			57
58	MRI	0.079206			58
59	Cardiac Catheterization	0.123826			59
60	Laboratory	0.090677			60
62	Whole Blood & Packed Red Blood Cells	0.221726			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.074490			65
66	Physical Therapy	0.317354			66
69	Electrocardiology	0.116223			69
69.01	SPECIAL PROCEDURES	0.263341			69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.397561			70
71	Medical Supplies Charged to Patients	0.134425			71
72	Impl. Dev. Charged to Patients	0.361677			72
73	Drugs Charged to Patients	0.133979			73
75	ASC (Non-Distinct Part)	0.432003			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.351181			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.121325			76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	340B CLINICS	0.325074			90.01
91	Emergency	0.127457			91
91.01	SLEEP LAB	0.171118			91.01
91.02	BRONCH & GASTRO LAB	0.181093			91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.246809			92
92.01	OBSERVATION BEDS-DISTINCT	0.214291			92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	39,596,457			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	13,198,819			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	2,962,485			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	29,675,990			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	342.16			4
	<b>Indirect Medical Education Adjustment Calculation for Hospitals</b>				
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)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 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 line 8 plus lines (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	51.29			10
11	FTE count for residents in dental 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	31.29			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	30.69			14
15	Sum of lines 12 through 14 divided by 3	31.09			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	31.09			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.090864			19
20	Prior year resident to bed ratio (see instructions)	0.960900			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.090864			21
22	IME payment adjustment (see instructions)	3,991,527			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)	24.00			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	24.00			25
26	Resident to bed ratio (divide line 25 by line 4)	0.070143			26
27	IME payments adjustment factor (see instructions)	0.018372			27
28	IME add-on adjustment amount (see instructions)	1,515,162			28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	5,506,689			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	<b>Disproportionate Share Adjustment</b>				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0458			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2624			31
32	Sum of lines 30 and 31	0.3082			32
33	Allowable disproportionate share percentage (see instructions)	0.1480			33
34	Disproportionate share adjustment (see instructions)	1,953,425			34
	<b>Uncompensated Care Adjustment</b>				
35	Total uncompensated care amount (see instructions)	9,046,380,143	7,647,644,885		35
35.01	Factor 3 (see instructions)	0.000617188	0.000712328		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,583,317	5,447,632		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	4,176,014	1,373,103		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,549,117			36
	<b>Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)</b>				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
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 41.01 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 41.01)				46
47	Subtotal (see instructions)	68,766,992			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 (see instructions)	68,766,992			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,871,358			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	1,156,767			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 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	74,795,117			59
60	Primary payer payments	71,923			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	74,723,194			61
62	Deductibles billed to program beneficiaries	4,595,552			62
63	Coinsurance billed to program beneficiaries	109,104			63
64	Allowable bad debts (see instructions)	976,326			64
65	Adjusted reimbursable bad debts (see instructions)	634,612			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	19,113			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	70,653,150			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)	-159,351			70
70.93	HVBP payment adjustment amount (see instructions)	-177,215			70.93
70.94	HRR adjustment amount (see instructions)	-103,321			70.94
71	Amount due provider (see instructions)	70,213,263			71
71.01	Sequestration adjustment (see instructions)	1,404,265			71.01
72	Interim payments	68,729,342			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	79,656			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,122,586			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. 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

HSP Bonus Payment Amount

		Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100

HVBP Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)			102

HRR Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)			104

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1	(2.01)	On or after 10/1	(3.01)	Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1						1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1						1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges						2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments						4
	<b>Indirect Medical Education Adjustment</b>						
5	Amount from Worksheet E Part A, line 21						5
6	IME payment adjustment						6
6.01	IME payment adjustment for managed care						6.01
	<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)						9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	<b>Disproportionate Share Adjustment</b>						
10	Allowable disproportionate share percentage						10
11	Disproportionate share adjustment						11
11.01	Uncompensated care payments						11.01
	<b>Additional payment for high percentage of ESRD beneficiary discharges</b>						
12	Total ESRD additional payment						12
13	Subtotal						13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only						15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)						16
17	Special add-on payments for new technologies						17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	<b>SUBTOTAL</b>						19
20	Capital DRG other than outlier						20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments						21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage						22
23	Indirect medical education adjustment						23
24	Allowable disproportionate share percentage						24
25	Disproportionate share adjustment						25
26	Total prospective capital payments						26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment						30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment						31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment						32

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0091

WORKSHEET E  
PART B

Check applicable box:       Hospital       IPF       IRF       SUB (Other)       SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	39,798			1
2	Medical and other services reimbursed under OPPS (see instructions)	46,347,834			2
3	PPS payments	42,743,905			3
4	Outlier payment (see instructions)	282,057			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	39,798			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	<b>REASONABLE CHARGES</b>				
12	Ancillary service charges	301,438			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	301,438			14
	<b>CUSTOMARY CHARGES</b>				
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)	301,438			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	261,640			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)	39,798			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	43,025,962			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	Deductibles and coinsurance (see instructions)	84			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	8,957,656			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	34,108,020			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	821,898			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	34,929,918			30
31	Primary payer payments	1,922			31
32	Subtotal (line 30 minus line 31)	34,927,996			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,602,646			34
35	Adjusted reimbursable bad debts (see instructions)	1,041,720			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	50,243			36
37	Subtotal (see instructions)	35,969,716			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	35,969,716			40
40.01	Sequestration adjustment (see instructions)	719,394			40.01
41	Interim payments	34,631,467			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	618,855			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T091

WORKSHEET E  
PART B

Check applicable box:     Hospital     IPF     IRF     SUB (Other)     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

	1	1.01	1.02	
1	Medical and other services (see instructions)	25		1
2	Medical and other services reimbursed under OPPS (see instructions)	23		2
3	PPS payments	70		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	22		6
7	Sum of line 3 and line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)	25		11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
	<b>REASONABLE CHARGES</b>			
12	Ancillary service charges	188		12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)			13
14	Total reasonable charges (sum of lines 12 and 13)	188		14
	<b>CUSTOMARY CHARGES</b>			
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)	188		18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	163		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)	25		21
22	Interns and residents (see instructions)			22
23	Cost of physicians' services in a teaching hospital (see instructions)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	70		24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
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 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	95		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)	95		30
31	Primary payer payments			31
32	Subtotal (line 30 minus line 31)	95		32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>			
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)	95		37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
40	Subtotal (see instructions)	95		40
40.01	Sequestration adjustment (see instructions)	2		40.01
41	Interim payments	126		41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (see instructions)	-33		43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0091

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
 Applicable  IPF  SNF  
 Boxes:  IRF  Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		67,320,736		33,385,692	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero		1,823,347		1,002,321	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. (1)			07/09/2014	243,454	3.01
						3.02
	Program					3.03
	to					3.04
	Provider					3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
		07/09/2014	414,741			3.51
	Provider					3.52
	to					3.53
	Program					3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-414,741		243,454	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		68,729,342		34,631,467	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					5.01
						5.02
	Program					5.03
	to					5.04
	Provider					5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
	Provider					5.52
	to					5.53
	Program					5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		1,483,921		1,338,249	6.01
						6.02
7	Total Medicare program liability (see instructions)		70,213,263		35,969,716	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T091

WORKSHEET E-1  
PART I

Check  Hospital  SUB (Other)  
 Applicable  IPF  SNF  
 Boxes:  IRF  Swing Bed SNF

1	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		1,491,767		126
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
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. (1)				
		.01			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
		.10			3.10
		.50			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			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,491,767		126
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.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	Determined net settlement amount (balance due) based on the cost report (1)	.01	33,404		6.01
		.02			-31
7	Total Medicare program liability (see instructions)		1,525,171		95
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT**

**WORKSHEET E-1  
PART II**

Check  Hospital  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 (Wkst. S-3, Pt. I, col. 15, line 14)	24,046	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	28,806	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	16,201	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	102,799	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,366,524,770	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	174,306,242	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	752,639	8
9	Sequestration adjustment amount (see instructions)	15,053	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	737,586	10

**INPATIENT HOSPITAL SERVICES UNDER PPS & CAH**

30	Initial/interim HIT payment(s)	735,972	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	1,614	32

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T091

WORKSHEET E-3  
PART III

Check  Hospital  
Applicable  Subprovider IRF  
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,272,300		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.034100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	89,315		3
4	Outlier payments	183,284		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)			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)	11.290411		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	1,544,899		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	1,544,899		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	1,544,899		19
20	Deductibles	3,616		20
21	Subtotal (line 19 minus line 20)	1,541,283		21
22	Coinsurance	16,112		22
23	Subtotal (line 21 minus line 22)	1,525,171		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)	1,525,171		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	1,525,171		32
32.01	Sequestration adjustment (see instructions)	30,503		32.01
33	Interim payments	1,491,767		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	2,901		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. 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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0091

WORKSHEET E-3  
PART VII

Check  Title V                                     Hospital                                     NF                                     PPS  
 Applicable  Title XIX                                     SUB (Other)                                     ICF/MR                                     TEFRA  
 Boxes:                                     SNF                                     Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8			8
9			9
10			10
11			11
12			12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18			18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T091

WORKSHEET E-3  
PART VII

Check  Title V  Hospital  NF  PPS  
 Applicable  Title XIX  Subprovider IRF  ICF/MR  TEFRA  
 Boxes:  SNF  Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>			
1	540,247		1
2			2
3			3
4	540,247		4
5			5
6			6
7	540,247		7
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>REASONABLE CHARGES</b>			
8			8
9			9
10			10
11			11
12			12
<b>CUSTOMARY CHARGES</b>			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	540,247		18
19			19
20			20
21			21
<b>PROSPECTIVE PAYMENT AMOUNT</b>			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
30	540,247		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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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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) (see instructions)				2
3	Amount of reduction to Direct GME cap under §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 §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §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 subscripents)			27.50	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			51.67	6
7	Enter the lesser of line 5 or line 6			27.50	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	37.46	13.10	50.56	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	19.94	6.97	26.91	9
10	Weighted dental and podiatric resident FTE count for the current year		3.75		10
11	Total weighted FTE count	19.94	10.72		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.31	9.11		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	21.78	9.29		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	21.01	9.71		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	21.01	9.71		17
18	Per resident amount	83,155.29	83,155.29		18
19	Approved amount for resident costs	1,747,093	807,438	2,554,531	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			25.00	20
21	Direct GME FTE unweighted resident count over cap (see instructions)			24.17	21
22	Allowable additional direct GME FTE resident count (see instructions)			23.65	22
23	Enter the locality adjustment national average per resident amount (see instructions)			98,665.11	23
24	Multiply line 22 times line 23			2,333,430	24
25	Total direct GME amount (sum of lines 19 and 24)			4,887,961	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	29,957	16,469		26
27	Total inpatient days (see instructions)	108,939	108,939		27
28	Ratio of inpatient days to total inpatient days	0.274989	0.151176		28
29	Program direct GME amount	1,344,136	738,942		29
30	Reduction for direct GME payments for Medicare Advantage		104,413		30
31	Net Program direct GME amount			1,978,665	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, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			65,356,807	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			71,923	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			65,284,884	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			46,387,680	42
43	Primary payer payments (see instructions)			1,922	43
44	Total Part B reasonable cost (line 42 minus line 43)			46,385,758	44
45	Total reasonable cost (sum of lines 41 and 44)			111,670,642	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.584620	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.415380	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			1,978,665	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,156,767	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			821,898	50

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

WORKSHEET E-4

Check  Title V  
 Applicable  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			1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §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 §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)			4.01	
4.02	ACA §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 teh 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	0.00	0.00	0.00	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	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	21,601	8,211		26
27	Total inpatient days (see instructions)	108,939	108,939		27
28	Ratio of inpatient days to total inpatient days	0.198285	0.075372		28
29	Program direct GME amount				29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount				31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)				48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

<b>Assets</b> (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	Cash on hand and in banks	-3,587,928				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	512,679,190				4
5	Other receivables	1,893,382				5
6	Allowances for uncollectible notes and accounts receivable	-409,627,780				6
7	Inventory	8,756,579				7
8	Prepaid expenses	4,667,881				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	114,781,324				11
<b>FIXED ASSETS</b>						
12	Land					12
13	Land improvements	652,707				13
14	Accumulated depreciation	-524,922				14
15	Buildings	203,650				15
16	Accumulated depreciation	-56,576				16
17	Leasehold improvements	866,164				17
18	Accumulated depreciation	-293,278				18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	125,365,608				23
24	Accumulated depreciation	-57,195,159				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)	69,018,194				30
<b>OTHER ASSETS</b>						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	265,770,102				34
35	Total other assets (sum of lines 31-34)	265,770,102				35
36	Total assets (sum of lines 11, 30 and 35)	449,569,620				36
<b>Liabilities and Fund Balances</b> (Omit Cents)						
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	Accounts payable	13,536,053				37
38	Salaries, wages and fees payable	28,827,559				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	48,064,832				44
45	Total current liabilities (sum of lines 37 thru 44)	90,428,444				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 thru 49)					50
51	Total liabilities (sum of lines 45 and 50)	90,428,444				51
<b>CAPITAL ACCOUNTS</b>						
52	General fund balance	359,141,176				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

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**BALANCE SHEET**

**WORKSHEET G**

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	<b>Assets</b>					
	(Omit Cents)	1	2	3	4	
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 thru 58)	359,141,176				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	449,569,620				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		206,160,630			1
2	Net income (loss) (from Worksheet G-3, line 29)		152,980,546			2
3	Total (sum of line 1 and line 2)		359,141,176			3
4	Additions (credit adjustments) (specify)					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)		359,141,176			11
12	Deductions (debit adjustments) (specify)					12
13	NET AFFILIATE TRANSFERS					13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		359,141,176			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					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)					11
12	Deductions (debit adjustments) (specify)					12
13	NET AFFILIATE TRANSFERS					13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

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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	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	Hospital	235,425,733		235,425,733	1
2	Subprovider IPF				2
3	Subprovider IRF	10,520,068		10,520,068	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)	245,945,801		245,945,801	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	Intensive Care Unit				11
11.01	NEONATAL ICU	33,388,199		33,388,199	11.01
12	Coronary Care Unit	28,891,019		28,891,019	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit	32,439,243		32,439,243	14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	94,718,461		94,718,461	16
17	Total inpatient routine care services (sum of lines 10 and 16)	340,664,262		340,664,262	17
18	Ancillary services	808,937,244	1,362,197,729	2,171,134,973	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		4,643,280	4,643,280	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
			9,761,584	9,761,584	
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,149,601,506	1,376,602,593	2,526,204,099	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		544,832,019	29
30	Add (specify)			30
31	BAD DEBTS			31
32				32
33				33
34				34
35	INCOME TAX			35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		544,832,019	43

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**STATEMENT OF REVENUES AND EXPENSES**

**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,526,204,099	1
2	Less contractual allowances and discounts on patients' accounts	1,835,285,490	2
3	Net patient revenues (line 1 minus line 2)	690,918,609	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	544,832,019	4
5	Net income from service to patients (line 3 minus line 4)	146,086,590	5

**OTHER INCOME**

6	Contributions, donations, bequests, etc.		6
7	Income from investments		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 medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (specify)		24
24.0	Other (OTHER)	6,893,956	24.0
1			1
24.0	Other (GOVT SUBSIDIES)		24.0
2			2
24.0	Other (GRANT)		24.0
3			3
25	Total other income (sum of lines 6-24)	6,893,956	25
26	Total (line 5 plus line 25)	152,980,546	26
27.0	Other expenses (INCOME TAXES)		27.0
1			1
27.0	Other expenses (OTHER)		27.0
2			2
29	Net income (or loss) for the period (line 26 minus line 28)	152,980,546	29

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7241

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	1,026,648	323,888	2,735		735,101	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	1,771,794	453,169	195,778	15,830	12,185	6
7	Physical Therapy	872,791	219,604	83,707	172,353	2,574	7
8	Occupational Therapy	252,816	62,549	31,699	62,265	370	8
9	Speech Pathology	80,030	12,566	16,849		1,156	9
10	Medical Social Services	15,428	3,807	2,922			10
11	Home Health Aide	63,081	43,497	32,113		62	11
12	Supplies (see instructions)					154,070	12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	4,082,588	1,119,080	365,803	250,448	905,518	24

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7241

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,088,372	-732,240	1,356,132	-1,943	1,354,189	5
	<b>HHA REIMBURSABLE SERVICES</b>						
6	Skilled Nursing Care	2,448,756		2,448,756		2,448,756	6
7	Physical Therapy	1,351,029		1,351,029		1,351,029	7
8	Occupational Therapy	409,699		409,699		409,699	8
9	Speech Pathology	110,601		110,601		110,601	9
10	Medical Social Services	22,157		22,157		22,157	10
11	Home Health Aide	138,753		138,753		138,753	11
12	Supplies (see instructions)	154,070		154,070		154,070	12
13	Drugs						13
14	DME						14
	<b>HHA NONREIMBURSABLE SERVICES</b>						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	6,723,437	-732,240	5,991,197	-1,943	5,989,254	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7241

WORKSHEET H-1  
PART I

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	1,354,189				5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care	2,448,756				6
7	Physical Therapy	1,351,029				7
8	Occupational Therapy	409,699				8
9	Speech Pathology	110,601				9
10	Medical Social Services	22,157				10
11	Home Health Aide	138,753				11
12	Supplies (see instructions)	154,070				12
13	Drugs					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	5,989,254				24

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7241

WORKSHEET H-1  
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	<b>GENERAL SERVICE COST CENTERS</b>					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		1,354,189	1,354,189		5
	<b>HHA REIMBURSABLE SERVICES</b>					
6	Skilled Nursing Care		2,448,756	715,435	3,164,191	6
7	Physical Therapy		1,351,029	394,719	1,745,748	7
8	Occupational Therapy		409,699	119,698	529,397	8
9	Speech Pathology		110,601	32,313	142,914	9
10	Medical Social Services		22,157	6,473	28,630	10
11	Home Health Aide		138,753	40,538	179,291	11
12	Supplies (see instructions)		154,070	45,013	199,083	12
13	Drugs					13
14	DME					14
	<b>HHA NONREIMBURSABLE SERVICES</b>					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		5,989,254		5,989,254	24

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7241

WORKSHEET H-1  
PART II

	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
	BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)				
	1	2	3	4	5A	5		
<b>GENERAL SERVICE COST CENTERS</b>								
1 Capital Related-Bldgs. and Fixtures							1	
2 Capital Related-Movable Equipment							2	
3 Plant Operation & Maintenance							3	
4 Transportation (see instructions)							4	
5 Administrative and General					-1,354,189	4,635,065	5	
<b>HHA REIMBURSABLE SERVICES</b>								
6 Skilled Nursing Care						2,448,756	6	
7 Physical Therapy						1,351,029	7	
8 Occupational Therapy						409,699	8	
9 Speech Pathology						110,601	9	
10 Medical Social Services						22,157	10	
11 Home Health Aide						138,753	11	
12 Supplies (see instructions)						154,070	12	
13 Drugs							13	
14 DME							14	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15 Home Dialysis Aide Services							15	
16 Respiratory Therapy							16	
17 Private Duty Nursing							17	
18 Clinic							18	
19 Health Promotion Activities							19	
20 Day Care Program							20	
21 Home Delivered Means Program							21	
22 Homemaker Service							22	
23 All Others							23	
23.50 Telemedicine							23.50	
24 Totals (sum of lines 1-23)					-1,354,189	4,635,065	24	
25 Cost To Be Allocated (per Worksheet H-1, Part I)						1,354,189	25	
26 Unit Cost Multiplier						0.292162	26	

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7241

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	Administrative and General		38,004	122,439				1
2	Skilled Nursing Care	3,164,191						2
3	Physical Therapy	1,745,748						3
4	Occupational Therapy	529,397						4
5	Speech Pathology	142,914						5
6	Medical Social Services	28,630						6
7	Home Health Aide	179,291						7
8	Supplies	199,083						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	Totals (sum of lines 1-19)(2)	5,989,254	38,004	122,439				20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7241

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	FOUNDATION OVERHEAD	ADMITTING	SHARED ADM INISTRATIV E & GENERA	SUBTOTAL (cols.0-4)	OTHER ADMI NISTRATIVE & GENERAL	MAINTENANC E & REPAIR S	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General				160,443	29,646		1
2	Skilled Nursing Care				3,164,191	584,657		2
3	Physical Therapy				1,745,748	322,567		3
4	Occupational Therapy				529,397	97,818		4
5	Speech Pathology				142,914	26,407		5
6	Medical Social Services				28,630	5,290		6
7	Home Health Aide				179,291	33,128		7
8	Supplies				199,083	36,785		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	Totals (sum of lines 1-19)(2)				6,149,697	1,136,298		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7241

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	OPERATION OF PLANT	LAUNDRY & LINEN SERV ICE	HOUSEKEEPI NG	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
1	Administrative and General	103,255		26,619				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
20	Totals (sum of lines 1-19)(2)	103,255		26,619				20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7241

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	NURSING AD MINISTRATI ON	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	
		13	14	15	16	17	19	
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
20	Totals (sum of lines 1-19)(2)							20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7241

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	NURSING SCHOOL	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	
		20	21	22	23	24	25	
1	Administrative and General					319,963		1
2	Skilled Nursing Care					3,748,848		2
3	Physical Therapy					2,068,315		3
4	Occupational Therapy					627,215		4
5	Speech Pathology					169,321		5
6	Medical Social Services					33,920		6
7	Home Health Aide					212,419		7
8	Supplies					235,868		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	Totals (sum of lines 1-19)(2)					7,415,869		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7241

WORKSHEET H-2  
PART I

	HHA COST CENTER (omit cents)	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS			
		26	27	28			
1	Administrative and General	319,963					1
2	Skilled Nursing Care	3,748,848	169,041	3,917,889			2
3	Physical Therapy	2,068,315	93,262	2,161,577			3
4	Occupational Therapy	627,215	28,282	655,497			4
5	Speech Pathology	169,321	7,635	176,956			5
6	Medical Social Services	33,920	1,529	35,449			6
7	Home Health Aide	212,419	9,578	221,997			7
8	Supplies	235,868	10,636	246,504			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	Totals (sum of lines 1-19)(2)	7,415,869	319,963	7,415,869			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.045091				21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.  
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 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	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON-PATIEN T TELEPHON E PHONE INSTR	DATA PROCE SSING INVOICES	FOUNDATION OVERHEAD TOTAL COST	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	3,462	51,822	1,036,648				1
2	Skilled Nursing Care			1,771,794				2
3	Physical Therapy			872,791				3
4	Occupational Therapy			252,816				4
5	Speech Pathology			80,030				5
6	Medical Social Services			15,428				6
7	Home Health Aide			63,081				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	Totals (sum of lines 1-19)	3,462	51,822	4,092,588				20
21	Total cost to be allocated	38,004	122,439					21
22	Unit Cost Multiplier	10.977470						22
22	Unit Cost Multiplier		2.362684					22

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7241

WORKSHEET H-2  
PART II

	HHA COST CENTER	ADMITTING  GROSS REVENUE	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAINTENANC E & REPAIR S SQUARE FEET	OPERATION OF PLANT  SQUARE FEET	
		5.04	5.05	4A.06	5.06	6	7	
1	Administrative and General				160,443	3,462	3,462	1
2	Skilled Nursing Care				3,164,191			2
3	Physical Therapy				1,745,748			3
4	Occupational Therapy				529,397			4
5	Speech Pathology				142,914			5
6	Medical Social Services				28,630			6
7	Home Health Aide				179,291			7
8	Supplies				199,083			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	Totals (sum of lines 1-19)				6,149,697	3,462	3,462	20
21	Total cost to be allocated				1,136,298		103,255	21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier				0.184773		29.825246	22

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7241

WORKSHEET H-2  
PART II

	HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSEKEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	MAINTENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION FTES	
		8	9	10	11	12	13	
1	Administrative and General		3,462					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	Totals (sum of lines 1-19)		3,462					20
21	Total cost to be allocated		26,619					21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier		7.688908					22

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7241

WORKSHEET H-2  
PART II

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	
		14	15	16	17	19	20	
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	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7241

WORKSHEET H-2  
PART II

	HHA COST CENTER	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME	PARAMED EDUCATION  ASSIGNED TIME			
		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	Totals (sum of lines 1-19)						20
21	Total cost to be allocated						21
22	Unit Cost Multiplier						22
22	Unit Cost Multiplier						22

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 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							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
			1	2	3	4	5
1	Skilled Nursing Care	2	3,917,889		3,917,889	18,320	213.86
2	Physical Therapy	3	2,161,577		2,161,577	10,206	211.79
3	Occupational Therapy	4	655,497		655,497	2,245	291.98
4	Speech Pathology	5	176,956		176,956	905	195.53
5	Medical Social Services	6	35,449		35,449	102	347.54
6	Home Health Aide	7	221,997		221,997	2,614	84.93
7	Total (sum of lines 1-6)		7,169,365		7,169,365	34,392	

Limitation Cost Computation		Program Visits			
Patient Services	CBSA No.	Part A	PART B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	1	2	3	4	
8 Skilled Nursing Care	14060		3,609		
8.01 Skilled Nursing Care	16580		1,524		
8.02 Skilled Nursing Care	16660		4		
8.03 Skilled Nursing Care	19180		12		
8.04 Skilled Nursing Care	19500		1,584		
8.05 Skilled Nursing Care	45460				
8.06 Skilled Nursing Care	99914				
9 Physical Therapy	14060		1,881		
9.01 Physical Therapy	16580		780		
9.02 Physical Therapy	16660				
9.03 Physical Therapy	19180				
9.04 Physical Therapy	19500		917		
9.05 Physical Therapy	45460				
9.06 Physical Therapy	99914				
10 Occupational Therapy	14060		449		
10.01 Occupational Therapy	16580		215		
10.02 Occupational Therapy	16660				
10.03 Occupational Therapy	19180				
10.04 Occupational Therapy	19500		103		
10.05 Occupational Therapy	45460				
10.06 Occupational Therapy	99914				
11 Speech Pathology	14060		212		
11.01 Speech Pathology	16580		83		
11.02 Speech Pathology	16660		4		
11.03 Speech Pathology	19180				
11.04 Speech Pathology	19500		24		
11.05 Speech Pathology	45460				
11.06 Speech Pathology	99914				
12 Medical Social Services	14060		19		
12.01 Medical Social Services	16580		17		
12.02 Medical Social Services	16660				
12.03 Medical Social Services	19180				
12.04 Medical Social Services	19500		9		
12.05 Medical Social Services	45460				
12.06 Medical Social Services	99914				
13 Home Health Aide	14060		751		
13.01 Home Health Aide	16580		147		
13.02 Home Health Aide	16660				
13.03 Home Health Aide	19180				
13.04 Home Health Aide	19500		268		
13.05 Home Health Aide	45460				
13.06 Home Health Aide	99914				
14 Total (sum of lines 8-13)			12,612		

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7241

WORKSHEET H-3  
PARTS I & II

Check applicable box:      Title V      Title XVIII      Title XIX

Supplies and Drugs Cost Computations		From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	Other Patient Services		1	2	3	4	5	
15	Cost of Medical Supplies	8	246,504		246,504	25,109	9.817356	15
16	Cost of Drugs	9						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	2	3	4	
1	Physical Therapy	66	0.317354			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 Pat	71	0.134425			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.133979			col. 2, line 16	5

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 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		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		6,733			1,439,919		1,439,919	1
2	Physical Therapy		3,578			757,785		757,785	2
3	Occupational Therapy		767			223,949		223,949	3
4	Speech Pathology		323			63,156		63,156	4
5	Medical Social Services		45			15,639		15,639	5
6	Home Health Aide		1,166			99,028		99,028	6
7	Total (sum of lines 1-6)		12,612			2,599,476		2,599,476	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B				
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11		
15	Cost of Medical Supplies								15
16	Cost of Drugs								16

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 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				2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		2,149,287		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)				6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)				7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		2,001,984	11
12	Total PPS Reimbursement - Full Episodes with Outliers		53,787	12
13	Total PPS Reimbursement - LUPA Episodes		58,350	13
14	Total PPS Reimbursement - PEP Episodes		28,188	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP 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 thru 20 minus line 21)		2,142,309	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,142,309	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,142,309	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,142,309	29
30	Other adjustments (see instructions) (specify)		-50	30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,142,259	31
31.01	Sequestration adjustment (see instructions)		42,845	31.01
32	Interim payments (see instructions)		2,099,414	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, §115-2			35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA CCN: 14-7241

WORKSHEET H-5

	DESCRIPTION	Part A		Part B	
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4
1	Total interim payments paid to provider				2,099,414
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.				1
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. (1)				2
		.01			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
		.10			3.10
		.50			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			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)				2,099,414
	<b>TO BE COMPLETED BY CONTRACTOR</b>				
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				5.01
		.01			5.01
		.02			5.02
	Program	.03			5.03
	To	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	To	.53			5.53
	Program	.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 (see instructions)	.01			42,845
		.02			6.01
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				2,142,259
8	Name of Contractor		Contractor Number	NPR Date: Month, Day, Year	7
					8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1526

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	100,371				2,930,456	6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care	1,177,182		107,998		424,469	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy			1,014			12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services	118,895		11,542		28,602	15
16	Spiritual Counseling	95,307		18,003		25,969	16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker	130,332		39,492		48,602	19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs	50,663		3,282		25,492	35
36	volunteer Program Costs	27,598		965		13,436	36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	1,700,348		182,296		3,497,026	39

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1526

WORKSHEET K

	TOTAL (cols. 1-5) 6	RECLASSI- FICATION 7	SUBTOTAL (col. 6 ± col. 7) 8	ADJUST- MENTS 9	TOTAL (col. 8 ± col. 9) 10	
<b>GENERAL SERVICE COST CENTER</b>						
1						1
2						2
3						3
4						4
5						5
6	3,030,827	-719,881	2,310,946	-8,973	2,301,973	6
<b>INPATIENT CARE SERVICE</b>						
7						7
8						8
<b>VISITING SERVICES</b>						
9						9
10	1,709,649		1,709,649		1,709,649	10
11						11
12	1,014		1,014		1,014	12
13						13
14						14
15	159,039		159,039		159,039	15
16	139,279		139,279		139,279	16
17						17
18						18
19	218,426		218,426		218,426	19
20						20
21						21
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	79,437		79,437		79,437	35
36	41,999		41,999		41,999	36
37						37
38						38
39	5,379,670	-1,439,762	4,659,789	-17,946	4,650,816	39

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1526

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General		67,294				6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care					1,177,182	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services			118,895			15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)		67,294	118,895		1,177,182	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1526

WORKSHEET K-1

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General			33,077	100,371	6
	<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	<b>VISITING SERVICES</b>					
9	Physician Services					9
10	Nursing Care				1,177,182	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services				118,895	15
16	Spiritual Counseling			95,307	95,307	16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		130,332		130,332	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs			50,663	50,663	35
36	volunteer Program Costs			27,598	27,598	36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		130,332	206,645	1,700,348	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1526

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Eqiu						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1526

WORKSHEET K-2

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General					6
	<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	<b>VISITING SERVICES</b>					
9	Physician Services					9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services					15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker					19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)					39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1526

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	<b>GENERAL SERVICE COST CENTER</b>						
1	Capital Related Costs-Bldg and Fix						1
2	Capital Related Costs-Movable Equi						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General						6
	<b>INPATIENT CARE SERVICE</b>						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	<b>VISITING SERVICES</b>						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home C						20
21	Other						21
	<b>OTHER HOSPICE SERVICE COSTS</b>						
22	Drugs, Biological and Infusion The						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35	Bereavement Program Costs						35
36	volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)						39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1526

WORKSHEET K-3

		TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		6	7	8	9	
	<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General					6
	<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	<b>VISITING SERVICES</b>					
9	Physician Services					9
10	Nursing Care					10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services					15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker					19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs					35
36	volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)					39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1526

WORKSHEET K-4  
PART I

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Eqiu					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General	2,301,973				6
	<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	<b>VISITING SERVICES</b>					
9	Physician Services					9
10	Nursing Care	1,709,649				10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy	1,014				12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services	159,039				15
16	Spiritual Counseling	139,279				16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker	218,426				19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs	79,437				35
36	volunteer Program Costs	41,999				36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)	4,650,816				39

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1526

WORKSHEET K-4  
PART I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	<b>GENERAL SERVICE COST CENTER</b>					
1	Capital Related Costs-Bldg and Fix					1
2	Capital Related Costs-Movable Equi					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General		2,301,973	2,301,973		6
	<b>INPATIENT CARE SERVICE</b>					
7	Inpatient - General Care					7
8	Inpatient - Respite Care					8
	<b>VISITING SERVICES</b>					
9	Physician Services					9
10	Nursing Care		1,709,649	1,675,534	3,385,183	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy		1,014	994	2,008	12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services		159,039	155,865	314,904	15
16	Spiritual Counseling		139,279	136,500	275,779	16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker		218,426	214,067	432,493	19
20	HH Aide & Homemaker - Cont. Home C					20
21	Other					21
	<b>OTHER HOSPICE SERVICE COSTS</b>					
22	Drugs, Biological and Infusion The					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35	Bereavement Program Costs		79,437	77,852	157,289	35
36	volunteer Program Costs		41,999	41,161	83,160	36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		4,650,816		4,650,816	39

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1526

WORKSHEET K-4  
PART II

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	<b>GENERAL SERVICE COST CENTER</b>								
1	Capital Related Costs-Bldg and Fix								1
2	Capital Related Costs-Movable Equi								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff								4
5	Volunteer Service Coordination								5
6	Administrative and General						-2,301,973	2,348,843	6
	<b>INPATIENT CARE SERVICE</b>								
7	Inpatient - General Care								7
8	Inpatient - Respite Care								8
	<b>VISITING SERVICES</b>								
9	Physician Services								9
10	Nursing Care							1,709,649	10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy							1,014	12
13	Occupational Therapy								13
14	Speech / Language Pathology								14
15	Medical Social Services							159,039	15
16	Spiritual Counseling							139,279	16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker							218,426	19
20	HH Aide & Homemaker - Cont. Home C								20
21	Other								21
	<b>OTHER HOSPICE SERVICE COSTS</b>								
22	Drugs, Biological and Infusion The								22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies								30
31	Outpatient Services (including E/R								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other								34
	<b>HOSPICE NONREIMBURSABLE SERVICE</b>								
35	Bereavement Program Costs							79,437	35
36	volunteer Program Costs							41,999	36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)							2,301,973	39
40	Unit Cost Multiplier							0.980045	40

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1526

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	NEW CAP RE L COSTS-BL DG & FIXT	NEW CAP RE L COSTS-MV BLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT TELEPHONE	DATA PROCESSING	
		0	1	2	4	5.01	5.02	
1	Administrative and General		37,751	126,774				1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	3,385,183						5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy	2,008						7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services	314,904						10
11	Spiritual Counseling	275,779						11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker	432,493						14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs	157,289						30
31	Volunteer Program Costs	83,160						31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	4,650,816	37,751	126,774				34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1526

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	FOUNDATION OVERHEAD	ADMITTING	SHARED ADM INISTRATIV E & GENERA	SUBTOTAL	OTHER ADMI NISTRATIVE & GENERAL	MAINTENANC E & REPAIR S	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General				164,525	30,400		1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care				3,385,183	625,489		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy				2,008	371		7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services				314,904	58,186		10
11	Spiritual Counseling				275,779	50,957		11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker				432,493	79,913		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs				157,289	29,063		30
31	Volunteer Program Costs				83,160	15,366		31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)				4,815,341	889,745		34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1526

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	OPERATION OF PLANT	LAUNDRY & LINEN SERV ICE	HOUSEKEEPI NG	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	
		7	8	9	10	11	12	
1	Administrative and General	102,569		26,442				1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
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) (2)	102,569		26,442				34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
 (2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1526

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NURSING AD MINISTRATI ON	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	
		13	14	15	16	17	19	
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 Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
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) (2)							34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1526

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NURSING SCHOOL	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	PARAMED EDUCATION	SUBTOTAL (cols. 4A-23)	I&R COST & POST STEP- DOWN ADJS	
		20	21	22	23	24	25	
1	Administrative and General					323,936		1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care					4,010,672		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy					2,379		7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services					373,090		10
11	Spiritual Counseling					326,736		11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker					512,406		14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs					186,352		30
31	Volunteer Program Costs					98,526		31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)					5,834,097		34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1526

WORKSHEET K-5  
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)			
		26	27	28			
1	Administrative and General	323,936					1
2	Inpatient - General Care						2
3	Inpatient - Respite Care						3
4	Physician Services						4
5	Nursing Care	4,010,672	235,783	4,246,455			5
6	Nursing Care-Continuous Home Care						6
7	Physical Therapy	2,379	140	2,519			7
8	Occupational Therapy						8
9	Speech / Language Pathology						9
10	Medical Social Services	373,090	21,934	395,024			10
11	Spiritual Counseling	326,736	19,208	345,944			11
12	Dietary Counseling						12
13	Counseling - Other						13
14	Home Health Aide and Homemaker	512,406	30,124	542,530			14
15	HH Aide & Homemaker - Cont. Home Care						15
16	Other						16
17	Drugs, Biological and Infusion Therapy						17
18	Analgesics						18
19	Sedatives / Hypnotics						19
20	Other - Specify						20
21	Durable Medical Equipment/Oxygen						21
22	Patient Transportation						22
23	Imaging Services						23
24	Labs and Diagnostics						24
25	Medical Supplies						25
26	Outpatient Services (including E/R Dept.)						26
27	Radiation Therapy						27
28	Chemotherapy						28
29	Other						29
30	Bereavement Program Costs	186,352	10,955	197,307			30
31	Volunteer Program Costs	98,526	5,792	104,318			31
32	Fundraising						32
33	Other Program Costs						33
34	Totals (sum of lines 1-33) (2)	5,834,097		5,834,097			34
35	Unit Cost Multiplier (see instructions)		0.058789				35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.  
(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1526

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	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 PROCESSING INVOICES	FOUNDATION OVERHEAD TOTAL COST	
		1	2	4	5.01	5.02	5.03	
1	Administrative and General	3,439	53,657	143,294	44	81,439		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 Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services			104,096				10
11	Spiritual Counseling			94,762				11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker			95,248				14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
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	53,657	1,577,155	44	81,439		34
35	Total cost to be allocated	37,751	126,774					35
36	Unit Cost Multiplier (see instructions)	10.977319						36
36	Unit Cost Multiplier (see instructions)		2.362674					36

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1526

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	ADMITTING GROSS REVENUE	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	OTHER ADMI NISTRATIVE & GENERAL ACCUM COST	MAINTENANC E & REPAIR S SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		5.04	5.05	4A.06	5.06	6	7	
1	Administrative and General				164,525	3,439	3,439	1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care				3,385,183			5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy				2,008			7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services				314,904			10
11	Spiritual Counseling				275,779			11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker				432,493			14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs				157,289			30
31	Volunteer Program Costs				83,160			31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)				4,815,341	3,439	3,439	34
35	Total cost to be allocated				889,745		102,569	35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)				0.184773		29.825240	36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1526

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSEKEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	MAINTENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION FTES	
		8	9	10	11	12	13	
1	Administrative and General		3,439					1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
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)		3,439					34
35	Total cost to be allocated		26,442					35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)		7.688863					36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1526

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	
		14	15	16	17	19	20	
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 Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
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 (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1526

WORKSHEET K-5

PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	I&R SERVIC ES-SALARY & FRINGES ASSIGNED TIME	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME	PARAMED EDUCATION  ASSIGNED TIME			
		21	22	23			
1	Administrative and General						1
2	Inpatient - General Care						2
3	Inpatient - Respite Care						3
4	Physician Services						4
5	Nursing Care						5
6	Nursing Care-Continuous Home Care						6
7	Physical Therapy						7
8	Occupational Therapy						8
9	Speech / Language Pathology						9
10	Medical Social Services						10
11	Spiritual Counseling						11
12	Dietary Counseling						12
13	Counseling - Other						13
14	Home Health Aide and Homemaker						14
15	HH Aide & Homemaker - Cont. Home Care						15
16	Other						16
17	Drugs, Biological and Infusion Therapy						17
18	Analgesics						18
19	Sedatives / Hypnotics						19
20	Other - Specify						20
21	Durable Medical Equipment/Oxygen						21
22	Patient Transportation						22
23	Imaging Services						23
24	Labs and Diagnostics						24
25	Medical Supplies						25
26	Outpatient Services (including E/R Dept.)						26
27	Radiation Therapy						27
28	Chemotherapy						28
29	Other						29
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 (see instructions)						36
36	Unit Cost Multiplier (see instructions)						36

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1526

WORKSHEET K-5  
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1	2	3	
	<b>ANCILLARY SERVICE COST CENTERS</b>					
1	Physical Therapy	66	0.317354			1
2	Occupational Therapy	67				2
3	Speech / Language Pathology	68				3
4	Drugs, Biological and Infusion Therapy	73	0.133979			4
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.090677			6
7	Medical Supplies	71	0.134425			7
8	Outpatient Services (including E/R Dept.)	93				8
9	Radiation Therapy	55				9
10	ACUTE DIALYSIS	76				10
10.9 7	CARDIAC REHABILITATION	76.97	0.351181			10.9 7
10.9 8	HYPERBARIC OXYGEN THERAPY	76.98	0.121325			10.9 8
10.9 9	LITHOTRIPSY	76.99				10.9 9
11	Totals (sum of lines 1-10)					11

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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**CALCULATION OF HOSPICE PER DIEM COST**

**HOSPICE CCN: 14-1526**

**WORKSHEET K-6**

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				5,834,097	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				40,604	2
3	Average cost per diem (line 1 divided by line 2)				143.68	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	36,285				4
5	Aggregate Medicare cost (line 3 times line 4)	5,213,429				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)		1,139			6
7	Aggregate Medicaid cost (line 3 times line 6)		163,652			7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)	8,925				8
9	Aggregate SNF cost (line 3 times line 8)	1,282,344				9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)		152			10
11	Aggregate NF cost (line 3 times line 10)		21,839			11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,180		12
13	Aggregate cost for other days (line 3 times line 12)			456,902		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0091

WORKSHEET L

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	4,195,676	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	172,200	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)	287.17	3
4	Number of interns & residents (see instructions)	55.09	4
5	Indirect medical education percentage (see instructions)	5.56	5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	233,280	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0458	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2624	8
9	Sum of lines 7 and 8	0.3082	9
10	Allowable disproportionate share percentage (see instructions)	0.0644	10
11	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	270,202	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	4,871,358	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 (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (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 (from prior year Worksheet 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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0091

WORKSHEET L

Check  Title V  Hospital  PPS  
 Applicable  Title XVIII, Part A  SUB (Other)  Cost Method  
 Boxes:  Title XIX

**PART I - FULLY PROSPECTIVE METHOD**

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier		1
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 (Worksheet 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 (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (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 (from prior year Worksheet 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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
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						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
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
	<b>ANCILLARY SERVICE COST CENTERS</b>						
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
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
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
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 Part)						92

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 01/01/2014 To: 12/31/2014	Run Date: 05/27/2015 Run Time: 10:19 Version: 2015.03 (05/22/2015)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
92.01	OBSERVATION BEDS-DISTINCT						92.01
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	<b>SPECIAL PURPOSE COST CENTERS</b>						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
192.0	CHEMOTHERAPY RX						192.0
1							1
192.0	RURAL HEALTH						192.0
2							2
192.0	ARBOURS RX						192.0
3							3
192.0	FUND DEVELOPMENT						192.0
4							4
192.0	MARKETING						192.0
5							5
192.0	CARLE CLINIC						192.0
6							6
192.0	CARLE FOUNDATION #14-8077						192.0
8							8
192.0	CARLE ARBOURS #14-1439						192.0
9							9
192.1	OTHER REL ENTITIES						192.1
0							0
192.1	CHAMPAIGN ASC						192.1
1							1
192.1	SOUTH PARKING GARAGE						192.1
2							2
192.1	PARISH NRSG						192.1
3							3
192.1	COMM HLTH & WLNS						192.1
4							4
192.1	MOBILE CLINIC						192.1
5							5
192.1	PALLIATIVE CARE						192.1
6							6
192.1	SMOKING CESSATION						192.1
7							7
192.1	HRT DISEASE PRVT						192.1
8							8
192.1	STRATUM						192.1
9							9
193.0	CONTRACT MANAGEMENT						193.0
1							1
193.0	TELEMEDICINE						193.0
2							2
193.0	NORTH GARAGE						193.0
4							4
193.0	HOME INFUSION						193.0
5							5
193.0	MISSION RELATED						193.0
6							6
193.0	GRANT RELATED						193.0
7							7
193.0	EMERGENCY MEDICAL SERVICES						193.0
8							8
193.1	OTHER NONREIMBURSABLE ADMIN						193.1
0							0
193.1	RELATED PARTY THERAPY						193.1
1							1
193.1	RELATED PARTY PHARMACY						193.1
2							2

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
193.13	RELATED PARTY PHARMACISTS						193.13
194	UNDERGRADUATE MEDICAL EDUCATION						194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202