

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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: 05/31/2017 Time: 08:42		
	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 01/01/2016 and ending 12/31/2016, 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		-104,138	85,599			1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		-2,185	37			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		-106,323	85,636			200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. 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 / 2016	To: 12 / 31 / 2016								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.	20,604	8,088		11	3,026		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.	417	406					25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the 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**

		1	2	
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)	Y	Y	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
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
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete 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, chapter 21, 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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the 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 osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**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
65.01	OSTEOPATHIC	3600		1.76		65.01
65.02	INTERNAL MEDICINE	1400		26.87		65.02

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)	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	66
			16.21		

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	1400	1.01	26.64	0.036528	67
67.01	OSTEOPATHIC	1350		12.18		67.01

Inpatient Psychiatric Facility PPS

70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	1 N	2	3	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, indicate which program year began during this cost reporting period. (see instructions)				71

Inpatient Rehabilitation Facility PPS

75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	1 Y	2	3	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, indicate which program year began during this cost reporting period. (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
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.		N		87

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**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		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/IID 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 is not made on Wkst. B, Pt. I, col. 25 and the program is 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	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, chapter 22, 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:		760,224		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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

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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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	04H077	140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: THE CARLE FOUNDATION	Contractor's Name: NATIONAL GOVERNMENT SERVICES Contractor's Number: 00450			141
142	Street: 611 W. PARK ST.	P.O. Box:			142
143	City: URBANA	State: IL	ZIP Code: 61801		143
144	Are provider based physicians' costs included in Worksheet A?	Y			144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	N	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, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		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.	N				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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)					169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N			0	171

KPMG LLP Compu-Max 2552-10

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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	
Provider Organization and Operation				
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
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
Financial Data and Reports				
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
Approved Educational Activities			
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N	6
7	Are costs claimed for allied health programs? If yes, see instructions.	N	7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N	8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y	9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N	10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N	11

		Y/N
Bad Debts		
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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/14/2017	Y	04/14/2017
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 relieved for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's 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
42	Employer: CARLE FOUNDATION HOSPITAL		
43	Phone number: 217-383-4717	E-mail Address: THERESA.OBANION@CARLE.COM	

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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			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	313	114,558			26,514	14,677	77,478	1
2	HMO and other (see instructions)						16,607	3,026		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						365			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)		313	114,558			26,514	14,677	77,478	7
8	Intensive Care Unit	31								8
8.01	NEONATAL ICU	31.01	25	9,150				6,794	12,022	8.01
9	Coronary Care Unit	32	12	4,392			1,775	820	5,093	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34	26	9,516			1,737	1,581	6,179	11
12	Other Special Care (specify)	35								12
13	Nursery	43						3,934	9,167	13
14	Total (see instructions)		376	137,616			30,026	27,806	109,939	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	13	4,920			1,044	823	3,558	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					15,794	3,816	40,887	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116					32,027	3,030	38,270	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)		389							27
28	Observation Bed Days							1,266	4,424	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		12	4,392				897	2,078	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)					6,127	2,943	25,659	1
2	HMO and other (see instructions)					3,688	711		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)	54.67	2,802.95			6,127	2,943	25,659	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		19.14			86	49	279	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		63.46						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		30.03						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	54.67	2,915.58						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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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	
SALARIES							
1	200	171,677,050	16,433,410	188,110,460	6,886,069.00	27.32	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21	3,684,437	96,574	3,781,011	118,235.00	31.98	7
7.01							7.01
8							8
9	44						9
10		11,685,831	171,638	11,857,469	378,948.00	31.29	10
OTHER WAGES & RELATED COSTS							
11		4,023,546		4,023,546	63,943.49	62.92	11
12							12
13		6,636,193		6,636,193	61,663.00	107.62	13
14							14
14.01		68,890,089		68,890,089	1,538,663.00	44.77	14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		42,175,761		42,175,761			17
18							18
19		3,191,282		3,191,282			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25		521,226		521,226			25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26			1,920,568	1,920,568	59,463.00	32.30	26
27		7,170,485	10,225	7,180,710	308,670.00	23.26	27
28		162,163		162,163	1,507.35	107.58	28
29							29
30			3,551,092	3,551,092	138,385.00	25.66	30
31							31
32			4,056,666	4,056,666	279,633.00	14.51	32
33							33
34			2,385,316	2,385,316	155,667.00	15.32	34
35							35
36							36
37							37
38		2,450,097		2,450,097	64,655.00	37.89	38
39			2,197,204	2,197,204	143,694.00	15.29	39
40		3,809,744	-112,141	3,697,603	100,413.00	36.82	40
41		543,319	677,468	1,220,787	36,068.00	33.85	41
42							42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	168,154,776	16,336,836	184,491,612	6,769,341.35	27.25	1
2	Excluded area salaries (see instructions)	11,685,831	171,638	11,857,469	378,948.00	31.29	2
3	Subtotal salaries (line 1 minus line 2)	156,468,945	16,165,198	172,634,143	6,390,393.35	27.01	3
4	Subtotal other wages & related costs (see instructions)	79,549,828		79,549,828	1,664,269.49	47.80	4
5	Subtotal wage-related costs (see instructions)	42,175,761		42,175,761		24.43%	5
6	Total (sum of lines 3 through 5)	278,194,534	16,165,198	294,359,732	8,054,662.84	36.55	6
7	Total overhead cost (see instructions)	14,135,808	14,686,398	28,822,206	1,288,155.35	22.37	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	8,900,284	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
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	21,705,914	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	104,450	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	660,552	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,005,523	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	12,158,416	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	90,047	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	1,263,083	23
24	Total Wage Related cost (Sum of lines 1-23)	45,888,269	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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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 1	Benefit Cost 2	
	0			
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

KPMG LLP Compu-Max 2552-10

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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		2,273		2,087	4,360	1
2	Unduplicated Census Count (see instructions)		2,107.00		1,188.00	3,339.00	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	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)				3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel			1.41	5
6	Direct Nursing Service			24.18	6
7	Nursing Supervisor			2.49	7
8	Physical Therapy Service			11.05	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service			4.05	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service			1.75	12
13	Speech Pathology Supervisor				13
14	Medical Social Service			0.60	14
15	Medical Social Service Supervisor				15
16	Home Health Aide			2.10	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.		5	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).		14010	20
20.01			16580	20.01
20.02			19180	20.02
20.03			19500	20.03
20.04			99914	20.04

PPS ACTIVITY

		Full Episodes				PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers	LUPA Episodes				
		1	2	3	4			
21	Skilled Nursing Visits	6,547	356	469	107	7,479	21	
22	Skilled Nursing Visit Charges	1,233,471	64,693	92,610	20,390	1,411,164	22	
23	Physical Therapy Visits	4,401	6	123	78	4,608	23	
24	Physical Therapy Visit Charges	902,256	1,203	27,385	16,131	946,975	24	
25	Occupational Therapy Visits	1,310	1	21	14	1,346	25	
26	Occupational Therapy Visit Charges	261,785	200	4,189	2,801	268,975	26	
27	Speech Pathology Visits	308	3	5	5	321	27	
28	Speech Pathology Visit Charges	67,684	673	1,178	1,129	70,664	28	
29	Medical Social Service Visits	74		5	3	82	29	
30	Medical Social Service Visit Charges	21,535		1,457	874	23,866	30	
31	Home Health Aide Visits	1,342	47	4	31	1,424	31	
32	Home Health Aide Visit Charges	110,187	3,870	329	2,552	116,938	32	
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,982	413	627	238	15,260	33	
34	Other Charges	138,811	11,990	12,941	1,066	164,808	34	
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,735,729	82,629	140,089	44,943	3,003,390	35	
36	Total Number of Episodes (standard/non-outlier)	1,051		231	20	1,302	36	
37	Total Number of Ourlier Episodes		13			13	37	
38	Total Non-Routine Medical Supply Charges						38	

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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1526

WORKSHEET S-9
PARTS I THROUGH IV

PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Unduplicated Days					Total (sum of cols. 1, 2, & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care							2
3	Inpatient Respite Care							3
4	General Inpatient Care							4
5	Total Hospice Days							5

PART II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		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							6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)							8
9	Unduplicated Census Count							9

PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Unduplicated Days			Total (sum of cols. 1 through 3)	
		Title XVIII	Title XIX	Other		
		1	2	3	4	
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	31,209	2,946	2,241	36,396	11
12	Hospice Inpatient Respite Care	68	7		75	12
13	Hospice General Inpatient Care	750	77	74	901	13
14	Total Hospice Days	32,027	3,030	2,315	37,372	14

PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
15	Hospice Inpatient Respite Care					15
16	Hospice General Inpatient Care					16

NOTE: Parts I and 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)		0.198486	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		121,397,704	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		540,969,894	6
7	Medicaid cost (line 1 times line 6)		107,374,950	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.			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)				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	64,316,270	15,454,875	79,771,145	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,765,879	3,067,576	15,833,455	21
22	Partial payment by patients approved for charity care	182,949	454,188	637,137	22
23	Cost of charity care (line 21 minus line 22)	12,582,930	2,613,388	15,196,318	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)			26,972,039	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,313,619	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			25,658,420	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			5,092,837	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			20,289,155	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,289,155	31

KPMG LLP Compu-Max 2552-10

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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- FICATIONS	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	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				-436,246	-436,246	436,246		1
2	00200	Cap Rel Costs-Mvble Equip				17,078,069	17,078,069		17,078,069	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department						6,115,662	6,115,662	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	3,729,777	1,664,296	5,394,073	-405,957	4,988,116	-959	4,987,157	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	417,655	86,766,403	87,184,058	72,936,858	160,120,916	-13,145,091	146,975,825	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,023,053	48,513,716	51,536,769	-33,773,391	17,763,378	-13,663,842	4,099,536	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant						29,847,956	29,847,956	7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping						6,503,490	6,503,490	9
10	01000	Dietary				-21,252	-21,252	3,822,066	3,800,814	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,450,097	1,559,467	4,009,564	-418,598	3,590,966		3,590,966	13
14	01400	Central Services & Supply						5,712,244	5,712,244	14
15	01500	Pharmacy	3,809,744	14,896,580	18,706,324	-14,368,057	4,338,267		4,338,267	15
16	01600	Medical Records & Library	543,319	298,644	841,963		841,963	2,027,326	2,869,289	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	3,684,437	4,830,151	8,514,588	-2,618,714	5,895,874	-112,987	5,782,887	21
22	02200	I&R Services-Other Prgm Costs Apprvd				2,537,657	2,537,657		2,537,657	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	35,667,071	25,928,071	61,595,142	-15,117,449	46,477,693	-62,051	46,415,642	30
31.01	03101	NEONATAL ICU	6,659,074	3,832,866	10,491,940	-826,981	9,664,959		9,664,959	31.01
32	03200	Coronary Care Unit	3,468,492	2,419,767	5,888,259	-687,804	5,200,455	-15,524	5,184,931	32
34	03400	Surgical Intensive Care Unit	4,560,506	3,034,794	7,595,300	-672,768	6,922,532	-7,993	6,914,539	34
41	04100	Subprovider - IRF	1,429,429	997,357	2,426,786	-400,683	2,026,103	-23,575	2,002,528	41
43	04300	Nursery				1,946,750	1,946,750		1,946,750	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	7,563,069	36,563,421	44,126,490	-19,765,777	24,360,713	-108,386	24,252,327	50
51	05100	Recovery Room	1,404,420	712,230	2,116,650	-143,477	1,973,173		1,973,173	51
52	05200	Delivery Room & Labor Room				6,505,915	6,505,915		6,505,915	52
53	05300	Anesthesiology	55,123	1,346,065	1,401,188	-1,401,188				53
54	05400	Radiology-Diagnostic	10,663,854	16,437,699	27,101,553	-7,247,549	19,854,004	-18,837	19,835,167	54
57	05700	CT Scan	1,326,708	2,967,601	4,294,309	-623,528	3,670,781		3,670,781	57
58	05800	MRI	1,323,351	2,908,921	4,232,272	-808,012	3,424,260		3,424,260	58
59	05900	Cardiac Catheterization	964,206	6,454,201	7,418,407	-5,526,492	1,891,915	-8,907	1,883,008	59
60	06000	Laboratory	6,514,894	16,916,205	23,431,099	-3,747,667	19,683,432	-69,781	19,613,651	60
62	06200	Whole Blood & Packed Red Blood Cells	319,371	2,222,765	2,542,136	-45,406	2,496,730		2,496,730	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	2,727,138	2,285,412	5,012,550	-479,276	4,533,274	-17,859	4,515,415	65
66	06600	Physical Therapy	10,927,612	8,156,942	19,084,554	-3,718,504	15,366,050	-533,120	14,832,930	66
69	06900	Electrocardiology	2,499,979	3,474,914	5,974,893	-1,072,295	4,902,598	-68,324	4,834,274	69
69.01	03650	SPECIAL PROCEDURES	3,254,237	19,372,868	22,627,105	-15,044,719	7,582,386	-2,105	7,580,281	69.01
69.02	06901	CARDIAC REHAB								69.02
70	07000	Electroencephalography	268,379	288,827	557,206	-135,098	422,108		422,108	70
71	07100	Medical Supplies Charged to Patients				21,515,620	21,515,620		21,515,620	71
72	07200	Impl. Dev. Charged to Patients				16,477,299	16,477,299		16,477,299	72
73	07300	Drugs Charged to Patients	112,780	16,572,605	16,685,385	13,229,936	29,915,321		29,915,321	73
75	07500	ASC (Non-Distinct Part)	670,340	1,756,822	2,427,162	-1,137,753	1,289,409	-5,189	1,284,220	75
75.01	07501	WOUND CARE								75.01
76	03950	ACUTE DIALYSIS	75	1,205,960	1,206,035	-1,206,035				76
76.97	07697	CARDIAC REHABILITATION	204,446	263,382	467,828	-189,375	278,453	-22,021	256,432	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	191,365	65,573	256,938		256,938		256,938	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	29,004,966	47,528,175	76,533,141	-12,404,881	64,128,260	-181,836	63,946,424	90.01
90.02	09002	HOME INFUSION	752,906	3,740,609	4,493,515	-798,338	3,695,177	-2,536	3,692,641	90.02
91	09100	Emergency	5,450,065	9,461,897	14,911,962	-1,998,971	12,912,991	-3,683	12,909,308	91
91.01	09101	SLEEP LAB	1,083,736	654,363	1,738,099	-250,100	1,487,999	-25,849	1,462,150	91.01
91.02	09102	BRONCH & GASTRO LAB	2,299,244	5,437,690	7,736,934	-1,919,841	5,817,093	-3,558	5,813,535	91.02
91.03	09103	SURGICENTER								91.03
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	2,395,730	1,533,839	3,929,569	-496,560	3,433,009		3,433,009	92.01
		OTHER REIMBURSABLE COST CENTERS								

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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- FICATIONS	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	
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	4,756,796	2,798,660	7,555,456	-1,038,510	6,516,946	-60,152	6,456,794	101
		SPECIAL PURPOSE COST CENTERS								
116	11600	Hospice	1,856,004	4,124,088	5,980,092	-849,713	5,130,379	-27,050	5,103,329	116
118		SUBTOTALS (sum of lines 1-117)	168,033,448	409,993,846	578,027,294	431,139	578,458,433	26,273,775	604,732,208	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		118,885	118,885	-105,732	13,153		13,153	190
191	19100	Research	2,273,832	3,891,296	6,165,128	-1,949,729	4,215,399	-13,398	4,202,001	191
192	19200	Physicians' Private Offices		87,119	87,119		87,119		87,119	192
192.01	19201	CHEMOTHERAPY RX	614,486	18,053,007	18,667,493	-49,113	18,618,380		18,618,380	192.01
192.02	19202	RURAL HEALTH								192.02
192.03	19203	ARBOURS RX								192.03
192.04	19204	FUND DEVELOPMENT								192.04
192.05	19205	MARKETING								192.05
192.06	19206	CARLE CLINIC								192.06
192.08	19208	CARLE FOUNDATION #14-8077								192.08
192.09	19209	CARLE ARBOURS #14-1439								192.09
192.10	19210	OTHER REL ENTITIES								192.10
192.11	19211	CHAMPAIGN ASC		9,379	9,379	-2,904	6,475	-42	6,433	192.11
192.12	19212	SOUTH PARKING GARAGE				29,935	29,935		29,935	192.12
192.13	19213	PARISH NRSG	25,560	47,289	72,849	-6,600	66,249		66,249	192.13
192.14	19214	COMM HLTH & WLNS	65,748	2,152,126	2,217,874	-33,563	2,184,311		2,184,311	192.14
192.15	19215	MOBILE CLINIC								192.15
192.16	19216	PALLIATIVE CARE	98,257	127,858	226,115	-44,343	181,772		181,772	192.16
192.17	19217	SMOKING CESSATION								192.17
192.18	19218	HRT DISEASE PRVT								192.18
192.19	19219	STRATUM								192.19
193.01	19301	CONTRACT MANAGEMENT		96,523	96,523		96,523		96,523	193.01
193.02	19302	TELEMEDICINE	42,689	73,615	116,304	-30,466	85,838		85,838	193.02
193.04	19304	NORTH GARAGE				530,542	530,542		530,542	193.04
193.05	19305	HOME INFUSION								193.05
193.06	19306	MISSION RELATED								193.06
193.07	19307	GRANT RELATED	216,571	470,943	687,514	-225,244	462,270		462,270	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	185,482	135,942	321,424		321,424		321,424	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	120,977	1,178,213	1,299,190		1,299,190		1,299,190	193.10
193.11	19309	RELATED PARTY THERAPY								193.11
193.12	19310	RELATED PARTY PHARMACY				551,404	551,404		551,404	193.12
193.13	19311	RELATED PARTY PHARMACISTS				112,141	112,141		112,141	193.13
193.14	19312	RETAIL PHARM								193.14
193.15	19313	RELATED PARTY DIETITIANS				21,252	21,252		21,252	193.15
193.16	19314	RELATED PARTY LABORATORY				531,680	531,680		531,680	193.16
193.17	19315	RELATED PARTY RADIOLOGY				513,036	513,036		513,036	193.17
193.18	19316	RELATED PARTY RADIOLOGY				61,965	61,965		61,965	193.18
194	07950	UNDERGRADUATE MEDICAL EDUCATION		345,597	345,597	-335,400	10,197		10,197	194
200		TOTAL (sum of lines 118-199)	171,677,050	436,781,638	608,458,688		608,458,688	26,260,335	634,719,023	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
1	INTERNS AND RESIDENTS	1		3		
		2				
500	Total reclassifications	A	I&R Services-Other Prgm Costs	22		2,616,197
	Code Letter - A					2,616,197
1	PARKING GARAGE DEPRECIATION	B	SOUTH PARKING GARAGE	192.12		29,935
			NORTH GARAGE	193.04		530,542
500	Total reclassifications					560,477
	Code Letter - B					
1	INTERNAL FEES	C	SHARED ADMINISTRATIVE & GENER	5.05		73,019,494
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43						
500	Total reclassifications					73,019,494
	Code Letter - C					
1	DRUGS CHARGED	D	Drugs Charged to Patients	73		13,229,936
500	Total reclassifications					13,229,936
	Code Letter - D					
1	OBSTETRICS	E	Nursery	43	987,561	959,189
500	Total reclassifications				987,561	959,189
	Code Letter - E					
1	ACUTE RENAL	F	Adults & Pediatrics	30		1,195,652
500	Total reclassifications					1,195,652
	Code Letter - F					
1	L&D DEPT FROM ROUTINE	G	Delivery Room & Labor Room	52	3,677,694	2,828,221
500	Total reclassifications				3,677,694	2,828,221
	Code Letter - G					
1	DEPRECIATION	H	Cap Rel Costs-Bldg & Fixt	1		124,231
2			Cap Rel Costs-Mvble Equip	2		17,078,069
3						
4						
5						

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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	
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	
41						41	
42						42	
43						43	
500	Total reclassifications Code Letter - H					17,202,300	500
1	BONUSES	I	SHARED ADMINISTRATIVE & GENER	5.05	2,500		1
2			OTHER ADMINISTRATIVE & GENERA	5.06	7,725		2
3			I&R Services-Salary & Fringes	21	96,574		3
4			Adults & Pediatrics	30	833,966		4
5			NEONATAL ICU	31.01	57,124		5
6			Coronary Care Unit	32	8,982		6
7			Surgical Intensive Care Unit	34	108,997		7
8			Subprovider - IRF	41	9,082		8
9			Operating Room	50	7,490		9
10			Recovery Room	51	6,000		10
11			Radiology-Diagnostic	54	30,359		11
12			CT Scan	57	6,500		12
13			MRI	58	4,625		13
14			Cardiac Catheterization	59	2,855		14
15			Laboratory	60	11,315		15
16			Respiratory Therapy	65	18,528		16
17			Physical Therapy	66	88,500		17
18			Electrocardiology	69	29,562		18
19			SPECIAL PROCEDURES	69.01	10,000		19
20			Electroencephalography	70	2,500		20
21			340B CLINICS	90.01	97,471		21
22			Emergency	91	143,401		22
23			SLEEP LAB	91.01	10,000		23
24			BRONCH & GASTRO LAB	91.02	625		24
25			Home Health Agency	101	7,500		25
26			Hospice	116	11,503		26
27			GRANT RELATED	193.07	10,160		27
500	Total reclassifications Code Letter - I				1,623,844		500
1	SUPPLIES CHARGED	J					1
2	SUPPLIES CHARGED	J					2
3	SUPPLIES CHARGED	J	Medical Supplies Charged to P	71		21,515,620	3
4			Impl. Dev. Charged to Patient	72		16,477,299	4
5							5

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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	
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
500	Total reclassifications					37,992,919	500
	Code Letter - J						
1	ANESTHESIA	L	Operating Room	50	55,123	1,112,204	1
500	Total reclassifications				55,123	1,112,204	500
	Code Letter - L						
1	HO SALARIES	M	Employee Benefits Department	4	1,920,568		1
2							2
3			Operation of Plant	7	3,551,092		3
4			Housekeeping	9	4,056,666		4
5			Dietary	10	2,406,568		5
6			Central Services & Supply	14	2,197,204		6
7			Medical Records & Library	16	677,468		7
500	Total reclassifications				14,809,566		500
	Code Letter - M						
1	HOOPSTON INTERCOMPANY	O	RELATED PARTY PHARMACY	193.12		551,404	1
2			RELATED PARTY PHARMACISTS	193.13	112,141		2
3			RELATED PARTY DIETITIANS	193.15	21,252		3
4			RELATED PARTY LABORATORY	193.16		531,680	4
5			RELATED PARTY RADIOLOGY	193.17		513,036	5
6			RELATED PARTY CARDIOLOGY	193.18		61,965	6
500	Total reclassifications				133,393	1,658,085	500
	Code Letter - O						
	GRAND TOTAL (Increases)				21,287,181	152,374,674	

(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.	
		1	6	7	8	9	10	
1	INTERNS AND RESIDENTS	A	I&R Services-Salary & Fringes	21		2,616,197	1	
500	Total reclassifications					2,616,197	500	
	Code letter - A							
1	PARKING GARAGE DEPRECIATION	B	Cap Rel Costs-Bldg & Fixt	1		560,477	9	
2							2	
500	Total reclassifications					560,477	500	
	Code letter - B							
1	INTERNAL FEES	C	ADMITTING	5.04		345,912	1	
2			OTHER ADMINISTRATIVE & GENERA	5.06		32,638,859	2	
3			Nursing Administration	13		106,896	3	
4			Pharmacy	15		267,056	4	
5			I&R Services-Other Prgm Costs	22		78,540	5	
6			Adults & Pediatrics	30		6,609,828	6	
7			NEONATAL ICU	31.01		509,376	7	
8			Coronary Care Unit	32		518,352	8	
9			Surgical Intensive Care Unit	34		524,376	9	
10			Subprovider - IRF	41		343,812	10	
11			Operating Room	50		1,598,928	11	
12			Recovery Room	51		134,640	12	
13			Radiology-Diagnostic	54		2,717,628	13	
14			CT Scan	57		86,400	14	
15			MRI	58		173,832	15	
16			Cardiac Catheterization	59		143,316	16	
17			Laboratory	60		2,642,869	17	
18			Whole Blood & Packed Red Bloo	62		41,916	18	
19			Respiratory Therapy	65		223,200	19	
20			Physical Therapy	66		3,307,889	20	
21			Electrocardiology	69		332,232	21	
22			SPECIAL PROCEDURES	69.01		1,066,500	22	
23			Electroencephalography	70		31,392	23	
24			ASC (Non-Distinct Part)	75		985,496	24	
25			Adults & Pediatrics	30		77,496	25	
26			CARDIAC REHABILITATION	76.97		143,052	26	
27			340B CLINICS	90.01		10,578,901	27	
28			Emergency	91		841,188	28	
29			SLEEP LAB	91.01		196,932	29	
30			BRONCH & GASTRO LAB	91.02		737,016	30	
31			OBSERVATION BEDS-DISTINCT	92.01		414,216	31	
32			Home Health Agency	101		749,170	32	
33			Hospice	116		747,991	33	
34			Gift, Flower, Coffee Shop & C	190		105,732	34	
35			Research	191		1,722,688	35	
36			CHEMOTHERAPY RX	192.01		44,208	36	
37			PARISH NRSG	192.13		6,600	37	
38			COMM HLTH & WLNS	192.14		4,668	38	
39			PALLIATIVE CARE	192.16		43,164	39	
40			TELEMEDICINE	193.02		4,344	40	
41			HOME INFUSION	90.02		761,523	41	
42			GRANT RELATED	193.07		75,960	42	
43			UNDERGRADUATE MEDICAL EDUCATI	194		335,400	43	
500	Total reclassifications					73,019,494	500	
	Code letter - C							
1	DRUGS CHARGED	D	Pharmacy	15		13,229,936	1	
500	Total reclassifications					13,229,936	500	
	Code letter - D							
1	OBSTETRICS	E	Adults & Pediatrics	30	987,561	959,189	1	
500	Total reclassifications				987,561	959,189	500	
	Code letter - E							
1	ACUTE RENAL	F	ACUTE DIALYSIS	76		1,195,652	1	
500	Total reclassifications					1,195,652	500	
	Code letter - F							
1	L&D DEPT FROM ROUTINE	G	Adults & Pediatrics	30	3,677,694	2,828,221	1	
500	Total reclassifications				3,677,694	2,828,221	500	
	Code letter - G							
1	DEPRECIATION	H	ADMITTING	5.04		60,045	9	
2			SHARED ADMINISTRATIVE & GENER	5.05		82,636	9	
3			OTHER ADMINISTRATIVE & GENERA	5.06		93,206	3	
4			Nursing Administration	13		311,702	4	

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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	
5			Pharmacy	15		207,373	5	
6			I&R Services-Salary & Fringes	21		2,517	6	
7			Adults & Pediatrics	30		1,164,033	7	
8			NEONATAL ICU	31.01		317,597	8	
9			Coronary Care Unit	32		166,065	9	
10			Surgical Intensive Care Unit	34		143,189	10	
11			Subprovider - IRF	41		56,871	11	
12			Operating Room	50		2,133,957	12	
13			Recovery Room	51		7,988	13	
14			Anesthesiology	53		233,835	14	
15			Radiology-Diagnostic	54		2,589,941	15	
16			CT Scan	57		537,128	16	
17			MRI	58		634,180	17	
18			Cardiac Catheterization	59		1,217,708	18	
19			Laboratory	60		573,118	19	
20			Whole Blood & Packed Red Bloo	62		3,490	20	
21			Respiratory Therapy	65		243,296	21	
22			Physical Therapy	66		148,219	22	
23			Electrocardiology	69		678,098	23	
24			SPECIAL PROCEDURES	69.01		1,331,666	24	
25			Electroencephalography	70		103,706	25	
26			ASC (Non-Distinct Part)	75		92,188	26	
27			ACUTE DIALYSIS	76		10,383	27	
28			CARDIAC REHABILITATION	76.97		46,323	28	
29			340B CLINICS	90.01		1,111,466	29	
30			Emergency	91		1,111,990	30	
31			SLEEP LAB	91.01		53,168	31	
32			BRONCH & GASTRO LAB	91.02		961,153	32	
33			OBSERVATION BEDS-DISTINCT	92.01		82,344	33	
34			Home Health Agency	101		112,854	34	
35			Hospice	116		101,722	35	
36			CHEMOTHERAPY RX	192.01		4,905	36	
37			CHAMPAIGN ASC	192.11		2,904	37	
38			COMM HLTH & WLNS	192.14		28,895	38	
39			PALLIATIVE CARE	192.16		1,179	39	
40			TELEMEDICINE	193.02		26,122	40	
41			HOME INFUSION	90.02		36,815	41	
42			GRANT RELATED	193.07		149,284	42	
43			Research	191		227,041	43	
500	Total reclassifications					17,202,300	500	
	Code letter - H							
1	BONUSES	I	SHARED ADMINISTRATIVE & GENER	5.05		2,500	1	
2			OTHER ADMINISTRATIVE & GENERA	5.06		7,725	2	
3			I&R Services-Salary & Fringes	21		96,574	3	
4			Adults & Pediatrics	30		833,966	4	
5			NEONATAL ICU	31.01		57,124	5	
6			Coronary Care Unit	32		8,982	6	
7			Surgical Intensive Care Unit	34		108,997	7	
8			Subprovider - IRF	41		9,082	8	
9			Operating Room	50		7,490	9	
10			Recovery Room	51		6,000	10	
11			Radiology-Diagnostic	54		30,359	11	
12			CT Scan	57		6,500	12	
13			MRI	58		4,625	13	
14			Cardiac Catheterization	59		2,855	14	
15			Laboratory	60		11,315	15	
16			Respiratory Therapy	65		18,528	16	
17			Physical Therapy	66		88,500	17	
18			Electrocardiology	69		29,562	18	
19			SPECIAL PROCEDURES	69.01		10,000	19	
20			Electroencephalography	70		2,500	20	
21			340B CLINICS	90.01		97,471	21	
22			Emergency	91		143,401	22	
23			SLEEP LAB	91.01		10,000	23	
24			BRONCH & GASTRO LAB	91.02		625	24	
25			Home Health Agency	101		7,500	25	
26			Hospice	116		11,503	26	
27			GRANT RELATED	193.07		10,160	27	
500	Total reclassifications					1,623,844	500	
	Code letter - I							
1	SUPPLIES CHARGED	J	OTHER ADMINISTRATIVE & GENERA	5.06		1,041,326	1	
2	SUPPLIES CHARGED	J	Pharmacy	15		147	2	
3	SUPPLIES CHARGED	J	Adults & Pediatrics	30		9,077	3	

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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	
4			NEONATAL ICU	31.01		8	4	
5			Coronary Care Unit	32		3,387	5	
6			Surgical Intensive Care Unit	34		5,203	6	
7			Operating Room	50		17,200,219	7	
8			Recovery Room	51		849	8	
9			Anesthesiology	53		26	9	
10			Radiology-Diagnostic	54		1,426,944	10	
11			Cardiac Catheterization	59		4,165,468	11	
12			Respiratory Therapy	65		12,780	12	
13			Physical Therapy	66		262,396	13	
14			SPECIAL PROCEDURES	69.01		12,646,553	14	
15			ASC (Non-Distinct Part)	75		60,069	15	
16			Adults & Pediatrics	30		2	16	
17			340B CLINICS	90.01		714,514	17	
18			Emergency	91		45,793	18	
19			BRONCH & GASTRO LAB	91.02		221,672	19	
20			Home Health Agency	101		176,486	20	
500	Total reclassifications					37,992,919	500	
	Code letter - J							
1	ANESTHESIA	L	Anesthesiology	53	55,123	1,112,204	1	
500	Total reclassifications				55,123	1,112,204	500	
	Code letter - L							
1	HO SALARIES	M	Employee Benefits Department	4		1,920,568	1	
2							2	
3			Operation of Plant	7		3,551,092	3	
4			Housekeeping	9		4,056,666	4	
5			Dietary	10		2,406,568	5	
6			Central Services & Supply	14		2,197,204	6	
7			Medical Records & Library	16		677,468	7	
500	Total reclassifications					14,809,566	500	
	Code letter - M							
1	HOOPSTON INTERCOMPANY	O	Pharmacy	15	112,141	551,404	1	
2			Dietary	10	21,252		2	
3							3	
4			Laboratory	60		531,680	4	
5			Radiology-Diagnostic	54		513,036	5	
6			Electrocardiology	69		61,965	6	
500	Total reclassifications				133,393	1,658,085	500	
	Code letter - O							
	GRAND TOTAL (Decreases)				4,853,771	168,808,084		

(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	652,707					652,707		2
3	Buildings and Fixtures	204,609				959	203,650		3
4	Building Improvements	897,871	30,107		30,107		927,978		4
5	Fixed Equipment	141,332,355	14,423,723		14,423,723		155,756,078		5
6	Movable Equipment	145,380					145,380		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	143,232,922	14,453,830		14,453,830	959	157,685,793		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	143,232,922	14,453,830		14,453,830	959	157,685,793		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		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 line 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							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								1	
2	Cap Rel Costs-Mvble Equip	17,078,069						17,078,069	2	
3	Total (sum of lines 1-2)	17,078,069						17,078,069	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	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-1,112,235				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	43,332,786				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	-13,557	OTHER ADMINISTRATIVE & GENERAL	5.06		34
35	CAOS TUITION	B	-277,499	Physical Therapy	66		35
35.06	EDUCATION REVENUE	B	-4,387	Adults & Pediatrics	30		35.06
35.07	EDUCATION REVENUE	B	-3,647	Emergency	91		35.07
35.08	EDUCATION REVENUE	B	-10,460	Physical Therapy	66		35.08
36							36
37	MISC	B	-192,322	SHARED ADMINISTRATIVE & GENERAL	5.05		37
38	MISC REVENUE & CCA REVENUE, SER	B	-199,028	OTHER ADMINISTRATIVE & GENERAL	5.06		38
38.01	MISC	B	-10	I&R Services-Salary & Fringes Apprvd	21		38.01
38.02	MISC	B	-7,284	Adults & Pediatrics	30		38.02
38.06	MISC	B	-7,206	Physical Therapy	66		38.06
39	OUTSIDE CONTRACT	B	-144,629	Physical Therapy	66		39
39.02	RENT REVENUE	B	-396,679	SHARED ADMINISTRATIVE & GENERAL	5.05		39.02
39.03	RENT REVENUE	B	-94,574	340B CLINICS	90.01		39.03
40	U OF I SUBSIDY	B	-112,977	I&R Services-Salary & Fringes Apprvd	21		40
41							41
42							42
43							43
44	PROVIDER TAX	A	-13,286,700	OTHER ADMINISTRATIVE & GENERAL	5.06		44
45	REF LAB	B	-20,901	CARDIAC REHABILITATION	76.97		45
45.01	MISC & CCA REVENUE	B	-44,877	Laboratory	60		45.01
45.07	MISC REVENUE	B	-17,759	Respiratory Therapy	65		45.07
45.09	MISC REVENUE	B	-279	Radiology-Diagnostic	54		45.09
45.11	MISC REVENUE	B	-457	340B CLINICS	90.01		45.11
45.13	UNALLOWABLE EXPENSE	A	-12	Radiology-Diagnostic	54		45.13
45.16	UNALLOWABLE EXPENSE	A	-36	Emergency	91		45.16
45.17	UNALLOWABLE EXPENSE	A	-18	340B CLINICS	90.01		45.17
45.22	MISC	B	114	Operating Room	50		45.22
45.38	DONATIONS	A	-440,611	SHARED ADMINISTRATIVE & GENERAL	5.05		45.38
45.39	DONATIONS	A	-11,933	OTHER ADMINISTRATIVE & GENERAL	5.06		45.39
45.40	DONATIONS	A	-275	Adults & Pediatrics	30		45.40
46	MISC REVENUE	B	-396	BRONCH & GASTRO LAB	91.02		46

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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. 5	
				COST CENTER		LINE#		
				1	2	3		4
47	MISC REVENUE	B	-1,151	Home Health Agency		101	47	
47.02	CONF TRAINING REVENUE	B	-3,780	Adults & Pediatrics		30	47.02	
47.03	CONF TRAINING REVENUE	B	-23,575	Subprovider - IRF		41	47.03	
47.04	CONF TRAINING REVENUE	B	-100	Respiratory Therapy		65	47.04	
47.05	CONF TRAINING REVENUE	B	-325	Physical Therapy		66	47.05	
48							48	
49	WORKERS COMP	A	-749,850	SHARED ADMINISTRATIVE & GENERAL		5.05	49	
49.01	WORKERS COMP	A	-103,467	OTHER ADMINISTRATIVE & GENERAL		5.06	49.01	
49.02	WORKERS COMP	A	-6,331	Laboratory		60	49.02	
49.03	WORKERS COMP	A	-39,150	Physical Therapy		66	49.03	
49.04	WORKERS COMP	A	-4,861	ASC (Non-Distinct Part)		75	49.04	
49.05	WORKERS COMP	A	-58,970	Home Health Agency		101	49.05	
49.06	WORKERS COMP	A	-27,021	Hospice		116	49.06	
49.07	WORKERS COMP	A	-13,398	Research		191	49.07	
49.08	WORKERS COMP	A	-2,475	HOME INFUSION		90.02	49.08	
49.10	PROF LIABILITY	A	-72,912	SHARED ADMINISTRATIVE & GENERAL		5.05	49.10	
49.11	PROF LIABILITY	A	-21	OTHER ADMINISTRATIVE & GENERAL		5.06	49.11	
49.12	PROF LIABILITY	A	-185	Physical Therapy		66	49.12	
49.13	PROF LIABILITY	A	-328	ASC (Non-Distinct Part)		75	49.13	
49.14	PROF LIABILITY	A	-31	Home Health Agency		101	49.14	
49.15	PROF LIABILITY	A	-29	Hospice		116	49.15	
49.16	PROF LIABILITY	A	-42	CHAMPAIGN ASC		192.11	49.16	
49.17	PROF LIABILITY	A	-61	HOME INFUSION		90.02	49.17	
49.20	GL ADD ON	A	436,246	Cap Rel Costs-Bldg & Fixt		1	9	49.20
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		26,260,335					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
2	4	Employee Benefits Department	HO ALLOCATION	6,115,662		6,115,662	2
3	5.05	SHARED ADMINISTRATIVE & GENERAL	HO ALLOCATION	111,313,168	122,050,921	-10,737,753	3
3.01	7	Operation of Plant	HO ALLOCATION	29,847,956		29,847,956	3.01
3.02	9	Housekeeping	HO ALLOCATION	6,503,490		6,503,490	3.02
3.03	10	Dietary	HO ALLOCATION	3,822,066		3,822,066	3.03
3.04	14	Central Services & Supply	HO ALLOCATION	5,712,244		5,712,244	3.04
3.05	16	Medical Records & Library	HO ALLOCATION	2,069,121		2,069,121	3.05
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			165,383,707	122,050,921	43,332,786	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
6	7	8	9	10	11	12	
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	6,247	7	6,240	211,500	52	5,288	264	1
2	5.05	SHARED ADMINISTRATIV AGGREGATE	1,804,238	5,992	1,798,246	211,500	12,286	1,249,274	62,464	2
3	5.06	OTHER ADMINISTRATIVE AGGREGATE	49,136	49,136		211,500				3
4	16	Medical Records & Li AGGREGATE	155,680		155,680	211,500	1,120	113,885	5,694	4
5	30	Adults & Pediatrics AGGREGATE	888,970	30,910	858,060	211,500	8,287	842,645	42,132	5
6										6
7	32	Coronary Care Unit AGGREGATE	19,693	10,430	9,263	211,500	41	4,169	208	7
8	34	Surgical Intensive C AGGREGATE	30,738	18	30,720	246,400	192	22,745	1,137	8
9	54	Radiology-Diagnostic AGGREGATE	44,298	85	44,213	271,900	197	25,752	1,288	9
10	50	Operating Room AGGREGATE	108,500	108,500						10
11	59	Cardiac Catheterizat AGGREGATE	16,228		16,228	211,500	72	7,321	366	11
12	60	Laboratory AGGREGATE	20,553	713	1,980	211,500	124	12,609	630	12
13	66	Physical Therapy AGGREGATE	70,952	42,207	28,745	211,500	170	17,286	864	13
14	69.01	SPECIAL PROCEDURES AGGREGATE	11,562		11,562	211,500	93	9,457	473	14
15										15
16	91	Emergency AGGREGATE	3,661,656		3,661,656	211,500	38,944	3,959,931	197,997	16
17	91.01	SLEEP LAB AGGREGATE	34,492	20,892	13,600	211,500	85	8,643	432	17
18										18
19	69	Electrocardiology AGGREGATE	68,324	68,324						19
20	76.97	CARDIAC REHABILITATI AGGREGATE	1,120	1,120						20
21	90.01	340B CLINICS AGGREGATE	86,787	86,787						21
22	91.02	BRONCH & GASTRO LAB AGGREGATE	3,162	3,162						22
200		TOTAL	7,082,336	428,283	6,636,193		61,663	6,279,005	313,949	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 Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.04	ADMITTING AGGREGATE					5,288	952	959	1
2	5.05	SHARED ADMINISTRATIV AGGREGATE					1,249,274	548,972	554,964	2
3	5.06	OTHER ADMINISTRATIVE AGGREGATE							49,136	3
4	16	Medical Records & Li AGGREGATE					113,885	41,795	41,795	4
5	30	Adults & Pediatrics AGGREGATE					842,645	15,415	46,325	5
6										6
7	32	Coronary Care Unit AGGREGATE					4,169	5,094	15,524	7
8	34	Surgical Intensive C AGGREGATE					22,745	7,975	7,993	8
9	54	Radiology-Diagnostic AGGREGATE					25,752	18,461	18,546	9
10	50	Operating Room AGGREGATE							108,500	10
11	59	Cardiac Catheterizat AGGREGATE					7,321	8,907	8,907	11
12	60	Laboratory AGGREGATE					12,609		18,573	12
13	66	Physical Therapy AGGREGATE					17,286	11,459	53,666	13
14	69.01	SPECIAL PROCEDURES AGGREGATE					9,457	2,105	2,105	14
15										15
16	91	Emergency AGGREGATE					3,959,931			16
17	91.01	SLEEP LAB AGGREGATE					8,643	4,957	25,849	17
18										18
19	69	Electrocardiology AGGREGATE							68,324	19
20	76.97	CARDIAC REHABILITATI AGGREGATE							1,120	20
21	90.01	340B CLINICS AGGREGATE							86,787	21
22	91.02	BRONCH & GASTRO LAB AGGREGATE							3,162	22
200		TOTAL					6,279,005	666,092	1,112,235	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP RE L COSTS-MV BLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	SHARED ADM INISTRATIV E & GENERA	SUBTOTAL (cols.0-4)	
		0	2	4	5.04	5.05	4A	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip	17,078,069	17,078,069					2
4	Employee Benefits Department	6,115,662		6,115,662				4
5.01	NON-PATIENT TELEPHONE							5.01
5.02	DATA PROCESSING							5.02
5.03	FOUNDATION OVERHEAD							5.03
5.04	ADMITTING	4,987,157	65,027	122,508	5,174,692			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	146,975,825	89,493	13,800		147,079,118		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	4,099,536	100,939	99,549		147,079,118	151,379,142	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	29,847,956		116,639			29,964,595	7
8	Laundry & Linen Service							8
9	Housekeeping	6,503,490		133,245			6,636,735	9
10	Dietary	3,800,814		78,348			3,879,162	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	3,590,966	337,564	80,476			4,009,006	13
14	Central Services & Supply	5,712,244		72,169			5,784,413	14
15	Pharmacy	4,338,267	224,579	121,451			4,684,297	15
16	Medical Records & Library	2,869,289		40,098			2,909,387	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,782,887		124,191			5,907,078	21
22	I&R Services-Other Prgm Costs Apprvd	2,537,657	2,726				2,540,383	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	46,415,642	1,152,467	1,045,752	519,700		49,133,561	30
31.01	NEONATAL ICU	9,664,959	343,948	220,600	29,539		10,259,046	31.01
32	Coronary Care Unit	5,184,931	179,843	114,221	50,762		5,529,757	32
34	Surgical Intensive Care Unit	6,914,539	155,069	153,374	71,406		7,294,388	34
41	Subprovider - IRF	2,002,528	61,590	47,249	17,854		2,129,221	41
43	Nursery	1,946,750	52,305	32,437	50,353		2,081,845	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,252,327	2,311,010	250,473	242,165		27,055,975	50
51	Recovery Room	1,973,173	8,651	46,327	31,155		2,059,306	51
52	Delivery Room & Labor Room	6,505,915	67,082	120,798	40,601		6,734,396	52
53	Anesthesiology							53
54	Radiology-Diagnostic	19,835,167	2,801,672	351,262	408,441		23,396,542	54
57	CT Scan	3,670,781	581,693	43,791	310,181		4,606,446	57
58	MRI	3,424,260	686,797	43,619	154,776		4,309,452	58
59	Cardiac Catheterization	1,883,008	131,807	31,764	85,249		2,131,828	59
60	Laboratory	19,613,651	620,670	214,360	652,414		21,101,095	60
62	Whole Blood & Packed Red Blood Cells	2,496,730	3,780	10,490	27,116		2,538,116	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,515,415	263,482	90,184	157,831		5,026,912	65
66	Physical Therapy	14,832,930	160,517	361,835	125,132		15,480,414	66
69	Electrocardiology	4,834,274	734,359	83,085	143,355		5,795,073	69
69.01	SPECIAL PROCEDURES	7,580,281	1,442,154	107,217	102,364		9,232,016	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	422,108	112,249	8,897	5,407		548,661	70
71	Medical Supplies Charged to Patients	21,515,620			239,327		21,754,947	71
72	Impl. Dev. Charged to Patients	16,477,299			187,767		16,665,066	72
73	Drugs Charged to Patients	29,915,321		3,704	336,620		30,255,645	73
75	ASC (Non-Distinct Part)	1,284,220	99,838	22,018	12,825		1,418,901	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS			2			2	76
76.97	CARDIAC REHABILITATION	256,432	50,167	6,715	2,623		315,937	76.97
76.98	HYPERBARIC OXYGEN THERAPY	256,938		6,286	4,615		267,839	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	63,946,424	1,157,838	955,899	610,912		66,671,073	90.01
90.02	HOME INFUSION	3,692,641	5,753	24,730	27,456		3,750,580	90.02
91	Emergency	12,909,308	1,204,251	183,723	325,727		14,623,009	91
91.01	SLEEP LAB	1,462,150	57,579	35,925	23,054		1,578,708	91.01
91.02	BRONCH & GASTRO LAB	5,813,535	1,040,899	75,541	105,383		7,035,358	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,433,009	89,176	78,690	50,846		3,651,721	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	NEW CAP RE L COSTS-MV BLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	SHARED ADM INISTRATIV E & GENERA	SUBTOTAL (cols.0-4)	
		0	2	4	5.04	5.05	4A	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	6,456,794	115,155	156,488	3,989		6,732,426	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	5,103,329	103,778	61,340	17,747		5,286,194	116
118	SUBTOTALS (sum of lines 1-117)	604,732,208	16,615,907	5,991,270	5,174,692	147,079,118	604,145,654	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	13,153					13,153	190
191	Research	4,202,001	245,879	74,686			4,522,566	191
192	Physicians' Private Offices	87,119					87,119	192
192.01	CHEMOTHERAPY RX	18,618,380	5,312	20,183			18,643,875	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	6,433	3,145				9,578	192.11
192.12	SOUTH PARKING GARAGE	29,935					29,935	192.12
192.13	PARISH NRSG	66,249		840			67,089	192.13
192.14	COMM HLTH & WLNS	2,184,311	31,292	2,160			2,217,763	192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	181,772	1,277	3,227			186,276	192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT	96,523					96,523	193.01
193.02	TELEMEDICINE	85,838	28,289	1,402			115,529	193.02
193.04	NORTH GARAGE	530,542					530,542	193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	462,270	146,968	7,447			616,685	193.07
193.08	EMERGENCY MEDICAL SERVICES	321,424		6,092			327,516	193.08
193.10	OTHER NONREIMBURSABLE ADMIN	1,299,190		3,974			1,303,164	193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY	551,404					551,404	193.12
193.13	RELATED PARTY PHARMACISTS	112,141		3,683			115,824	193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS	21,252		698			21,950	193.15
193.16	RELATED PARTY LABORATORY	531,680					531,680	193.16
193.17	RELATED PARTY RADIOLOGY	513,036					513,036	193.17
193.18	RELATED PARTY RADIOLOGY	61,965					61,965	193.18
194	UNDERGRADUATE MEDICAL EDUCATION	10,197					10,197	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	634,719,023	17,078,069	6,115,662	5,174,692	147,079,118	634,719,023	202

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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	
	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	151,379,142						5.06
6	Maintenance & Repairs							6
7	Operation of Plant	9,384,731	39,349,326					7
8	Laundry & Linen Service							8
9	Housekeeping	2,078,586	225,650	8,940,971				9
10	Dietary	1,214,930	1,046,397	243,771	6,384,260			10
11	Cafeteria				3,296,014	3,296,014		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,255,597	65,992	15,374		38,199	5,384,168	13
14	Central Services & Supply	1,811,643						14
15	Pharmacy	1,467,094				59,316		15
16	Medical Records & Library	911,203				8,609		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,850,061				69,849		21
22	I&R Services-Other Prgm Costs Apprvd	795,633	114,960	26,781				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	15,388,337	8,150,242	1,898,701	2,574,567	663,140	3,412,858	30
31.01	NEONATAL ICU	3,213,072	860,675	200,505		110,552	568,991	31.01
32	Coronary Care Unit	1,731,887	822,466	191,604	116,552	70,170	361,155	32
34	Surgical Intensive Care Unit	2,284,559	831,505	193,710	141,404	79,186	407,563	34
41	Subprovider - IRF	666,859	555,890	129,502	113,989		23,608	41
43	Nursery	652,021	208,958	48,679		15,850		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	8,473,769	2,546,977	593,351		138,206		50
51	Recovery Room	644,962	179,289	41,768		24,299		51
52	Delivery Room & Labor Room	2,109,172	881,194	205,285		65,507		52
53	Anesthesiology							53
54	Radiology-Diagnostic	7,327,657	3,746,543	872,805		208,437		54
57	CT Scan	1,442,711	219,550	36,794		24,780		57
58	MRI	1,349,695	307,836	56,534		24,545		58
59	Cardiac Catheterization	667,676	203,079	47,310		15,640		59
60	Laboratory	6,608,736	1,247,036	290,513		168,239		60
62	Whole Blood & Packed Red Blood Cells	794,923	62,721	14,612		6,068		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	1,574,399	408,987	95,279		52,902	272,291	65
66	Physical Therapy	4,848,373	2,441,833	547,837		193,599		66
69	Electrocardiology	1,814,982	361,461	84,207		47,129		69
69.01	SPECIAL PROCEDURES	2,891,412	1,405,307	327,384		59,316		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	171,837	41,093	9,573		4,132		70
71	Medical Supplies Charged to Patients	6,813,519						71
72	Impl. Dev. Charged to Patients	5,219,399						72
73	Drugs Charged to Patients	9,475,886	469,379	109,348		2,196		73
75	ASC (Non-Distinct Part)	444,391	647,558	149,035		11,533		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS	1						76
76.97	CARDIAC REHABILITATION	98,950	161,987	37,737		6,722		76.97
76.98	HYPERBARIC OXYGEN THERAPY	83,886				3,318		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	20,880,969	6,462,051	1,384,404		806,193		90.01
90.02	HOME INFUSION	1,174,659	115,126	26,820		10,755		90.02
91	Emergency	4,579,839	1,415,400	329,736		93,259		91
91.01	SLEEP LAB	494,442	252,712	58,873		17,009	87,542	91.01
91.02	BRONCH & GASTRO LAB	2,203,432	871,489	203,024		47,191		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,143,697	662,254	154,281	141,734	52,408	269,703	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40

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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	
101	Home Health Agency	2,108,555	5,268	1,227				101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	1,655,604	5,268	1,227				116
118	SUBTOTALS (sum of lines 1-117)	141,803,746	38,004,133	8,627,591	6,384,260	3,221,862	5,380,103	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	4,119	197,700	46,057				190
191	Research	1,416,441				2,084		191
192	Physicians' Private Offices	27,285						192
192.01	CHEMOTHERAPY RX	5,839,150	71,316	16,614		7,302		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	3,000						192.11
192.12	SOUTH PARKING GARAGE	9,375						192.12
192.13	PARISH NRSG	21,012	6,433	1,499		789	4,065	192.13
192.14	COMM HLTH & WLNS	694,590				1,085		192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	58,341	56,898	13,255		2,479		192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT	30,230						193.01
193.02	TELEMEDICINE	36,183	5,213	1,214		826		193.02
193.04	NORTH GARAGE	166,163						193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	193,142	598,979	139,540		53,913		193.07
193.08	EMERGENCY MEDICAL SERVICES	102,576				4,391		193.08
193.10	OTHER NONREIMBURSABLE ADMIN	408,143				1,283		193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY	172,696						193.12
193.13	RELATED PARTY PHARMACISTS	36,275						193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS	6,875						193.15
193.16	RELATED PARTY LABORATORY	166,519						193.16
193.17	RELATED PARTY RADIOLOGY	160,680						193.17
193.18	RELATED PARTY CARDIOLOGY	19,407						193.18
194	UNDERGRADUATE MEDICAL EDUCATION	3,194	408,654	95,201				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	151,379,142	39,349,326	8,940,971	6,384,260	3,296,014	5,384,168	202

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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	
	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	7,596,056						14
15	Pharmacy		6,210,707					15
16	Medical Records & Library			3,829,199				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				7,826,988			21
22	I&R Services-Other Prgm Costs Apprvd					3,477,757		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			384,625	7,072,579	3,142,552	91,821,162	30
31.01	NEONATAL ICU			21,862	471,505	209,503	15,915,711	31.01
32	Coronary Care Unit			37,568			8,861,159	32
34	Surgical Intensive Care Unit			52,847			11,285,162	34
41	Subprovider - IRF			13,214			3,632,283	41
43	Nursery			37,266	235,753	104,752	3,385,124	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		1,066	179,224			38,988,568	50
51	Recovery Room			23,057			2,972,681	51
52	Delivery Room & Labor Room			30,049			10,025,603	52
53	Anesthesiology							53
54	Radiology-Diagnostic		91,625	302,284			35,945,893	54
57	CT Scan		92	229,562			6,559,935	57
58	MRI		4	114,548			6,162,614	58
59	Cardiac Catheterization			63,092			3,128,625	59
60	Laboratory			482,303			29,897,922	60
62	Whole Blood & Packed Red Blood Cells			20,069			3,436,509	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			116,809			7,547,579	65
66	Physical Therapy		617	92,609			23,605,282	66
69	Electrocardiology		200,074	106,096			8,409,022	69
69.01	SPECIAL PROCEDURES			75,758			13,991,193	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography			4,002			779,298	70
71	Medical Supplies Charged to Patients	4,301,700		177,124			33,047,290	71
72	Impl. Dev. Charged to Patients	3,294,356		138,965			25,317,786	72
73	Drugs Charged to Patients		2,748,532	249,129			43,310,115	73
75	ASC (Non-Distinct Part)		1,798	9,492			2,682,708	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS						3	76
76.97	CARDIAC REHABILITATION			1,942			623,275	76.97
76.98	HYPERBARIC OXYGEN THERAPY			3,415			358,458	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS		3,166,899	452,130			99,823,719	90.01
90.02	HOME INFUSION			20,320			5,098,260	90.02
91	Emergency			241,067	47,151	20,950	21,350,411	91
91.01	SLEEP LAB			17,062			2,506,348	91.01
91.02	BRONCH & GASTRO LAB			77,993			10,438,487	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT			37,630			6,113,428	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40

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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	
101	Home Health Agency			2,952			8,850,428	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice			13,134			6,961,427	116
118	SUBTOTALS (sum of lines 1-117)	7,596,056	6,210,707	3,829,199	7,826,988	3,477,757	592,833,468	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						261,029	190
191	Research						5,941,091	191
192	Physicians' Private Offices						114,404	192
192.01	CHEMOTHERAPY RX						24,578,257	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						12,578	192.11
192.12	SOUTH PARKING GARAGE						39,310	192.12
192.13	PARISH NRSG						100,887	192.13
192.14	COMM HLTH & WLNS						2,913,438	192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE						317,249	192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT						126,753	193.01
193.02	TELEMEDICINE						158,965	193.02
193.04	NORTH GARAGE						696,705	193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED						1,602,259	193.07
193.08	EMERGENCY MEDICAL SERVICES						434,483	193.08
193.10	OTHER NONREIMBURSABLE ADMIN						1,712,590	193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY						724,100	193.12
193.13	RELATED PARTY PHARMACISTS						152,099	193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS						28,825	193.15
193.16	RELATED PARTY LABORATORY						698,199	193.16
193.17	RELATED PARTY RADIOLOGY						673,716	193.17
193.18	RELATED PARTY CARDIOLOGY						81,372	193.18
194	UNDERGRADUATE MEDICAL EDUCATION						517,246	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	7,596,056	6,210,707	3,829,199	7,826,988	3,477,757	634,719,023	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				
	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						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	-10,215,131	81,606,031				30
31.01	NEONATAL ICU	-681,008	15,234,703				31.01
32	Coronary Care Unit		8,861,159				32
34	Surgical Intensive Care Unit		11,285,162				34
41	Subprovider - IRF		3,632,283				41
43	Nursery	-340,505	3,044,619				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		38,988,568				50
51	Recovery Room		2,972,681				51
52	Delivery Room & Labor Room		10,025,603				52
53	Anesthesiology						53
54	Radiology-Diagnostic		35,945,893				54
57	CT Scan		6,559,935				57
58	MRI		6,162,614				58
59	Cardiac Catheterization		3,128,625				59
60	Laboratory		29,897,922				60
62	Whole Blood & Packed Red Blood Cells		3,436,509				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		7,547,579				65
66	Physical Therapy		23,605,282				66
69	Electrocardiology		8,409,022				69
69.01	SPECIAL PROCEDURES		13,991,193				69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography		779,298				70
71	Medical Supplies Charged to Patients		33,047,290				71
72	Impl. Dev. Charged to Patients		25,317,786				72
73	Drugs Charged to Patients		43,310,115				73
75	ASC (Non-Distinct Part)		2,682,708				75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS		3				76
76.97	CARDIAC REHABILITATION		623,275				76.97
76.98	HYPERBARIC OXYGEN THERAPY		358,458				76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS		99,823,719				90.01
90.02	HOME INFUSION		5,098,260				90.02
91	Emergency	-68,101	21,282,310				91
91.01	SLEEP LAB		2,506,348				91.01
91.02	BRONCH & GASTRO LAB		10,438,487				91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT		6,113,428				92.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40

KPMG LLP Compu-Max 2552-10

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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			
101	Home Health Agency		8,850,428			101
	SPECIAL PURPOSE COST CENTERS					
116	Hospice		6,961,427			116
118	SUBTOTALS (sum of lines 1-117)	-11,304,745	581,528,723			118
	NONREIMBURSABLE COST CENTERS					
190	Gift, Flower, Coffee Shop & Canteen		261,029			190
191	Research		5,941,091			191
192	Physicians' Private Offices		114,404			192
192.01	CHEMOTHERAPY RX		24,578,257			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		12,578			192.11
192.12	SOUTH PARKING GARAGE		39,310			192.12
192.13	PARISH NRSG		100,887			192.13
192.14	COMM HLTH & WLNS		2,913,438			192.14
192.15	MOBILE CLINIC					192.15
192.16	PALLIATIVE CARE		317,249			192.16
192.17	SMOKING CESSATION					192.17
192.18	HRT DISEASE PRVT					192.18
192.19	STRATUM					192.19
193.01	CONTRACT MANAGEMENT		126,753			193.01
193.02	TELEMEDICINE		158,965			193.02
193.04	NORTH GARAGE		696,705			193.04
193.05	HOME INFUSION					193.05
193.06	MISSION RELATED					193.06
193.07	GRANT RELATED		1,602,259			193.07
193.08	EMERGENCY MEDICAL SERVICES		434,483			193.08
193.10	OTHER NONREIMBURSABLE ADMIN		1,712,590			193.10
193.11	RELATED PARTY THERAPY					193.11
193.12	RELATED PARTY PHARMACY		724,100			193.12
193.13	RELATED PARTY PHARMACISTS		152,099			193.13
193.14	RETAIL PHARM					193.14
193.15	RELATED PARTY DIETITIANS		28,825			193.15
193.16	RELATED PARTY LABORATORY		698,199			193.16
193.17	RELATED PARTY RADIOLOGY		673,716			193.17
193.18	RELATED PARTY CARDIOLOGY		81,372			193.18
194	UNDERGRADUATE MEDICAL EDUCATION		517,246			194
200	Cross Foot Adjustments					200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	-11,304,745	623,414,278			202

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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-MV BLE EQUIP	SUBTOTAL	ADMITTING	SHARED ADM INISTRATIV E & GENERA	OTHER ADMI NISTRATIVE & GENERAL	
		0	2	2A	5.04	5.05	5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT TELEPHONE							5.01
5.02	DATA PROCESSING							5.02
5.03	FOUNDATION OVERHEAD							5.03
5.04	ADMITTING		65,027	65,027	65,027			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	34,812,188	89,493	34,901,681		34,901,681		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	14,063	100,939	115,002		34,901,681	35,016,683	5.06
6	Maintenance & Repairs							6
7	Operation of Plant						2,170,845	7
8	Laundry & Linen Service							8
9	Housekeeping						480,812	9
10	Dietary						281,034	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	16,817	337,564	354,381			290,440	13
14	Central Services & Supply						419,063	14
15	Pharmacy	171	224,579	224,750			339,363	15
16	Medical Records & Library						210,776	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						427,950	21
22	I&R Services-Other Prgm Costs Apprvd	46,094	2,726	48,820			184,043	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	162,779	1,152,467	1,315,246	6,474		3,559,579	30
31.01	NEONATAL ICU	24,614	343,948	368,562	368		743,237	31.01
32	Coronary Care Unit	15,685	179,843	195,528	632		400,614	32
34	Surgical Intensive Care Unit	41,134	155,069	196,203	890		528,457	34
41	Subprovider - IRF	24,879	61,590	86,469	222		154,256	41
43	Nursery		52,305	52,305	627		150,823	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	25,161	2,311,010	2,336,171	3,017		1,960,124	50
51	Recovery Room		8,651	8,651	388		149,191	51
52	Delivery Room & Labor Room	1,556	67,082	68,638	506		487,887	52
53	Anesthesiology							53
54	Radiology-Diagnostic	20,429	2,801,672	2,822,101	5,088		1,695,009	54
57	CT Scan		581,693	581,693	3,864		333,723	57
58	MRI		686,797	686,797	1,928		312,207	58
59	Cardiac Catheterization	4,360	131,807	136,167	1,062		154,445	59
60	Laboratory	6,800	620,670	627,470	8,693		1,528,711	60
62	Whole Blood & Packed Red Blood Cells		3,780	3,780	338		183,879	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	210,301	263,482	473,783	1,966		364,185	65
66	Physical Therapy	87,665	160,517	248,182	1,559		1,121,510	66
69	Electrocardiology	226	734,359	734,585	1,786		419,836	69
69.01	SPECIAL PROCEDURES	20,269	1,442,154	1,462,423	1,275		668,832	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography		112,249	112,249	67		39,749	70
71	Medical Supplies Charged to Patients				2,981		1,576,081	71
72	Impl. Dev. Charged to Patients				2,339		1,207,334	72
73	Drugs Charged to Patients				4,193		2,191,931	73
75	ASC (Non-Distinct Part)		99,838	99,838	160		102,795	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION		50,167	50,167	33		22,889	76.97
76.98	HYPERBARIC OXYGEN THERAPY				57		19,404	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	92,092	1,157,838	1,249,930	7,610		4,830,275	90.01
90.02	HOME INFUSION		5,753	5,753	342		271,718	90.02
91	Emergency	36,797	1,204,251	1,241,048	4,058		1,059,393	91
91.01	SLEEP LAB	4,863	57,579	62,442	287		114,373	91.01
91.02	BRONCH & GASTRO LAB	3,490	1,040,899	1,044,389	1,313		509,691	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	758	89,176	89,934	633		264,556	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40

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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-MV BLE EQUIP	SUBTOTAL	ADMITTING	SHARED ADM INISTRATIV E & GENERA	OTHER ADM NISTRATIVE & GENERAL	
		0	2	2A	5.04	5.05	5.06	
101	Home Health Agency		115,155	115,155	50		487,744	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		103,778	103,778	221		382,969	116
118	SUBTOTALS (sum of lines 1-117)	35,673,191	16,615,907	52,289,098	65,027	34,901,681	32,801,733	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						953	190
191	Research		245,879	245,879			327,646	191
192	Physicians' Private Offices						6,312	192
192.01	CHEMOTHERAPY RX		5,312	5,312			1,350,693	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		3,145	3,145			694	192.11
192.12	SOUTH PARKING GARAGE						2,169	192.12
192.13	PARISH NRSG						4,860	192.13
192.14	COMM HLTH & WLNS	4,165	31,292	35,457			160,670	192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	4,012	1,277	5,289			13,495	192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT						6,993	193.01
193.02	TELEMEDICINE		28,289	28,289			8,370	193.02
193.04	NORTH GARAGE						38,436	193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	-1,133	146,968	145,835			44,677	193.07
193.08	EMERGENCY MEDICAL SERVICES						23,728	193.08
193.10	OTHER NONREIMBURSABLE ADMIN	15,088		15,088			94,410	193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY						39,948	193.12
193.13	RELATED PARTY PHARMACISTS						8,391	193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS						1,590	193.15
193.16	RELATED PARTY LABORATORY						38,519	193.16
193.17	RELATED PARTY RADIOLOGY						37,168	193.17
193.18	RELATED PARTY CARDIOLOGY						4,489	193.18
194	UNDERGRADUATE MEDICAL EDUCATION						739	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	35,695,323	17,078,069	52,773,392	65,027	34,901,681	35,016,683	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		7	9	10	11	13	14	
	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	2,170,845						7
8	Laundry & Linen Service							8
9	Housekeeping	12,449	493,261					9
10	Dietary	57,728	13,449	352,211				10
11	Cafeteria			181,836	181,836			11
12	Maintenance of Personnel							12
13	Nursing Administration	3,641	848			2,107	651,417	13
14	Central Services & Supply						419,063	14
15	Pharmacy					3,272		15
16	Medical Records & Library					475		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					3,853		21
22	I&R Services-Other Prgm Costs Apprvd	6,342	1,477					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	449,635	104,748	142,036	36,584	412,913		30
31.01	NEONATAL ICU	47,482	11,062		6,099	68,841		31.01
32	Coronary Care Unit	45,374	10,571	6,430	3,871	43,695		32
34	Surgical Intensive Care Unit	45,873	10,687	7,801	4,369	49,310		34
41	Subprovider - IRF	30,668	7,144	6,289	1,302			41
43	Nursery	11,528	2,686		874			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	140,513	32,734		7,625			50
51	Recovery Room	9,891	2,304		1,341			51
52	Delivery Room & Labor Room	48,614	11,325		3,614			52
53	Anesthesiology							53
54	Radiology-Diagnostic	206,691	48,151		11,499			54
57	CT Scan	12,112	2,030		1,367			57
58	MRI	16,983	3,119		1,354			58
59	Cardiac Catheterization	11,204	2,610		863			59
60	Laboratory	68,797	16,027		9,282			60
62	Whole Blood & Packed Red Blood Cells	3,460	806		335			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	22,563	5,256		2,919	32,944		65
66	Physical Therapy	134,712	30,223		10,681			66
69	Electrocardiology	19,941	4,646		2,600			69
69.01	SPECIAL PROCEDURES	77,529	18,061		3,272			69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	2,267	528		228			70
71	Medical Supplies Charged to Patients						237,318	71
72	Impl. Dev. Charged to Patients						181,745	72
73	Drugs Charged to Patients	25,895	6,033		121			73
75	ASC (Non-Distinct Part)	35,725	8,222		636			75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	8,937	2,082		371			76.97
76.98	HYPERBARIC OXYGEN THERAPY				183			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	356,502	76,376		44,477			90.01
90.02	HOME INFUSION	6,351	1,480		593			90.02
91	Emergency	78,086	18,191		5,145			91
91.01	SLEEP LAB	13,942	3,248		938	10,591		91.01
91.02	BRONCH & GASTRO LAB	48,079	11,201		2,603			91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	36,536	8,511	7,819	2,891	32,631		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		7	9	10	11	13	14	
101	Home Health Agency	291	68					101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	291	68					116
118	SUBTOTALS (sum of lines 1-117)	2,096,632	475,972	352,211	177,744	650,925	419,063	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	10,907	2,541					190
191	Research				115			191
192	Physicians' Private Offices							192
192.01	CHEMOTHERAPY RX	3,934	917		403			192.01
192.02	RURAL HEALTH							192.02
192.03	ARBOURS RX							192.03
192.04	FUND DEVELOPMENT							192.04
192.05	MARKETING							192.05
192.06	CARLE CLINIC							192.06
192.08	CARLE FOUNDATION #14-8077							192.08
192.09	CARLE ARBOURS #14-1439							192.09
192.10	OTHER REL ENTITIES							192.10
192.11	CHAMPAIGN ASC							192.11
192.12	SOUTH PARKING GARAGE							192.12
192.13	PARISH NRSG	355	83		44	492		192.13
192.14	COMM HLTH & WLNS				60			192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	3,139	731		137			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	288	67		46			193.02
193.04	NORTH GARAGE							193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	33,045	7,698		2,974			193.07
193.08	EMERGENCY MEDICAL SERVICES				242			193.08
193.10	OTHER NONREIMBURSABLE ADMIN				71			193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY							193.12
193.13	RELATED PARTY PHARMACISTS							193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS							193.15
193.16	RELATED PARTY LABORATORY							193.16
193.17	RELATED PARTY RADIOLOGY							193.17
193.18	RELATED PARTY CARDIOLOGY							193.18
194	UNDERGRADUATE MEDICAL EDUCATION	22,545	5,252					194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,170,845	493,261	352,211	181,836	651,417	419,063	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RE CORDS & LI BRARY	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		15	16	21	22	24	25	
	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	567,385						15
16	Medical Records & Library		211,251					16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			431,803				21
22	I&R Services-Other Prgm Costs Apprvd				240,682			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		21,188			6,048,403		30
31.01	NEONATAL ICU		1,204			1,246,855		31.01
32	Coronary Care Unit		2,070			708,785		32
34	Surgical Intensive Care Unit		2,911			846,501		34
41	Subprovider - IRF		728			287,078		41
43	Nursery		2,053			220,896		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	97	9,873			4,490,154		50
51	Recovery Room		1,270			173,036		51
52	Delivery Room & Labor Room		1,655			622,239		52
53	Anesthesiology							53
54	Radiology-Diagnostic	8,370	16,652			4,813,561		54
57	CT Scan	8	12,646			947,443		57
58	MRI		6,310			1,028,698		58
59	Cardiac Catheterization		3,476			309,827		59
60	Laboratory		26,878			2,285,858		60
62	Whole Blood & Packed Red Blood Cells		1,106			193,704		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		6,435			910,051		65
66	Physical Therapy	56	5,102			1,552,025		66
69	Electrocardiology	18,278	5,845			1,207,517		69
69.01	SPECIAL PROCEDURES		4,173			2,235,565		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography		220			155,308		70
71	Medical Supplies Charged to Patients		9,757			1,826,137		71
72	Impl. Dev. Charged to Patients		7,655			1,399,073		72
73	Drugs Charged to Patients	251,091	13,724			2,492,988		73
75	ASC (Non-Distinct Part)	164	523			248,063		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION		107			84,586		76.97
76.98	HYPERBARIC OXYGEN THERAPY		188			19,832		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	289,321	24,907			6,879,398		90.01
90.02	HOME INFUSION		1,119			287,356		90.02
91	Emergency		13,280			2,419,201		91
91.01	SLEEP LAB		940			206,761		91.01
91.02	BRONCH & GASTRO LAB		4,296			1,621,572		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		2,073			445,584		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RE CORDS & LI BRARY	I&R SERVIC ES-SALARY & FRINGES	I&R SERVIC ES-OTHER P RGM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		15	16	21	22	24	25	
101	Home Health Agency		163			603,471		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		724			488,051		116
118	SUBTOTALS (sum of lines 1-117)	567,385	211,251			49,305,577		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					14,401		190
191	Research					573,640		191
192	Physicians' Private Offices					6,312		192
192.01	CHEMOTHERAPY RX					1,361,259		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					3,839		192.11
192.12	SOUTH PARKING GARAGE					2,169		192.12
192.13	PARISH NRSG					5,834		192.13
192.14	COMM HLTH & WLNS					196,187		192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE					22,791		192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT					6,993		193.01
193.02	TELEMEDICINE					37,060		193.02
193.04	NORTH GARAGE					38,436		193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED					234,229		193.07
193.08	EMERGENCY MEDICAL SERVICES					23,970		193.08
193.10	OTHER NONREIMBURSABLE ADMIN					109,569		193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY					39,948		193.12
193.13	RELATED PARTY PHARMACISTS					8,391		193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS					1,590		193.15
193.16	RELATED PARTY LABORATORY					38,519		193.16
193.17	RELATED PARTY RADIOLOGY					37,168		193.17
193.18	RELATED PARTY CARDIOLOGY					4,489		193.18
194	UNDERGRADUATE MEDICAL EDUCATION					28,536		194
200	Cross Foot Adjustments			431,803	240,682	672,485		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	567,385	211,251	431,803	240,682	52,773,392		202

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT TELEPHONE						5.01
5.02	DATA PROCESSING						5.02
5.03	FOUNDATION OVERHEAD						5.03
5.04	ADMITTING						5.04
5.05	SHARED ADMINISTRATIVE & GENERAL						5.05
5.06	OTHER ADMINISTRATIVE & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	6,048,403					30
31.01	NEONATAL ICU	1,246,855					31.01
32	Coronary Care Unit	708,785					32
34	Surgical Intensive Care Unit	846,501					34
41	Subprovider - IRF	287,078					41
43	Nursery	220,896					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,490,154					50
51	Recovery Room	173,036					51
52	Delivery Room & Labor Room	622,239					52
53	Anesthesiology						53
54	Radiology-Diagnostic	4,813,561					54
57	CT Scan	947,443					57
58	MRI	1,028,698					58
59	Cardiac Catheterization	309,827					59
60	Laboratory	2,285,858					60
62	Whole Blood & Packed Red Blood Cells	193,704					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	910,051					65
66	Physical Therapy	1,552,025					66
69	Electrocardiology	1,207,517					69
69.01	SPECIAL PROCEDURES	2,235,565					69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	155,308					70
71	Medical Supplies Charged to Patients	1,826,137					71
72	Impl. Dev. Charged to Patients	1,399,073					72
73	Drugs Charged to Patients	2,492,988					73
75	ASC (Non-Distinct Part)	248,063					75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION	84,586					76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,832					76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS	6,879,398					90.01
90.02	HOME INFUSION	287,356					90.02
91	Emergency	2,419,201					91
91.01	SLEEP LAB	206,761					91.01
91.02	BRONCH & GASTRO LAB	1,621,572					91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	445,584					92.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
101	Home Health Agency	603,471				101
	SPECIAL PURPOSE COST CENTERS					
116	Hospice	488,051				116
118	SUBTOTALS (sum of lines 1-117)	49,305,577				118
	NONREIMBURSABLE COST CENTERS					
190	Gift, Flower, Coffee Shop & Canteen	14,401				190
191	Research	573,640				191
192	Physicians' Private Offices	6,312				192
192.01	CHEMOTHERAPY RX	1,361,259				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	3,839				192.11
192.12	SOUTH PARKING GARAGE	2,169				192.12
192.13	PARISH NRSG	5,834				192.13
192.14	COMM HLTH & WLNS	196,187				192.14
192.15	MOBILE CLINIC					192.15
192.16	PALLIATIVE CARE	22,791				192.16
192.17	SMOKING CESSATION					192.17
192.18	HRT DISEASE PRVT					192.18
192.19	STRATUM					192.19
193.01	CONTRACT MANAGEMENT	6,993				193.01
193.02	TELEMEDICINE	37,060				193.02
193.04	NORTH GARAGE	38,436				193.04
193.05	HOME INFUSION					193.05
193.06	MISSION RELATED					193.06
193.07	GRANT RELATED	234,229				193.07
193.08	EMERGENCY MEDICAL SERVICES	23,970				193.08
193.10	OTHER NONREIMBURSABLE ADMIN	109,569				193.10
193.11	RELATED PARTY THERAPY					193.11
193.12	RELATED PARTY PHARMACY	39,948				193.12
193.13	RELATED PARTY PHARMACISTS	8,391				193.13
193.14	RETAIL PHARM					193.14
193.15	RELATED PARTY DIETITIANS	1,590				193.15
193.16	RELATED PARTY LABORATORY	38,519				193.16
193.17	RELATED PARTY RADIOLOGY	37,168				193.17
193.18	RELATED PARTY CARDIOLOGY	4,489				193.18
194	UNDERGRADUATE MEDICAL EDUCATION	28,536				194
200	Cross Foot Adjustments	672,485				200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	52,773,392				202

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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 DEPARTMENT GROSS SALARIES	ADMITTING GROSS REVENUE	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	
		1	2	4	5.04	5.05	5A.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,587,714						1
2	Cap Rel Costs-Mvble Equip		15,769,682					2
4	Employee Benefits Department			186,189,892				4
5.01	NON-PATIENT TELEPHONE							5.01
5.02	DATA PROCESSING							5.02
5.03	FOUNDATION OVERHEAD							5.03
5.04	ADMITTING	8,331	60,045	3,729,777	2,929,823,849			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	3,753	82,637	420,155		1,000,000		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	10,081	93,206	3,030,778		1,000,000	-151,379,142	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	635,720		3,551,092				7
8	Laundry & Linen Service							8
9	Housekeeping	4,069		4,056,666				9
10	Dietary	18,869		2,385,316				10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,190	311,702	2,450,097				13
14	Central Services & Supply			2,197,204				14
15	Pharmacy		207,373	3,697,603				15
16	Medical Records & Library			1,220,787				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			3,781,011				21
22	I&R Services-Other Prgm Costs Apprvd	2,043	2,517					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	146,968	1,064,174	31,835,782	294,280,809			30
31.01	NEONATAL ICU	15,520	317,597	6,716,198	16,726,707			31.01
32	Coronary Care Unit	14,831	166,065	3,477,474	28,743,941			32
34	Surgical Intensive Care Unit	14,994	143,189	4,669,503	40,433,561			34
41	Subprovider - IRF	10,024	56,871	1,438,511	10,109,893			41
43	Nursery	3,768	48,298	987,561	28,512,340			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	45,928	2,133,958	7,625,682	137,126,123			50
51	Recovery Room	3,233	7,988	1,410,420	17,641,518			51
52	Delivery Room & Labor Room	15,890	61,943	3,677,694	22,990,463			52
53	Anesthesiology							53
54	Radiology-Diagnostic	48,393	2,587,036	10,694,213	231,280,547			54
57	CT Scan	3,959	537,128	1,333,208	175,640,696			57
58	MRI	4,376	634,180	1,327,976	87,642,122			58
59	Cardiac Catheterization	3,662	121,709	967,061	48,272,352			59
60	Laboratory	22,487	573,119	6,526,209	369,077,159			60
62	Whole Blood & Packed Red Blood Cells	1,131	3,490	319,371	15,354,638			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	8,043	243,296	2,745,666	89,372,100			65
66	Physical Therapy	60,767	148,219	11,016,112	70,856,157			66
69	Electrocardiology	6,518	678,098	2,529,541	81,174,971			69
69.01	SPECIAL PROCEDURES	25,341	1,331,667	3,264,237	57,963,565			69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	741	103,649	270,879	3,061,700			70
71	Medical Supplies Charged to Patients				135,519,343			71
72	Impl. Dev. Charged to Patients				106,323,538			72
73	Drugs Charged to Patients	8,464		112,780	190,611,341			73
75	ASC (Non-Distinct Part)	11,677	92,189	670,340	7,262,186			75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS			75				76
76.97	CARDIAC REHABILITATION	4,257	46,324	204,446	1,485,517			76.97
76.98	HYPERBARIC OXYGEN THERAPY			191,365	2,613,150			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	339,410	1,069,133	29,102,437	345,929,607			90.01
90.02	HOME INFUSION	2,076	5,312	752,906	15,547,069			90.02
91	Emergency	25,523	1,111,990	5,593,466	184,443,321			91
91.01	SLEEP LAB	4,599	53,168	1,093,736	13,054,280			91.01
91.02	BRONCH & GASTRO LAB	15,715	961,153	2,299,869	59,673,471			91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	11,942	82,344	2,395,730	28,791,452			92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	ADMITTING GROSS REVENUE	SHARED ADM INISTRATIV E & GENERA TOTAL COST	RECON- CILIATION	
		1	2	4	5.04	5.05	5A.06	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	95	106,333	4,764,296	2,258,888			101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	95	95,827	1,867,507	10,049,324			116
118	SUBTOTALS (sum of lines 1-117)	1,564,483	15,342,927	182,402,737	2,929,823,849	1,000,000	-151,379,142	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3,565						190
191	Research		227,042	2,273,832				191
192	Physicians' Private Offices							192
192.01	CHEMOTHERAPY RX	1,286	4,905	614,486				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		2,904					192.11
192.12	SOUTH PARKING GARAGE							192.12
192.13	PARISH NRSG	116		25,560				192.13
192.14	COMM HLTH & WLNS		28,895	65,748				192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE		1,179	98,257				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	94	26,122	42,689				193.02
193.04	NORTH GARAGE							193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	10,801	135,708	226,731				193.07
193.08	EMERGENCY MEDICAL SERVICES			185,482				193.08
193.10	OTHER NONREIMBURSABLE ADMIN			120,977				193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY							193.12
193.13	RELATED PARTY PHARMACISTS			112,141				193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS			21,252				193.15
193.16	RELATED PARTY LABORATORY							193.16
193.17	RELATED PARTY RADIOLOGY							193.17
193.18	RELATED PARTY RADIOLOGY							193.18
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)		17,078,069	6,115,662	5,174,692	147,079,118		202
203	Unit Cost Multiplier (Wkst. B, Part I)		1.082969	0.032846	0.001766	147.079118		203
204	Cost to be allocated (Per Wkst. B, Part II)				65,027	34,901,681		204
205	Unit Cost Multiplier (Wkst. B, Part II)				0.000022	34.901681		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	
	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	483,339,881						5.06
6	Maintenance & Repairs		1,345,281					6
7	Operation of Plant	29,964,595	635,720	709,561				7
8	Laundry & Linen Service				3,359,228			8
9	Housekeeping	6,636,735	4,069	4,069		692,071		9
10	Dietary	3,879,162	18,869	18,869		18,869	697,462	10
11	Cafeteria						360,080	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,009,006	1,190	1,190		1,190		13
14	Central Services & Supply	5,784,413						14
15	Pharmacy	4,684,297						15
16	Medical Records & Library	2,909,387						16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,907,078						21
22	I&R Services-Other Prgm Costs Apprvd	2,540,383	2,073	2,073		2,073		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	49,133,561	146,968	146,968	1,084,793	146,968	281,264	30
31.01	NEONATAL ICU	10,259,046	15,520	15,520	73,043	15,520		31.01
32	Coronary Care Unit	5,529,757	14,831	14,831	85,272	14,831	12,733	32
34	Surgical Intensive Care Unit	7,294,388	14,994	14,994	89,557	14,994	15,448	34
41	Subprovider - IRF	2,129,221	10,024	10,024	54,790	10,024	12,453	41
43	Nursery	2,081,845	3,768	3,768	24,882	3,768		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	27,055,975	45,928	45,928	200,081	45,928		50
51	Recovery Room	2,059,306	3,233	3,233	50,152	3,233		51
52	Delivery Room & Labor Room	6,734,396	15,890	15,890	102,783	15,890		52
53	Anesthesiology							53
54	Radiology-Diagnostic	23,396,542	67,559	67,559	286,734	67,559		54
57	CT Scan	4,606,446	3,959	3,959	54,590	2,848		57
58	MRI	4,309,452	5,551	5,551	5,487	4,376		58
59	Cardiac Catheterization	2,131,828	3,662	3,662	64,169	3,662		59
60	Laboratory	21,101,095	22,487	22,487	153	22,487		60
62	Whole Blood & Packed Red Blood Cells	2,538,116	1,131	1,131		1,131		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,026,912	7,375	7,375		7,375		65
66	Physical Therapy	15,480,414	44,032	44,032	138,579	42,405		66
69	Electrocardiology	5,795,073	6,518	6,518	88,317	6,518		69
69.01	SPECIAL PROCEDURES	9,232,016	25,341	25,341	49,988	25,341		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	548,661	741	741	2,028	741		70
71	Medical Supplies Charged to Patients	21,754,947						71
72	Impl. Dev. Charged to Patients	16,665,066						72
73	Drugs Charged to Patients	30,255,645	8,464	8,464		8,464		73
75	ASC (Non-Distinct Part)	1,418,901	11,677	11,677	24,419	11,536		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS	2						76
76.97	CARDIAC REHABILITATION	315,937	2,921	2,921		2,921		76.97
76.98	HYPERBARIC OXYGEN THERAPY	267,839						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	66,671,073	116,526	116,526	286,511	107,159		90.01
90.02	HOME INFUSION	3,750,580	2,076	2,076		2,076		90.02
91	Emergency	14,623,009	25,523	25,523	349,816	25,523		91
91.01	SLEEP LAB	1,578,708	4,557	4,557	39,440	4,557		91.01
91.02	BRONCH & GASTRO LAB	7,035,358	15,715	15,715	94,607	15,715		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,651,721	11,942	11,942	109,037	11,942	15,484	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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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	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	6,732,426	95	95		95		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	5,286,194	95	95		95		116
118	SUBTOTALS (sum of lines 1-117)	452,766,512	1,321,024	685,304	3,359,228	667,814	697,462	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	13,153	3,565	3,565		3,565		190
191	Research	4,522,566						191
192	Physicians' Private Offices	87,119						192
192.01	CHEMOTHERAPY RX	18,643,875	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	9,578						192.11
192.12	SOUTH PARKING GARAGE	29,935						192.12
192.13	PARISH NRSG	67,089	116	116		116		192.13
192.14	COMM HLTH & WLNS	2,217,763						192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	186,276	1,026	1,026		1,026		192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT	96,523						193.01
193.02	TELEMEDICINE	115,529	94	94		94		193.02
193.04	NORTH GARAGE	530,542						193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	616,685	10,801	10,801		10,801		193.07
193.08	EMERGENCY MEDICAL SERVICES	327,516						193.08
193.10	OTHER NONREIMBURSABLE ADMIN	1,303,164						193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY	551,404						193.12
193.13	RELATED PARTY PHARMACISTS	115,824						193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS	21,950						193.15
193.16	RELATED PARTY LABORATORY	531,680						193.16
193.17	RELATED PARTY RADIOLOGY	513,036						193.17
193.18	RELATED PARTY RADIOLOGY	61,965						193.18
194	UNDERGRADUATE MEDICAL EDUCATION	10,197	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)	151,379,142		39,349,326		8,940,971	6,384,260	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.313194		55.455875		12.919153	9.153560	203
204	Cost to be allocated (Per Wkst. B, Part II)	35,016,683		2,170,845		493,261	352,211	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.072447		3.059420		0.712732	0.504990	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA FTES SERVED	NURSING AD MINISTRATI ON FTES NRSING HRS	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	
	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	267,224						11
12	Maintenance of Personnel							12
13	Nursing Administration	3,097	1,771,004					13
14	Central Services & Supply			37,992,921				14
15	Pharmacy	4,809			29,894,962			15
16	Medical Records & Library	698				2,929,823,849		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,663					332	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	53,764	1,122,585			294,280,809	300	30
31.01	NEONATAL ICU	8,963	187,157			16,726,707	20	31.01
32	Coronary Care Unit	5,689	118,794			28,743,941		32
34	Surgical Intensive Care Unit	6,420	134,059			40,433,561		34
41	Subprovider - IRF	1,914				10,109,893		41
43	Nursery	1,285				28,512,340	10	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,205			5,133	137,126,123		50
51	Recovery Room	1,970				17,641,518		51
52	Delivery Room & Labor Room	5,311				22,990,463		52
53	Anesthesiology							53
54	Radiology-Diagnostic	16,899			441,031	231,280,547		54
57	CT Scan	2,009			442	175,640,696		57
58	MRI	1,990			21	87,642,122		58
59	Cardiac Catheterization	1,268				48,272,352		59
60	Laboratory	13,640				369,077,159		60
62	Whole Blood & Packed Red Blood Cells	492				15,354,638		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,289	89,564		2	89,372,100		65
66	Physical Therapy	15,696			2,972	70,856,157		66
69	Electrocardiology	3,821			963,047	81,174,971		69
69.01	SPECIAL PROCEDURES	4,809				57,963,565		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	335				3,061,700		70
71	Medical Supplies Charged to Patients			21,515,622		135,519,343		71
72	Impl. Dev. Charged to Patients			16,477,299		106,323,538		72
73	Drugs Charged to Patients	178			13,229,936	190,611,341		73
75	ASC (Non-Distinct Part)	935			8,653	7,262,186		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	545				1,485,517		76.97
76.98	HYPERBARIC OXYGEN THERAPY	269				2,613,150		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	65,362			15,243,725	345,929,607		90.01
90.02	HOME INFUSION	872				15,547,069		90.02
91	Emergency	7,561				184,443,321	2	91
91.01	SLEEP LAB	1,379	28,795			13,054,280		91.01
91.02	BRONCH & GASTRO LAB	3,826				59,673,471		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,249	88,713			28,791,452		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA FTES SERVED	NURSING AD MINISTRATI ON FTES NRSING HRS	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	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency					2,258,888		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					10,049,324		116
118	SUBTOTALS (sum of lines 1-117)	261,212	1,769,667	37,992,921	29,894,962	2,929,823,849	332	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	169						191
192	Physicians' Private Offices							192
192.01	CHEMOTHERAPY RX	592						192.01
192.02	RURAL HEALTH							192.02
192.03	ARBOURS RX							192.03
192.04	FUND DEVELOPMENT							192.04
192.05	MARKETING							192.05
192.06	CARLE CLINIC							192.06
192.08	CARLE FOUNDATION #14-8077							192.08
192.09	CARLE ARBOURS #14-1439							192.09
192.10	OTHER REL ENTITIES							192.10
192.11	CHAMPAIGN ASC							192.11
192.12	SOUTH PARKING GARAGE							192.12
192.13	PARISH NRSG	64	1,337					192.13
192.14	COMM HLTH & WLNS	88						192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	201						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	67						193.02
193.04	NORTH GARAGE							193.04
193.05	HOME INFUSION							193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	4,371						193.07
193.08	EMERGENCY MEDICAL SERVICES	356						193.08
193.10	OTHER NONREIMBURSABLE ADMIN	104						193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY							193.12
193.13	RELATED PARTY PHARMACISTS							193.13
193.14	RETAIL PHARM							193.14
193.15	RELATED PARTY DIETITIANS							193.15
193.16	RELATED PARTY LABORATORY							193.16
193.17	RELATED PARTY RADIOLOGY							193.17
193.18	RELATED PARTY CARDIOLOGY							193.18
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)	3,296,014	5,384,168	7,596,056	6,210,707	3,829,199	7,826,988	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.334274	3.040178	0.199933	0.207751	0.001307	23,575.265060	203
204	Cost to be allocated (Per Wkst. B, Part II)	181,836	651,417	419,063	567,385	211,251	431,803	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.680463	0.367824	0.011030	0.018979	0.000072	1,300.611446	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME 22						
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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
90.02	HOME INFUSION						90.02
91	Emergency	2					91
91.01	SLEEP LAB						91.01
91.02	BRONCH & GASTRO LAB						91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R SERVICE-OTHER PROGRAM COSTS ASSIGNED TIME					
		22					
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)	332					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
192.01	CHEMOTHERAPY RX						192.01
192.02	RURAL HEALTH						192.02
192.03	ARBOURS RX						192.03
192.04	FUND DEVELOPMENT						192.04
192.05	MARKETING						192.05
192.06	CARLE CLINIC						192.06
192.08	CARLE FOUNDATION #14-8077						192.08
192.09	CARLE ARBOURS #14-1439						192.09
192.10	OTHER REL ENTITIES						192.10
192.11	CHAMPAIGN ASC						192.11
192.12	SOUTH PARKING GARAGE						192.12
192.13	PARISH NRSG						192.13
192.14	COMM HLTH & WLNS						192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE						192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT						193.01
193.02	TELEMEDICINE						193.02
193.04	NORTH GARAGE						193.04
193.05	HOME INFUSION						193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED						193.07
193.08	EMERGENCY MEDICAL SERVICES						193.08
193.10	OTHER NONREIMBURSABLE ADMIN						193.10
193.11	RELATED PARTY THERAPY						193.11
193.12	RELATED PARTY PHARMACY						193.12
193.13	RELATED PARTY PHARMACISTS						193.13
193.14	RETAIL PHARM						193.14
193.15	RELATED PARTY DIETITIANS						193.15
193.16	RELATED PARTY LABORATORY						193.16
193.17	RELATED PARTY RADIOLOGY						193.17
193.18	RELATED PARTY CARDIOLOGY						193.18
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)	3,477,757					202
203	Unit Cost Multiplier (Wkst. B, Part I)	10,475.171687					203
204	Cost to be allocated (Per Wkst. B, Part II)	240,682					204
205	Unit Cost Multiplier (Wkst. B, Part II)	724.945783					205

KPMG LLP Compu-Max 2552-10

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

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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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	81,606,031		81,606,031	15,415	81,621,446	30
31.01	NEONATAL ICU	15,234,703		15,234,703		15,234,703	31.01
32	Coronary Care Unit	8,861,159		8,861,159	5,094	8,866,253	32
34	Surgical Intensive Care Unit	11,285,162		11,285,162	7,975	11,293,137	34
41	Subprovider - IRF	3,632,283		3,632,283		3,632,283	41
43	Nursery	3,044,619		3,044,619		3,044,619	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	38,988,568		38,988,568		38,988,568	50
51	Recovery Room	2,972,681		2,972,681		2,972,681	51
52	Delivery Room & Labor Room	10,025,603		10,025,603		10,025,603	52
53	Anesthesiology						53
54	Radiology-Diagnostic	35,945,893		35,945,893	18,461	35,964,354	54
57	CT Scan	6,559,935		6,559,935		6,559,935	57
58	MRI	6,162,614		6,162,614		6,162,614	58
59	Cardiac Catheterization	3,128,625		3,128,625	8,907	3,137,532	59
60	Laboratory	29,897,922		29,897,922		29,897,922	60
62	Whole Blood & Packed Red Blood Cells	3,436,509		3,436,509		3,436,509	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	7,547,579		7,547,579		7,547,579	65
66	Physical Therapy	23,605,282		23,605,282	11,459	23,616,741	66
69	Electrocardiology	8,409,022		8,409,022		8,409,022	69
69.01	SPECIAL PROCEDURES	13,991,193		13,991,193	2,105	13,993,298	69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	779,298		779,298		779,298	70
71	Medical Supplies Charged to Patients	33,047,290		33,047,290		33,047,290	71
72	Impl. Dev. Charged to Patients	25,317,786		25,317,786		25,317,786	72
73	Drugs Charged to Patients	43,310,115		43,310,115		43,310,115	73
75	ASC (Non-Distinct Part)	2,682,708		2,682,708		2,682,708	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS	3		3		3	76
76.97	CARDIAC REHABILITATION	623,275		623,275		623,275	76.97
76.98	HYPERBARIC OXYGEN THERAPY	358,458		358,458		358,458	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	99,823,719		99,823,719		99,823,719	90.01
90.02	HOME INFUSION	5,098,260		5,098,260		5,098,260	90.02
91	Emergency	21,282,310		21,282,310		21,282,310	91
91.01	SLEEP LAB	2,506,348		2,506,348	4,957	2,511,305	91.01
91.02	BRONCH & GASTRO LAB	10,438,487		10,438,487		10,438,487	91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)	4,408,826		4,408,826		4,408,826	92
92.01	OBSERVATION BEDS-DISTINCT	6,113,428		6,113,428		6,113,428	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	Home Health Agency	8,850,428		8,850,428		8,850,428	101
116	Hospice	6,961,427		6,961,427		6,961,427	116
200	Subtotal (sum of lines 30 thru 199)	585,937,549		585,937,549	74,373	586,011,922	200
201	Less Observation Beds	4,408,826		4,408,826		4,408,826	201
202	Total (line 200 minus line 201)	581,528,723		581,528,723		581,603,096	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	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	267,401,810		267,401,810				30
31.01	NEONATAL ICU	16,726,707		16,726,707				31.01
32	Coronary Care Unit	28,743,941		28,743,941				32
34	Surgical Intensive Care Unit	40,433,561		40,433,561				34
41	Subprovider - IRF	10,109,893		10,109,893				41
43	Nursery	28,512,340		28,512,340				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	81,231,220	55,894,903	137,126,123	0.284326	0.284326	0.284326	50
51	Recovery Room	9,338,877	8,302,641	17,641,518	0.168505	0.168505	0.168505	51
52	Delivery Room & Labor Room	20,556,180	2,434,283	22,990,463	0.436077	0.436077	0.436077	52
53	Anesthesiology							53
54	Radiology-Diagnostic	31,964,058	199,316,489	231,280,547	0.155421	0.155421	0.155501	54
57	CT Scan	54,421,884	121,218,812	175,640,696	0.037349	0.037349	0.037349	57
58	MRI	13,626,862	74,015,260	87,642,122	0.070316	0.070316	0.070316	58
59	Cardiac Catheterization	26,865,168	21,407,184	48,272,352	0.064812	0.064812	0.064996	59
60	Laboratory	114,407,155	254,670,004	369,077,159	0.081007	0.081007	0.081007	60
62	Whole Blood & Packed Red Blood Cells	11,647,159	3,707,479	15,354,638	0.223809	0.223809	0.223809	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	84,228,218	5,143,882	89,372,100	0.084451	0.084451	0.084451	65
66	Physical Therapy	23,746,504	47,109,653	70,856,157	0.333144	0.333144	0.333305	66
69	Electrocardiology	30,414,653	50,760,318	81,174,971	0.103591	0.103591	0.103591	69
69.01	SPECIAL PROCEDURES	18,335,925	39,627,640	57,963,565	0.241379	0.241379	0.241415	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	2,237,080	824,620	3,061,700	0.254531	0.254531	0.254531	70
71	Medical Supplies Charged to Patients	80,013,052	55,506,291	135,519,343	0.243857	0.243857	0.243857	71
72	Impl. Dev. Charged to Patients	60,678,232	45,645,306	106,323,538	0.238120	0.238120	0.238120	72
73	Drugs Charged to Patients	121,702,808	68,908,533	190,611,341	0.227217	0.227217	0.227217	73
75	ASC (Non-Distinct Part)	12,208	7,249,978	7,262,186	0.369408	0.369408	0.369408	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	900	1,484,617	1,485,517	0.419568	0.419568	0.419568	76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,598,470	14,680	2,613,150	0.137175	0.137175	0.137175	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	1,063,260	344,866,347	345,929,607	0.288567	0.288567	0.288567	90.01
90.02	HOME INFUSION		15,547,069	15,547,069	0.327924	0.327924	0.327924	90.02
91	Emergency	49,631,593	134,811,728	184,443,321	0.115387	0.115387	0.115387	91
91.01	SLEEP LAB	7,800	13,046,480	13,054,280	0.191994	0.191994	0.192374	91.01
91.02	BRONCH & GASTRO LAB	12,175,907	47,497,564	59,673,471	0.174927	0.174927	0.174927	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)	1,742,687	25,136,312	26,878,999	0.164025	0.164025	0.164025	92
92.01	OBSERVATION BEDS-DISTINCT	3,480,632	25,310,820	28,791,452	0.212335	0.212335	0.212335	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		2,258,888	2,258,888				101
116	Hospice		10,049,324	10,049,324				116
200	Subtotal (sum of lines 30 thru 199)	1,248,056,744	1,681,767,105	2,929,823,849				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,248,056,744	1,681,767,105	2,929,823,849				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)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	6,048,403		6,048,403	81,902	73.85	26,514	1,958,059	30
31	Intensive Care Unit								31
31.01	NEONATAL ICU	1,246,855		1,246,855	12,022	103.71			31.01
32	Coronary Care Unit	708,785		708,785	5,093	139.17	1,775	247,027	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	846,501		846,501	6,179	137.00	1,737	237,969	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	287,078		287,078	3,558	80.69	1,044	84,240	41
42	Subprovider I								42
43	Nursery	220,896		220,896	9,167	24.10			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	9,358,518		9,358,518	117,921		31,070	2,527,295	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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 [XX] 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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,490,154	137,126,123	0.032745	19,588,671	641,431	50
51	Recovery Room	173,036	17,641,518	0.009808	2,335,129	22,903	51
52	Delivery Room & Labor Room	622,239	22,990,463	0.027065			52
53	Anesthesiology						53
54	Radiology-Diagnostic	4,813,561	231,280,547	0.020813	9,840,182	204,804	54
57	CT Scan	947,443	175,640,696	0.005394	15,635,295	84,337	57
58	MRI	1,028,698	87,642,122	0.011737	3,225,493	37,858	58
59	Cardiac Catheterization	309,827	48,272,352	0.006418	9,042,762	58,036	59
60	Laboratory	2,285,858	369,077,159	0.006193	32,715,082	202,605	60
62	Whole Blood & Packed Red Blood	193,704	15,354,638	0.012615	3,528,668	44,514	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	910,051	89,372,100	0.010183	26,764,943	272,547	65
66	Physical Therapy	1,552,025	70,856,157	0.021904	6,162,201	134,977	66
69	Electrocardiology	1,207,517	81,174,971	0.014875	10,776,566	160,301	69
69.01	SPECIAL PROCEDURES	2,235,565	57,963,565	0.038568	7,672,161	295,900	69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	155,308	3,061,700	0.050726	609,126	30,899	70
71	Medical Supplies Charged to Pat	1,826,137	135,519,343	0.013475	21,917,120	295,333	71
72	Impl. Dev. Charged to Patients	1,399,073	106,323,538	0.013159	18,441,577	242,673	72
73	Drugs Charged to Patients	2,492,988	190,611,341	0.013079	36,359,514	475,546	73
75	ASC (Non-Distinct Part)	248,063	7,262,186	0.034158	12,208	417	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION	84,586	1,485,517	0.056940	650	37	76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,832	2,613,150	0.007589	910,071	6,907	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS	6,879,398	345,929,607	0.019887	368,285	7,324	90.01
90.02	HOME INFUSION	287,356	15,547,069	0.018483			90.02
91	Emergency	2,419,201	184,443,321	0.013116	14,627,688	191,857	91
91.01	SLEEP LAB	206,761	13,054,280	0.015839	7,031	111	91.01
91.02	BRONCH & GASTRO LAB	1,621,572	59,673,471	0.027174	4,798,439	130,393	91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct)	326,707	26,878,999	0.012155	1,272,077	15,462	92
92.01	OBSERVATION BEDS-DISTINCT	445,584	28,791,452	0.015476	387,280	5,994	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	39,182,244	2,525,587,385		246,998,219	3,563,166	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	81,902		26,514		30
31	Intensive Care Unit					31
31.01	NEONATAL ICU	12,022				31.01
32	Coronary Care Unit	5,093		1,775		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit	6,179		1,737		34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,558		1,044		41
42	Subprovider I					42
43	Nursery	9,167				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	117,921		31,070		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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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/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR 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 Pat							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
90.02	HOME INFUSION							90.02
91	Emergency							91
91.01	SLEEP LAB							91.01
91.02	BRONCH & GASTRO LAB							91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	137,126,123			19,588,671		9,224,111		50
51	Recovery Room	17,641,518			2,335,129		1,253,850		51
52	Delivery Room & Labor Room	22,990,463							52
53	Anesthesiology								53
54	Radiology-Diagnostic	231,280,547			9,840,182		33,695,520		54
57	CT Scan	175,640,696			15,635,295		25,123,652		57
58	MRI	87,642,122			3,225,493		10,678,555		58
59	Cardiac Catheterization	48,272,352			9,042,762		5,826,655		59
60	Laboratory	369,077,159			32,715,082		21,004,942		60
62	Whole Blood & Packed Red Blood	15,354,638			3,528,668		592,392		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	89,372,100			26,764,943		1,268,531		65
66	Physical Therapy	70,856,157			6,162,201		2,862,778		66
69	Electrocardiology	81,174,971			10,776,566		10,526,591		69
69.01	SPECIAL PROCEDURES	57,963,565			7,672,161		11,686,360		69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,061,700			609,126		89,300		70
71	Medical Supplies Charged to Pat	135,519,343			21,917,120		11,626,002		71
72	Impl. Dev. Charged to Patients	106,323,538			18,441,577		13,184,726		72
73	Drugs Charged to Patients	190,611,341			36,359,514		5,728,127		73
75	ASC (Non-Distinct Part)	7,262,186			12,208		1,368,210		75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,485,517			650		456,492		76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,613,150			910,071		4,114		76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	340B CLINICS	345,929,607			368,285		53,090,421		90.01
90.02	HOME INFUSION	15,547,069							90.02
91	Emergency	184,443,321			14,627,688		16,359,114		91
91.01	SLEEP LAB	13,054,280			7,031		1,696,967		91.01
91.02	BRONCH & GASTRO LAB	59,673,471			4,798,439		9,366,242		91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,878,999			1,272,077		6,938,221		92
92.01	OBSERVATION BEDS-DISTINCT	28,791,452			387,280		3,767,267		92.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,525,587,385			246,998,219		257,419,140		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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 [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [] IRF [] NF [] ICF/IID

(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	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.284326	9,224,111			2,622,655			50
51	Recovery Room	0.168505	1,253,850			211,280			51
52	Delivery Room & Labor Room	0.436077							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.155421	33,695,520			5,236,991			54
57	CT Scan	0.037349	25,123,652			938,343			57
58	MRI	0.070316	10,678,555			750,873			58
59	Cardiac Catheterization	0.064812	5,826,655			377,637			59
60	Laboratory	0.081007	21,004,942	21,315		1,701,547	1,727		60
62	Whole Blood & Packed Red Blood	0.223809	592,392			132,583			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.084451	1,268,531			107,129			65
66	Physical Therapy	0.333144	2,862,778			953,717			66
69	Electrocardiology	0.103591	10,526,591			1,090,460			69
69.01	SPECIAL PROCEDURES	0.241379	11,686,360			2,820,842			69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	0.254531	89,300			22,730			70
71	Medical Supplies Charged to Pat	0.243857	11,626,002			2,835,082			71
72	Impl. Dev. Charged to Patients	0.238120	13,184,726	595		3,139,547	142		72
73	Drugs Charged to Patients	0.227217	5,728,127	9,220	761,420	1,301,528	2,095	173,008	73
75	ASC (Non-Distinct Part)	0.369408	1,368,210			505,428			75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	0.419568	456,492			191,529			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175	4,114			564			76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	0.288567	53,090,421	1,120		15,320,144	323		90.01
90.02	HOME INFUSION	0.327924							90.02
91	Emergency	0.115387	16,359,114			1,887,629			91
91.01	SLEEP LAB	0.191994	1,696,967			325,807			91.01
91.02	BRONCH & GASTRO LAB	0.174927	9,366,242			1,638,409			91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	0.164025	6,938,221			1,138,042			92
92.01	OBSERVATION BEDS-DISTINCT	0.212335	3,767,267			799,923			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		257,419,140	32,250	761,420	46,050,419	4,287	173,008	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		257,419,140	32,250	761,420	46,050,419	4,287	173,008	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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) [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [] Title XIX [XX] 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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,490,154	137,126,123	0.032745			50
51	Recovery Room	173,036	17,641,518	0.009808			51
52	Delivery Room & Labor Room	622,239	22,990,463	0.027065			52
53	Anesthesiology						53
54	Radiology-Diagnostic	4,813,561	231,280,547	0.020813	41,940	873	54
57	CT Scan	947,443	175,640,696	0.005394	60,500	326	57
58	MRI	1,028,698	87,642,122	0.011737	26,990	317	58
59	Cardiac Catheterization	309,827	48,272,352	0.006418			59
60	Laboratory	2,285,858	369,077,159	0.006193	396,354	2,455	60
62	Whole Blood & Packed Red Blood	193,704	15,354,638	0.012615			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	910,051	89,372,100	0.010183	130,105	1,325	65
66	Physical Therapy	1,552,025	70,856,157	0.021904	1,787,178	39,146	66
69	Electrocardiology	1,207,517	81,174,971	0.014875	14,620	217	69
69.01	SPECIAL PROCEDURES	2,235,565	57,963,565	0.038568	8,790	339	69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	155,308	3,061,700	0.050726	1,030	52	70
71	Medical Supplies Charged to Pat	1,826,137	135,519,343	0.013475	20,786	280	71
72	Impl. Dev. Charged to Patients	1,399,073	106,323,538	0.013159	714	9	72
73	Drugs Charged to Patients	2,492,988	190,611,341	0.013079	395,648	5,175	73
75	ASC (Non-Distinct Part)	248,063	7,262,186	0.034158			75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION	84,586	1,485,517	0.056940			76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,832	2,613,150	0.007589	4,900	37	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS	6,879,398	345,929,607	0.019887			90.01
90.02	HOME INFUSION	287,356	15,547,069	0.018483			90.02
91	Emergency	2,419,201	184,443,321	0.013116			91
91.01	SLEEP LAB	206,761	13,054,280	0.015839			91.01
91.02	BRONCH & GASTRO LAB	1,621,572	59,673,471	0.027174			91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct)		26,878,999				92
92.01	OBSERVATION BEDS-DISTINCT	445,584	28,791,452	0.015476	4,840	75	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	38,855,537	2,525,587,385		2,894,395	50,626	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR 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 Pat							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
90.02	HOME INFUSION							90.02
91	Emergency							91
91.01	SLEEP LAB							91.01
91.02	BRONCH & GASTRO LAB							91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	137,126,123							50
51	Recovery Room	17,641,518							51
52	Delivery Room & Labor Room	22,990,463							52
53	Anesthesiology								53
54	Radiology-Diagnostic	231,280,547			41,940				54
57	CT Scan	175,640,696			60,500				57
58	MRI	87,642,122			26,990				58
59	Cardiac Catheterization	48,272,352							59
60	Laboratory	369,077,159			396,354				60
62	Whole Blood & Packed Red Blood	15,354,638							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	89,372,100			130,105				65
66	Physical Therapy	70,856,157			1,787,178				66
69	Electrocardiology	81,174,971			14,620				69
69.01	SPECIAL PROCEDURES	57,963,565			8,790				69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,061,700			1,030				70
71	Medical Supplies Charged to Pat	135,519,343			20,786				71
72	Impl. Dev. Charged to Patients	106,323,538			714				72
73	Drugs Charged to Patients	190,611,341			395,648		100		73
75	ASC (Non-Distinct Part)	7,262,186							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,485,517							76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,613,150			4,900				76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	340B CLINICS	345,929,607							90.01
90.02	HOME INFUSION	15,547,069							90.02
91	Emergency	184,443,321							91
91.01	SLEEP LAB	13,054,280							91.01
91.02	BRONCH & GASTRO LAB	59,673,471							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,878,999							92
92.01	OBSERVATION BEDS-DISTINCT	28,791,452			4,840				92.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,525,587,385			2,894,395		100		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID

(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	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.284326							50
51	Recovery Room	0.168505							51
52	Delivery Room & Labor Room	0.436077							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.155421							54
57	CT Scan	0.037349							57
58	MRI	0.070316							58
59	Cardiac Catheterization	0.064812							59
60	Laboratory	0.081007							60
62	Whole Blood & Packed Red Blood	0.223809							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.084451							65
66	Physical Therapy	0.333144							66
69	Electrocardiology	0.103591							69
69.01	SPECIAL PROCEDURES	0.241379							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	0.254531							70
71	Medical Supplies Charged to Pat	0.243857							71
72	Impl. Dev. Charged to Patients	0.238120							72
73	Drugs Charged to Patients	0.227217	100		343	23		78	73
75	ASC (Non-Distinct Part)	0.369408							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	0.419568							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	0.288567							90.01
90.02	HOME INFUSION	0.327924							90.02
91	Emergency	0.115387							91
91.01	SLEEP LAB	0.191994							91.01
91.02	BRONCH & GASTRO LAB	0.174927							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	0.164025							92
92.01	OBSERVATION BEDS-DISTINCT	0.212335							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		100		343	23		78	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		100		343	23		78	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	6,048,403		6,048,403	81,902	73.85	14,677	1,083,896	30
31	Intensive Care Unit								31
31.01	NEONATAL ICU	1,246,855		1,246,855	12,022	103.71	6,794	704,606	31.01
32	Coronary Care Unit	708,785		708,785	5,093	139.17	820	114,119	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	846,501		846,501	6,179	137.00	1,581	216,597	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	287,078		287,078	3,558	80.69	823	66,408	41
42	Subprovider I								42
43	Nursery	220,896		220,896	9,167	24.10	3,934	94,809	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	9,358,518		9,358,518	117,921		28,629	2,280,435	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,490,154	137,126,123	0.032745			50
51	Recovery Room	173,036	17,641,518	0.009808			51
52	Delivery Room & Labor Room	622,239	22,990,463	0.027065			52
53	Anesthesiology						53
54	Radiology-Diagnostic	4,813,561	231,280,547	0.020813			54
57	CT Scan	947,443	175,640,696	0.005394			57
58	MRI	1,028,698	87,642,122	0.011737			58
59	Cardiac Catheterization	309,827	48,272,352	0.006418			59
60	Laboratory	2,285,858	369,077,159	0.006193			60
62	Whole Blood & Packed Red Blood	193,704	15,354,638	0.012615			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	910,051	89,372,100	0.010183			65
66	Physical Therapy	1,552,025	70,856,157	0.021904			66
69	Electrocardiology	1,207,517	81,174,971	0.014875			69
69.01	SPECIAL PROCEDURES	2,235,565	57,963,565	0.038568			69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	155,308	3,061,700	0.050726			70
71	Medical Supplies Charged to Pat	1,826,137	135,519,343	0.013475			71
72	Impl. Dev. Charged to Patients	1,399,073	106,323,538	0.013159			72
73	Drugs Charged to Patients	2,492,988	190,611,341	0.013079			73
75	ASC (Non-Distinct Part)	248,063	7,262,186	0.034158			75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS						76
76.97	CARDIAC REHABILITATION	84,586	1,485,517	0.056940			76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,832	2,613,150	0.007589			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS	6,879,398	345,929,607	0.019887			90.01
90.02	HOME INFUSION	287,356	15,547,069	0.018483			90.02
91	Emergency	2,419,201	184,443,321	0.013116			91
91.01	SLEEP LAB	206,761	13,054,280	0.015839			91.01
91.02	BRONCH & GASTRO LAB	1,621,572	59,673,471	0.027174			91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct)	326,707	26,878,999	0.012155			92
92.01	OBSERVATION BEDS-DISTINCT	445,584	28,791,452	0.015476			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	39,182,244	2,525,587,385				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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			
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	81,902		14,677		30
31	Intensive Care Unit					31
31.01	NEONATAL ICU	12,022		6,794		31.01
32	Coronary Care Unit	5,093		820		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit	6,179		1,581		34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	3,558		823		41
42	Subprovider I					42
43	Nursery	9,167		3,934		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	117,921		28,629		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR 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 Pat							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
90.02	HOME INFUSION							90.02
91	Emergency							91
91.01	SLEEP LAB							91.01
91.02	BRONCH & GASTRO LAB							91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	137,126,123							50
51	Recovery Room	17,641,518							51
52	Delivery Room & Labor Room	22,990,463							52
53	Anesthesiology								53
54	Radiology-Diagnostic	231,280,547							54
57	CT Scan	175,640,696							57
58	MRI	87,642,122							58
59	Cardiac Catheterization	48,272,352							59
60	Laboratory	369,077,159							60
62	Whole Blood & Packed Red Blood	15,354,638							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	89,372,100							65
66	Physical Therapy	70,856,157							66
69	Electrocardiology	81,174,971							69
69.01	SPECIAL PROCEDURES	57,963,565							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,061,700							70
71	Medical Supplies Charged to Pat	135,519,343							71
72	Impl. Dev. Charged to Patients	106,323,538							72
73	Drugs Charged to Patients	190,611,341							73
75	ASC (Non-Distinct Part)	7,262,186							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,485,517							76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,613,150							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	345,929,607							90.01
90.02	HOME INFUSION	15,547,069							90.02
91	Emergency	184,443,321							91
91.01	SLEEP LAB	13,054,280							91.01
91.02	BRONCH & GASTRO LAB	59,673,471							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,878,999							92
92.01	OBSERVATION BEDS-DISTINCT	28,791,452							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,525,587,385							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID

(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
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.284326						50
51	Recovery Room	0.168505						51
52	Delivery Room & Labor Room	0.436077						52
53	Anesthesiology							53
54	Radiology-Diagnostic	0.155421						54
57	CT Scan	0.037349						57
58	MRI	0.070316						58
59	Cardiac Catheterization	0.064812						59
60	Laboratory	0.081007						60
62	Whole Blood & Packed Red Blood	0.223809						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.084451						65
66	Physical Therapy	0.333144						66
69	Electrocardiology	0.103591						69
69.01	SPECIAL PROCEDURES	0.241379						69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	0.254531						70
71	Medical Supplies Charged to Pat	0.243857						71
72	Impl. Dev. Charged to Patients	0.238120						72
73	Drugs Charged to Patients	0.227217						73
75	ASC (Non-Distinct Part)	0.369408						75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	0.419568						76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	0.288567						90.01
90.02	HOME INFUSION	0.327924						90.02
91	Emergency	0.115387						91
91.01	SLEEP LAB	0.191994						91.01
91.02	BRONCH & GASTRO LAB	0.174927						91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct)	0.164025						92
92.01	OBSERVATION BEDS-DISTINCT	0.212335						92.01
	OTHER REIMBURSABLE COST CENTERS							
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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	4,490,154	137,126,123	0.032745		50
51	Recovery Room	173,036	17,641,518	0.009808		51
52	Delivery Room & Labor Room	622,239	22,990,463	0.027065		52
53	Anesthesiology					53
54	Radiology-Diagnostic	4,813,561	231,280,547	0.020813		54
57	CT Scan	947,443	175,640,696	0.005394		57
58	MRI	1,028,698	87,642,122	0.011737		58
59	Cardiac Catheterization	309,827	48,272,352	0.006418		59
60	Laboratory	2,285,858	369,077,159	0.006193		60
62	Whole Blood & Packed Red Blood	193,704	15,354,638	0.012615		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	910,051	89,372,100	0.010183		65
66	Physical Therapy	1,552,025	70,856,157	0.021904		66
69	Electrocardiology	1,207,517	81,174,971	0.014875		69
69.01	SPECIAL PROCEDURES	2,235,565	57,963,565	0.038568		69.01
69.02	CARDIAC REHAB					69.02
70	Electroencephalography	155,308	3,061,700	0.050726		70
71	Medical Supplies Charged to Pat	1,826,137	135,519,343	0.013475		71
72	Impl. Dev. Charged to Patients	1,399,073	106,323,538	0.013159		72
73	Drugs Charged to Patients	2,492,988	190,611,341	0.013079		73
75	ASC (Non-Distinct Part)	248,063	7,262,186	0.034158		75
75.01	WOUND CARE					75.01
76	ACUTE DIALYSIS					76
76.97	CARDIAC REHABILITATION	84,586	1,485,517	0.056940		76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,832	2,613,150	0.007589		76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	340B CLINICS	6,879,398	345,929,607	0.019887		90.01
90.02	HOME INFUSION	287,356	15,547,069	0.018483		90.02
91	Emergency	2,419,201	184,443,321	0.013116		91
91.01	SLEEP LAB	206,761	13,054,280	0.015839		91.01
91.02	BRONCH & GASTRO LAB	1,621,572	59,673,471	0.027174		91.02
91.03	SURGICENTER					91.03
92	Observation Beds (Non-Distinct)		26,878,999			92
92.01	OBSERVATION BEDS-DISTINCT	445,584	28,791,452	0.015476		92.01
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	38,855,537	2,525,587,385			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62	Whole Blood & Packed Red Blood							62
62.30	BLOOD CLOTTING FOR 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 Pat							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
90.02	HOME INFUSION							90.02
91	Emergency							91
91.01	SLEEP LAB							91.01
91.02	BRONCH & GASTRO LAB							91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	137,126,123							50
51	Recovery Room	17,641,518							51
52	Delivery Room & Labor Room	22,990,463							52
53	Anesthesiology								53
54	Radiology-Diagnostic	231,280,547							54
57	CT Scan	175,640,696							57
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65	Respiratory Therapy	89,372,100							65
66	Physical Therapy	70,856,157							66
69	Electrocardiology	81,174,971							69
69.01	SPECIAL PROCEDURES	57,963,565							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,061,700							70
71	Medical Supplies Charged to Pat	135,519,343							71
72	Impl. Dev. Charged to Patients	106,323,538							72
73	Drugs Charged to Patients	190,611,341							73
75	ASC (Non-Distinct Part)	7,262,186							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,485,517							76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,613,150							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	345,929,607							90.01
90.02	HOME INFUSION	15,547,069							90.02
91	Emergency	184,443,321							91
91.01	SLEEP LAB	13,054,280							91.01
91.02	BRONCH & GASTRO LAB	59,673,471							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,878,999							92
92.01	OBSERVATION BEDS-DISTINCT	28,791,452							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,525,587,385							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID

(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
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.284326						50
51	Recovery Room	0.168505						51
52	Delivery Room & Labor Room	0.436077						52
53	Anesthesiology							53
54	Radiology-Diagnostic	0.155421						54
57	CT Scan	0.037349						57
58	MRI	0.070316						58
59	Cardiac Catheterization	0.064812						59
60	Laboratory	0.081007						60
62	Whole Blood & Packed Red Blood	0.223809						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.084451						65
66	Physical Therapy	0.333144						66
69	Electrocardiology	0.103591						69
69.01	SPECIAL PROCEDURES	0.241379						69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	0.254531						70
71	Medical Supplies Charged to Pat	0.243857						71
72	Impl. Dev. Charged to Patients	0.238120						72
73	Drugs Charged to Patients	0.227217						73
75	ASC (Non-Distinct Part)	0.369408						75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	0.419568						76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	0.288567						90.01
90.02	HOME INFUSION	0.327924						90.02
91	Emergency	0.115387						91
91.01	SLEEP LAB	0.191994						91.01
91.02	BRONCH & GASTRO LAB	0.174927						91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct)	0.164025						92
92.01	OBSERVATION BEDS-DISTINCT	0.212335						92.01
	OTHER REIMBURSABLE COST CENTERS							
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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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)	81,902	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	81,902	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)	77,478	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)	26,514	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)	81,621,446	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)	81,621,446	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)	81,621,446	37

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					996.57	38	
39	Program general inpatient routine service cost (line 9 x line 38)					26,423,057	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					26,423,057	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit						43	
43.01	NEONATAL ICU	15,234,703	12,022	1,267.24			43.01	
44	Coronary Care Unit	8,866,253	5,093	1,740.87	1,775	3,090,044	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit	11,293,137	6,179	1,827.66	1,737	3,174,645	46	
47	Other Special Care (specify)						47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					40,822,213	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					73,509,959	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,443,055	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,563,166	51
52	Total Program excludable cost (sum of lines 50 and 51)					6,006,221	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					67,503,738	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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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)					4,424	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					996.57	88
89	Observation bed cost (line 87 x line 88) (see instructions)					4,408,826	89
		Cost	Routine Cost (from line 21)	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	6,048,403	81,621,446	0.074103	4,408,826	326,707	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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)	3,558	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,558	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)	3,558	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)	1,044	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)	3,632,283	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)	3,632,283	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)	3,632,283	37

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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)	1,020.88	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,065,799	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,065,799	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	750,185	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,815,984	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	84,240	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	50,626	51
52	Total Program excludable cost (sum of lines 50 and 51)	134,866	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,681,118	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

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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/IID [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)	81,902	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	81,902	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)	77,478	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)	14,677	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)	9,167	15
16	Nursery days (title V or XIX only)	3,934	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)	81,621,446	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)	81,621,446	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)	81,621,446	37

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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)					4,424	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 21)	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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID 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)	3,558	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,558	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)	3,558	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)	823	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)	3,632,283	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)	3,632,283	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)	3,632,283	37

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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)	1,020.88	38
39	Program general inpatient routine service cost (line 9 x line 38)	840,184	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)	840,184	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)	840,184	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	66,408	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)	66,408	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

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0091

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		86,023,927		30
31.01	NEONATAL ICU				31.01
32	Coronary Care Unit		10,012,812		32
34	Surgical Intensive Care Unit		11,757,478		34
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.284326	19,588,671	5,569,568	50
51	Recovery Room	0.168505	2,335,129	393,481	51
52	Delivery Room & Labor Room	0.436077			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.155501	9,840,182	1,530,158	54
57	CT Scan	0.037349	15,635,295	583,963	57
58	MRI	0.070316	3,225,493	226,804	58
59	Cardiac Catheterization	0.064996	9,042,762	587,743	59
60	Laboratory	0.081007	32,715,082	2,650,151	60
62	Whole Blood & Packed Red Blood Cells	0.223809	3,528,668	789,748	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.084451	26,764,943	2,260,326	65
66	Physical Therapy	0.333305	6,162,201	2,053,892	66
69	Electrocardiology	0.103591	10,776,566	1,116,355	69
69.01	SPECIAL PROCEDURES	0.241415	7,672,161	1,852,175	69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.254531	609,126	155,041	70
71	Medical Supplies Charged to Patients	0.243857	21,917,120	5,344,643	71
72	Impl. Dev. Charged to Patients	0.238120	18,441,577	4,391,308	72
73	Drugs Charged to Patients	0.227217	36,359,514	8,261,500	73
75	ASC (Non-Distinct Part)	0.369408	12,208	4,510	75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.419568	650	273	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175	910,071	124,839	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.288567	368,285	106,275	90.01
90.02	HOME INFUSION	0.327924			90.02
91	Emergency	0.115387	14,627,688	1,687,845	91
91.01	SLEEP LAB	0.192374	7,031	1,353	91.01
91.02	BRONCH & GASTRO LAB	0.174927	4,798,439	839,377	91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.164025	1,272,077	208,652	92
92.01	OBSERVATION BEDS-DISTINCT	0.212335	387,280	82,233	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		246,998,219	40,822,213	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		246,998,219		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31.01	NEONATAL ICU				31.01
32	Coronary Care Unit				32
34	Surgical Intensive Care Unit				34
41	Subprovider - IRF		2,789,490		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.284326			50
51	Recovery Room	0.168505			51
52	Delivery Room & Labor Room	0.436077			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.155501	41,940	6,522	54
57	CT Scan	0.037349	60,500	2,260	57
58	MRI	0.070316	26,990	1,898	58
59	Cardiac Catheterization	0.064996			59
60	Laboratory	0.081007	396,354	32,107	60
62	Whole Blood & Packed Red Blood Cells	0.223809			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.084451	130,105	10,987	65
66	Physical Therapy	0.333305	1,787,178	595,675	66
69	Electrocardiology	0.103591	14,620	1,515	69
69.01	SPECIAL PROCEDURES	0.241415	8,790	2,122	69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.254531	1,030	262	70
71	Medical Supplies Charged to Patients	0.243857	20,786	5,069	71
72	Impl. Dev. Charged to Patients	0.238120	714	170	72
73	Drugs Charged to Patients	0.227217	395,648	89,898	73
75	ASC (Non-Distinct Part)	0.369408			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.419568			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175	4,900	672	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.288567			90.01
90.02	HOME INFUSION	0.327924			90.02
91	Emergency	0.115387			91
91.01	SLEEP LAB	0.192374			91.01
91.02	BRONCH & GASTRO LAB	0.174927			91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.164025			92
92.01	OBSERVATION BEDS-DISTINCT	0.212335	4,840	1,028	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,894,395	750,185	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,894,395		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0091

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31.01	NEONATAL ICU				31.01
32	Coronary Care Unit				32
34	Surgical Intensive Care Unit				34
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.284326			50
51	Recovery Room	0.168505			51
52	Delivery Room & Labor Room	0.436077			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.155501			54
57	CT Scan	0.037349			57
58	MRI	0.070316			58
59	Cardiac Catheterization	0.064996			59
60	Laboratory	0.081007			60
62	Whole Blood & Packed Red Blood Cells	0.223809			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.084451			65
66	Physical Therapy	0.333305			66
69	Electrocardiology	0.103591			69
69.01	SPECIAL PROCEDURES	0.241415			69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.254531			70
71	Medical Supplies Charged to Patients	0.243857			71
72	Impl. Dev. Charged to Patients	0.238120			72
73	Drugs Charged to Patients	0.227217			73
75	ASC (Non-Distinct Part)	0.369408			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.419568			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.288567			90.01
90.02	HOME INFUSION	0.327924			90.02
91	Emergency	0.115387			91
91.01	SLEEP LAB	0.192374			91.01
91.02	BRONCH & GASTRO LAB	0.174927			91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.164025			92
92.01	OBSERVATION BEDS-DISTINCT	0.212335			92.01
	OTHER REIMBURSABLE COST CENTERS				
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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31.01	NEONATAL ICU				31.01
32	Coronary Care Unit				32
34	Surgical Intensive Care Unit				34
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.284326			50
51	Recovery Room	0.168505			51
52	Delivery Room & Labor Room	0.436077			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.155421			54
57	CT Scan	0.037349			57
58	MRI	0.070316			58
59	Cardiac Catheterization	0.064812			59
60	Laboratory	0.081007			60
62	Whole Blood & Packed Red Blood Cells	0.223809			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.084451			65
66	Physical Therapy	0.333144			66
69	Electrocardiology	0.103591			69
69.01	SPECIAL PROCEDURES	0.241379			69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.254531			70
71	Medical Supplies Charged to Patients	0.243857			71
72	Impl. Dev. Charged to Patients	0.238120			72
73	Drugs Charged to Patients	0.227217			73
75	ASC (Non-Distinct Part)	0.369408			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.419568			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.137175			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.288567			90.01
90.02	HOME INFUSION	0.327924			90.02
91	Emergency	0.115387			91
91.01	SLEEP LAB	0.191994			91.01
91.02	BRONCH & GASTRO LAB	0.174927			91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.164025			92
92.01	OBSERVATION BEDS-DISTINCT	0.212335			92.01
	OTHER REIMBURSABLE COST CENTERS				
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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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)	44,803,918			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	14,934,639			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)	938,771			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	34,794,302			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	375.91			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	29.04			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.	1.75			7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(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	49.29			10
11	FTE count for residents in dental and podiatric programs	5.39			11
12	Current year allowable FTE (see instructions)	32.68			12
13	Total allowable FTE count for the prior year	32.00			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	31.29			14
15	Sum of lines 12 through 14 divided by 3	31.99			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	31.99			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.085100			19
20	Prior year resident to bed ratio (see instructions)	0.090969			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.085100			21
22	IME payment adjustment (see instructions)	2,712,190			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,579,696			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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)	22.00			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	22.00			25
26	Resident to bed ratio (divide line 25 by line 4)	0.058525			26
27	IME payments adjustment factor (see instructions)	0.015379			27
28	IME add-on adjustment amount (see instructions)	918,719			28
28.01	IME add-on adjustment amount - Managed Care (see instructions)	535,102			28.01
29	Total IME payment (sum of lines 22 and 28)	3,630,909			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,114,798			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0503			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2833			31
32	Sum of lines 30 and 31	0.3336			32
33	Allowable disproportionate share percentage (see instructions)	0.1674			33
34	Disproportionate share adjustment (see instructions)	2,500,059			34
	Uncompensated Care Adjustment				
		Prior to	(1.01)	On or after	
		October 1 (1.00)		October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	6,406,145,534		5,977,483,147	35
35.01	Factor 3 (see instructions)	0.000707888		0.000698683	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,534,834		4,176,366	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,394,931		1,052,674	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,447,605			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	71,255,901			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)	73,370,699			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,499,373			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)	1,413,040			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	8,286			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)	80,291,398			59
60	Primary payer payments	17,644			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	80,273,754			61
62	Deductibles billed to program beneficiaries	5,245,632			62
63	Coinsurance billed to program beneficiaries	168,952			63
64	Allowable bad debts (see instructions)	879,173			64
65	Adjusted reimbursable bad debts (see instructions)	571,462			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	30,376			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	75,430,632			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)	3,800			68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	53,013			70.93
70.94	HRR adjustment amount (see instructions)	-404,988			70.94
70.99	HAC adjustment amount (see instructions)	785,302			70.99
71	Amount due provider (see instructions)	74,289,555			71
71.01	Sequestration adjustment (see instructions)	1,485,791			71.01
72	Interim payments	72,907,902			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-104,138			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	125,817			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
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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		On or after 10/1		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	44,803,918	44,803,918			44,803,918	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	14,934,639		14,934,639		14,934,639	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	938,771	704,078		234,693	938,771	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	34,794,302	26,095,726		8,698,576	34,794,302	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0,085,100	0,085,100		0,085,100		5
6	IME payment adjustment	2,712,190	2,034,142		678,048	2,712,190	6
6.01	IME payment adjustment for managed care	1,579,696	1,184,772		394,924	1,579,696	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor	0,015,379	0,015,379		0,015,379		7
8	IME add-on adjustment amount	918,719	689,039		229,680	918,719	8
8.01	IME payment adjustment add-on for managed care	535,102	401,327		133,775	535,102	8.01
9	Total IME payment (sum of lines 6 and 8)	3,630,909	2,723,181		907,728	3,630,909	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	2,114,798	1,586,099		528,699	2,114,798	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1674	0.1674	0.1674	0.1674	0.1674	10
11	Disproportionate share adjustment	2,500,059	1,875,044		625,015	2,500,059	11
11.01	Uncompensated care payments	4,447,605	3,394,931		1,052,674	4,447,605	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	71,255,901	53,501,152		17,754,749	71,255,901	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	73,370,699	55,087,251		18,283,448	73,370,699	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	5,499,373	4,124,529		1,374,844	5,499,373	16
17	Special add-on payments for new technologies	8,286	6,214		2,072	8,286	17
17.01	DO NOT USE THIS LINE						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG	3,800	2,850		950	3,800	17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		59,220,844		19,661,314	78,882,158	19
20	Capital DRG other than outlier	4,794,901	3,596,175		1,198,726	4,794,901	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	102,232	76,674		25,558	102,232	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	5,5700	5,5700		5,5700		22
23	Indirect medical education adjustment	267,076	200,307		66,769	267,076	23
24	Allowable disproportionate share percentage	0.0699	0.0699		0.0699		24
25	Disproportionate share adjustment	335,164	251,373		83,791	335,164	25
26	Total prospective capital payments	5,499,373	4,124,529		1,374,844	5,499,373	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	53,013	39,759		13,254	53,013	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-404,988	-303,741		-101,247	-404,988	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		589,569		195,733	785,302	32

KPMG LLP Compu-Max 2552-10

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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)	177,295			1
2	Medical and other services reimbursed under OPSS (see instructions)	46,050,419			2
3	PPS payments	47,694,376			3
4	Outlier payment (see instructions)	352,581			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)	177,295			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	793,670			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)	793,670			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	793,670			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	616,375			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)	177,295			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)	48,046,957			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	9,378,314			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)	38,845,938			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	867,031			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	39,712,969			30
31	Primary payer payments	19,084			31
32	Subtotal (line 30 minus line 31)	39,693,885			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,141,780			34
35	Adjusted reimbursable bad debts (see instructions)	742,157			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	62,596			36
37	Subtotal (see instructions)	40,436,042			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)	40,436,042			40
40.01	Sequestration adjustment (see instructions)	808,721			40.01
41	Interim payments	39,541,722			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	85,599			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

KPMG LLP Compu-Max 2552-10

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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)	78			1
2	Medical and other services reimbursed under OPPTS (see instructions)	23			2
3	PPS payments	31			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)	78			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	343			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)	343			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	343			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	265			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)	78			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)	31			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	109			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)	109			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	109			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	109			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)	109			40
40.01	Sequestration adjustment (see instructions)	2			40.01
41	Interim payments	70			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	37			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

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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		71,111,251		37,962,325	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		1,806,941		1,753,982	2		
3	List separately each retroactive lump sum adjustment							
	amount based on subsequent revision of the interim		.01			3.01		
	rate for the cost reporting period. Also show date of		.02			3.02		
	each payment. If none, write 'NONE' or enter a zero. (1)	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	08/23/2016	10,290	08/23/2016	174,585	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		-10,290		-174,585	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)				72,907,902		39,541,722	4
TO BE COMPLETED BY CONTRACTOR								
5	List separately each tentative settlement payment		.01					5.01
	after desk review. Also show date of each payment.		.02					5.02
	If none, write 'NONE' or enter a zero. (1)	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				85,599	6.01
			.02		-104,138			6.02
7	Total Medicare program liability (see instructions)				72,803,764		39,627,321	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.

KPMG LLP Compu-Max 2552-10

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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

	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		1,575,594		70
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				
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)	Program to Provider	.01 .02 .03 .04 .05 .06 .07 .08 .09 .10 .50 .51 Provider to Program		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.10 3.50 3.51 3.52 3.53 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)		.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)		1,575,594		70
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	Program to Provider	.01 .02 .03 .04 .05 .06 .07 .08 .09 .10 .50 .51 Provider to Program		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.10 5.50 5.51 5.52 5.53 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)		.99		5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01 .02		37
7	Total Medicare program liability (see instructions)		-2,185		6.01 6.02
8	Name of Contractor		1,573,409		107
		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.

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

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)	25,659	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	30,026	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	16,607	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	100,772	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,929,823,849	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	79,771,145	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)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

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

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T091

WORKSHEET E-3
PART III

Check [] Hospital
Applicable [XX] Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,494,746		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.034100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	116,142		3
4	Outlier payments	12,019		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 42 CFR §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)	9.721311		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	1,622,907		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)	1,622,907		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	1,622,907		19
20	Deductibles	12,880		20
21	Subtotal (line 19 minus line 20)	1,610,027		21
22	Coinsurance	4,508		22
23	Subtotal (line 21 minus line 22)	1,605,519		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)	1,605,519		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)	1,605,519		32
32.01	Sequestration adjustment (see instructions)	32,110		32.01
33	Interim payments	1,575,594		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	-2,185		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

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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 cap (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)			27.50	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			49.65	6
7	Enter the lesser of line 5 or line 6			27.50	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	38.73	9.38	48.11	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	21.45	5.20	26.65	9
10	Weighted dental and podiatric resident FTE count for the current year		5.15		10
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.39		10.01
11	Total weighted FTE count	21.45	10.35		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.26	10.28		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.46	13.10		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	26.72	11.24		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	26.72	11.24		17
18	Per resident amount	84,046.20	84,046.20		18
19	Approved amount for resident costs	2,245,714	944,679	3,190,393	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)			22.15	21
22	Allowable additional direct GME FTE resident count (see instructions)			21.46	22
23	Enter the locality adjustment national average per resident amount (see instructions)			99,024.64	23
24	Multiply line 22 times line 23			2,125,069	24
25	Total direct GME amount (sum of lines 19 and 24)			5,315,462	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	31,070	16,972		26
27	Total inpatient days (see instructions)	106,408	106,408		27
28	Ratio of inpatient days to total inpatient days	0.291989	0.159499		28
29	Program direct GME amount	1,552,056	847,811		29
30	Reduction for direct GME payments for Medicare Advantage		119,796		30
31	Net Program direct GME amount			2,280,071	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)			75,325,943	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)			17,644	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			75,308,299	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			46,227,815	42
43	Primary payer payments (see instructions)			19,084	43
44	Total Part B reasonable cost (line 42 minus line 43)			46,208,731	44
45	Total reasonable cost (sum of lines 41 and 44)			121,517,030	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.619735	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.380265	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			2,280,071	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,413,040	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			867,031	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 cap (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 the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00
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
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	0.00	0.00	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
19	Approved amount for resident costs			
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	25,592	3,026	
27	Total inpatient days (see instructions)	106,408	106,408	
28	Ratio of inpatient days to total inpatient days	0.240508	0.028438	
29	Program direct GME amount			
30	Reduction for direct GME payments for Medicare Advantage			
31	Net Program direct GME amount			
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)			
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			
35	Medicare outpatient ESRD charges (see instructions)			
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			
39	Cost of physicians' services in a teaching hospital (see instructions)			
40	Primary payer payments (see instructions)			
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			
43	Primary payer payments (see instructions)			
44	Total Part B reasonable cost (line 42 minus line 43)			
45	Total reasonable cost (sum of lines 41 and 44)			
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			

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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	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-6,531,347				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	625,991,092				4
5	Other receivables	541,167				5
6	Allowances for uncollectible notes and accounts receivable	-506,635,418				6
7	Inventory	8,601,692				7
8	Prepaid expenses	4,015,910				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	125,983,096				11
FIXED ASSETS						
12	Land					12
13	Land improvements	652,707				13
14	Accumulated depreciation	-568,356				14
15	Buildings	203,650				15
16	Accumulated depreciation	-83,729				16
17	Leasehold improvements	927,978				17
18	Accumulated depreciation	-466,640				18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	159,241,148				23
24	Accumulated depreciation	-87,904,325				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)	72,002,433				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	247,057,938				34
35	Total other assets (sum of lines 31-34)	247,057,938				35
36	Total assets (sum of lines 11, 30 and 35)	445,043,467				36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	16,514,056				37
38	Salaries, wages and fees payable	32,876,486				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					44
45	Total current liabilities (sum of lines 37 thru 44)	49,390,542				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	251,909,635				49
50	Total long term liabilities (sum of lines 46 thru 49)	251,909,635				50
51	Total liabilities (sum of lines 45 and 50)	301,300,177				51
CAPITAL ACCOUNTS						
52	General fund balance	143,743,290				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
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)	143,743,290				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	445,043,467				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		228,637,087		1
2	Net income (loss) (from Worksheet G-3, line 29)		185,255,421		2
3	Total (sum of line 1 and line 2)		413,892,508		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)		413,892,508		11
12	Deductions (debit adjustments) (specify)				12
13	NET AFFILIATE TRANSFERS	270,149,218			13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		270,149,218		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		143,743,290		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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	302,225,066		302,225,066	1
2	Subprovider IPF				2
3	Subprovider IRF	10,109,893		10,109,893	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)	312,334,959		312,334,959	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
11.01	NEONATAL ICU	38,103,779		38,103,779	11.01
12	Coronary Care Unit	28,894,455		28,894,455	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit	40,472,501		40,472,501	14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	107,470,735		107,470,735	16
17	Total inpatient routine care services (sum of lines 10 and 16)	419,805,694		419,805,694	17
18	Ancillary services	829,707,373		829,707,373	18
19	Outpatient services		1,767,645,237	1,767,645,237	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		32,045,010	32,045,010	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		10,108,165	10,108,165	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,249,513,067	1,809,798,412	3,059,311,479	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		608,458,688	29
30	Add (specify)			30
31	BAD DEBTS	26,972,039		31
32				32
33				33
34				34
35	INCOME TAX			35
36	Total additions (sum of lines 30-35)		26,972,039	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)		635,430,727	43

KPMG LLP Compu-Max 2552-10

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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)	3,059,311,479	1
2	Less contractual allowances and discounts on patients' accounts	2,246,593,478	2
3	Net patient revenues (line 1 minus line 2)	812,718,001	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	635,430,727	4
5	Net income from service to patients (line 3 minus line 4)	177,287,274	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 otehr 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 hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER REVENUE)		24
24.01	Other (OTHER INCOME)	7,968,147	24.01
24.02	Other (GOVT SUBSIDIES)		24.02
24.03	Other (GRANT)		24.03
25	Total other income (sum of lines 6-24)	7,968,147	25
26	Total (line 5 plus line 25)	185,255,421	26
27.01	Other expenses (INCOME TAXES)		27.01
27.02	Other expenses (OTHER)		27.02
29	Net income (or loss) for the period (line 26 minus line 28)	185,255,421	29

KPMG LLP Compu-Max 2552-10

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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	
	GENERAL SERVICE COST CENTERS						
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	903,282	228,367	11,484		1,038,894	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	2,145,398	528,261	190,636		230	6
7	Physical Therapy	1,025,964	241,478	110,468	100,861	8,483	7
8	Occupational Therapy	332,500	77,891	53,100			8
9	Speech Pathology	137,840	32,901	24,986		97	9
10	Medical Social Services	37,073	8,851	4,864			10
11	Home Health Aide	73,878	32,337	28,846			11
12	Supplies (see instructions)					176,486	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	4,655,935	1,150,086	424,384	100,861	1,224,190	24

KPMG LLP Compu-Max 2552-10

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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)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
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	2,182,027	-1,038,510	1,143,517	-60,152	1,083,365	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	2,864,525		2,864,525		2,864,525	6
7	Physical Therapy	1,487,254		1,487,254		1,487,254	7
8	Occupational Therapy	463,491		463,491		463,491	8
9	Speech Pathology	195,824		195,824		195,824	9
10	Medical Social Services	50,788		50,788		50,788	10
11	Home Health Aide	135,061		135,061		135,061	11
12	Supplies (see instructions)	176,486		176,486		176,486	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	7,555,456	-1,038,510	6,516,946	-60,152	6,456,794	24

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

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7241

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS			
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE
		0	1	2	3
GENERAL SERVICE COST CENTERS					
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	1,083,365			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	2,864,525			6
7	Physical Therapy	1,487,254			7
8	Occupational Therapy	463,491			8
9	Speech Pathology	195,824			9
10	Medical Social Services	50,788			10
11	Home Health Aide	135,061			11
12	Supplies (see instructions)	176,486			12
13	Drugs				13
14	DME				14
HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services				15
16	Respiratory Therapy				16
17	Private Duty Nursing				17
18	Clinic				18
19	Health Promotion Activities				19
20	Day Care Program				20
21	Home Delivered Means Program				21
22	Homemaker Service				22
23	All Others				23
23.50	Telemedicine				23.50
24	Totals (sum of lines 1-23)	6,456,794			24

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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	
	GENERAL SERVICE COST CENTERS					
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		1,083,365	1,083,365		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		2,864,525	575,210	3,439,735	6
7	Physical Therapy		1,487,254	309,287	1,796,541	7
8	Occupational Therapy		463,491	93,271	556,762	8
9	Speech Pathology		195,824	33,314	229,138	9
10	Medical Social Services		50,788	6,943	57,731	10
11	Home Health Aide		135,061	30,952	166,013	11
12	Supplies (see instructions)		176,486	34,388	210,874	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		6,456,794		6,456,794	24

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7241

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
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					-1,083,365	20,083,801	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care					7,798,897	10,663,422	6
7	Physical Therapy					4,246,437	5,733,691	7
8	Occupational Therapy					1,265,601	1,729,092	8
9	Speech Pathology					421,760	617,584	9
10	Medical Social Services					77,919	128,707	10
11	Home Health Aide					438,748	573,809	11
12	Supplies (see instructions)					461,010	637,496	12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					13,627,007	20,083,801	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						1,083,365	25
26	Unit Cost Multiplier						0.053942	26

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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			115,155	31,073			1
2	Skilled Nursing Care	3,439,735			71,879			2
3	Physical Therapy	1,796,541			32,857			3
4	Occupational Therapy	556,762			10,598			4
5	Speech Pathology	229,138			4,477			5
6	Medical Social Services	57,731			1,204			6
7	Home Health Aide	166,013			4,400			7
8	Supplies	210,874						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)	6,456,794		115,155	156,488			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.

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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) 4A	OTHER ADMI NISTRATIVE & GENERAL	MAINTENANC E & REPAIR S 6	
		5.03	5.04	5.05	4A	5.06	6	
1	Administrative and General		3,989		150,217	47,047		1
2	Skilled Nursing Care				3,511,614	1,099,817		2
3	Physical Therapy				1,829,398	572,956		3
4	Occupational Therapy				567,360	177,694		4
5	Speech Pathology				233,615	73,167		5
6	Medical Social Services				58,935	18,458		6
7	Home Health Aide				170,413	53,372		7
8	Supplies				210,874	66,044		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)		3,989		6,732,426	2,108,555		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.

KPMG LLP Compu-Max 2552-10

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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	5,268		1,227				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)	5,268		1,227				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.

KPMG LLP Compu-Max 2552-10

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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				2,952			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)				2,952			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.

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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					206,711		1
2	Skilled Nursing Care					4,611,431		2
3	Physical Therapy					2,402,354		3
4	Occupational Therapy					745,054		4
5	Speech Pathology					306,782		5
6	Medical Social Services					77,393		6
7	Home Health Aide					223,785		7
8	Supplies					276,918		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)					8,850,428		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.

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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) 26	ALLOCATED HHA A&G (see PtlI) 27	TOTAL HHA COSTS 28			
1	Administrative and General	206,711					1
2	Skilled Nursing Care	4,611,431	110,279	4,721,710			2
3	Physical Therapy	2,402,354	57,452	2,459,806			3
4	Occupational Therapy	745,054	17,818	762,872			4
5	Speech Pathology	306,782	7,337	314,119			5
6	Medical Social Services	77,393	1,851	79,244			6
7	Home Health Aide	223,785	5,352	229,137			7
8	Supplies	276,918	6,622	283,540			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)	8,850,428	206,711	8,850,428			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.		0.023915				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.

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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 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	95	106,333	946,022				1
2	Skilled Nursing Care			2,188,353				2
3	Physical Therapy			1,000,335				3
4	Occupational Therapy			322,668				4
5	Speech Pathology			136,295				5
6	Medical Social Services			36,665				6
7	Home Health Aide			133,958				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)	95	106,333	4,764,296				20
21	Total cost to be allocated		115,155	156,488				21
22	Unit Cost Multiplier			0.032846				22
22	Unit Cost Multiplier		1.082966					22

KPMG LLP Compu-Max 2552-10

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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	2,258,888			150,217	95	95	1
2	Skilled Nursing Care				3,511,614			2
3	Physical Therapy				1,829,398			3
4	Occupational Therapy				567,360			4
5	Speech Pathology				233,615			5
6	Medical Social Services				58,935			6
7	Home Health Aide				170,413			7
8	Supplies				210,874			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)	2,258,888			6,732,426	95	95	20
21	Total cost to be allocated	3,989			2,108,555		5,268	21
22	Unit Cost Multiplier	0.001766						22
22	Unit Cost Multiplier				0.313194		55.452632	22

KPMG LLP Compu-Max 2552-10

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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 SERVED	MAINTENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION FTES NRSING HRS	
		8	9	10	11	12	13	
1	Administrative and General		95					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)		95					20
21	Total cost to be allocated		1,227					21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier		12.915789					22

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	
1	Administrative and General			2,258,888				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)			2,258,888				20
21	Total cost to be allocated			2,952				21
22	Unit Cost Multiplier			0.001307				22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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

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	4,721,710		4,721,710	20,315	232.42	1
2	Physical Therapy	3	2,459,806		2,459,806	12,820	191.87	2
3	Occupational Therapy	4	762,872		762,872	3,544	215.26	3
4	Speech Pathology	5	314,119		314,119	1,235	254.35	4
5	Medical Social Services	6	79,244		79,244	174	455.43	5
6	Home Health Aide	7	229,137		229,137	2,799	81.86	6
7	Total (sum of lines 1-6)		8,566,888		8,566,888	40,887		7

Limitation Cost Computation					Program Visits		
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		1	2	3	4		
8	Skilled Nursing Care	14010		118		8	
8.01	Skilled Nursing Care	16580		4,311		8.01	
8.02	Skilled Nursing Care	19180		1,798		8.02	
8.03	Skilled Nursing Care	19500		18		8.03	
8.04	Skilled Nursing Care	99914		1,234		8.04	
9	Physical Therapy	14010		59		9	
9.01	Physical Therapy	16580		2,645		9.01	
9.02	Physical Therapy	19180		1,157		9.02	
9.03	Physical Therapy	19500		11		9.03	
9.04	Physical Therapy	99914		736		9.04	
10	Occupational Therapy	14010		28		10	
10.01	Occupational Therapy	16580		708		10.01	
10.02	Occupational Therapy	19180		436		10.02	
10.03	Occupational Therapy	19500		4		10.03	
10.04	Occupational Therapy	99914		170		10.04	
11	Speech Pathology	14010				11	
11.01	Speech Pathology	16580		175		11.01	
11.02	Speech Pathology	19180		86		11.02	
11.03	Speech Pathology	19500				11.03	
11.04	Speech Pathology	99914		60		11.04	
12	Medical Social Services	14010		4		12	
12.01	Medical Social Services	16580		45		12.01	
12.02	Medical Social Services	19180		22		12.02	
12.03	Medical Social Services	19500				12.03	
12.04	Medical Social Services	99914		11		12.04	
13	Home Health Aide	14010				13	
13.01	Home Health Aide	16580		877		13.01	
13.02	Home Health Aide	19180		226		13.02	
13.03	Home Health Aide	19500				13.03	
13.04	Home Health Aide	99914		321		13.04	
14	Total (sum of lines 8-13)			15,260		14	

Supplies and Drugs Cost Computations								
	Other 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 Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		1	2	3	4	5		
15	Cost of Medical Supplies	8	283,540		283,540	49,005	5.785940	15
16	Cost of Drugs	9						16

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

KPMG LLP Compu-Max 2552-10

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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

		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	0.333144			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	0.243857			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.227217			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 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		7,479			1,738,269		1,738,269	1
2	Physical Therapy		4,608			884,137		884,137	2
3	Occupational Therapy		1,346			289,740		289,740	3
4	Speech Pathology		321			81,646		81,646	4
5	Medical Social Services		82			37,345		37,345	5
6	Home Health Aide		1,424			116,569		116,569	6
7	Total (sum of lines 1-6)		15,260			3,147,706		3,147,706	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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7241

**WORKSHEET H-4
PARTS I & II**

Check applicable box: Title V 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)		3,003,389		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	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		3,017,947	11
12	Total PPS Reimbursement - Full Episodes with Outliers		27,162	12
13	Total PPS Reimbursement - LUPA Episodes		99,855	13
14	Total PPS Reimbursement - PEP Episodes		22,442	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		6,058	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)		3,173,464	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		3,173,464	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		3,173,464	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)		3,173,464	29
30	Other adjustments (see instructions) (specify)		-1,240	30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		3,172,224	31
31.01	Sequestration adjustment (see instructions)		63,446	31.01
32	Interim payments (see instructions)		3,108,778	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 HHA CCN: 14-7241 BENEFICIARIES

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1	2	3	4	
1	Total interim payments paid to provider				3,108,778	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.					2
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. H-4, Part II, column as appropriate, line 32)				3,108,778	4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (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	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				3,108,778	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.

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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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	4,794,901	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	102,232	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)	281.01	3
4	Number of interns & residents (see instructions)	53.99	4
5	Indirect medical education percentage (see instructions)	5.57	5
6	Indirect medical education adjustment (see instructions)	267,076	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0503	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2833	8
9	Sum of lines 7 and 8	0.3336	9
10	Allowable disproportionate share percentage (see instructions)	0.0699	10
11	Disproportionate share adjustment (see instructions)	335,164	11
12	Total prospective capital payments (see instructions)	5,499,373	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 (see instructions)		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 (see instructions)		11
12	Total prospective capital payments (see instructions)		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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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	
	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						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31.01	NEONATAL ICU						31.01
32	Coronary Care Unit						32
34	Surgical Intensive Care Unit						34
41	Subprovider - IRF						41
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						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
90.02	HOME INFUSION						90.02
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
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40

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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	
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice						116
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
192.01	CHEMOTHERAPY RX						192.01
192.02	RURAL HEALTH						192.02
192.03	ARBOURS RX						192.03
192.04	FUND DEVELOPMENT						192.04
192.05	MARKETING						192.05
192.06	CARLE CLINIC						192.06
192.08	CARLE FOUNDATION #14-8077						192.08
192.09	CARLE ARBOURS #14-1439						192.09
192.10	OTHER REL ENTITIES						192.10
192.11	CHAMPAIGN ASC						192.11
192.12	SOUTH PARKING GARAGE						192.12
192.13	PARISH NRSG						192.13
192.14	COMM HLTH & WLNS						192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE						192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT						193.01
193.02	TELEMEDICINE						193.02
193.04	NORTH GARAGE						193.04
193.05	HOME INFUSION						193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED						193.07
193.08	EMERGENCY MEDICAL SERVICES						193.08
193.10	OTHER NONREIMBURSABLE ADMIN						193.10
193.11	RELATED PARTY THERAPY						193.11
193.12	RELATED PARTY PHARMACY						193.12
193.13	RELATED PARTY PHARMACISTS						193.13
193.14	RETAIL PHARM						193.14
193.15	RELATED PARTY DIETITIANS						193.15
193.16	RELATED PARTY LABORATORY						193.16
193.17	RELATED PARTY RADIOLOGY						193.17
193.18	RELATED PARTY CARDIOLOGY						193.18
194	UNDERGRADUATE MEDICAL EDUCATION						194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)						202

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

HOSPICE CCN: 14-1526

WORKSHEET O

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4	305,796	3,535,742	3,841,538	-849,713	2,991,825	-27,052	2,964,773	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
DIRECT PATIENT CARE SERVICE COST CENTERS								
25								25
26								26
27								27
28	1,157,148	379,931	1,537,079		1,537,079		1,537,079	28
29								29
30								30
31		2,383	2,383		2,383		2,383	31
32								32
33	149,314	52,226	201,540		201,540		201,540	33
34								34
35								35
36								36
37	149,761	105,737	255,498		255,498		255,498	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
NONREIMBURSABLE COST CENTERS								
60	52,956	23,968	76,924		76,924		76,924	60
61	41,030	24,102	65,132		65,132		65,132	61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
100	1,856,005	4,124,089	5,980,094	-849,713	5,130,381	-27,052	5,103,329	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CONTINUOUS HOME CARE

HOSPICE CCN: 14-1526

WORKSHEET O-1

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25	Inpatient Care - Contracted							25
26	Physician Services							26
27	Nurse Practitioner							27
28	Registered Nurse							28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy							31
32	Speech/Language Pathology							32
33	Medical Social Services							33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services							37
38	Durable Medical Equipment - Oxygen							38
39	Patient Transportation							39
40	Imaging Services							40
41	Labs and Diagnostics							41
42	Medical Supplies - Non-routine							42
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL							100

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**

HOSPICE CCN: 14-1526

WORKSHEET O-2

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
DIRECT PATIENT CARE SERVICE COST CENTERS								
25 Inpatient Care - Contracted								25
26 Physician Services								26
27 Nurse Practitioner								27
28 Registered Nurse	1,126,928	370,009	1,496,937		1,496,937		1,496,937	28
29 LPN/LVN								29
30 Physical Therapy								30
31 Occupational Therapy		2,321	2,321		2,321		2,321	31
32 Speech/Language Pathology								32
33 Medical Social Services	145,414	50,862	196,276		196,276		196,276	33
34 Spiritual Counseling								34
35 Dietary Counseling								35
36 Counseling - Other								36
37 Hospice Aide and Homemaker Services	145,849	102,976	248,825		248,825		248,825	37
38 Durable Medical Equipment - Oxygen								38
39 Patient Transportation								39
40 Imaging Services								40
41 Labs and Diagnostics								41
42 Medical Supplies - Non-routine								42
43 Outpatient Services								43
44 Palliative Radiation Therapy								44
45 Palliative Chemotherapy								45
46 Other Patient Care Services								46
100 TOTAL	1,418,191	526,168	1,944,359		1,944,359		1,944,359	100

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE**

HOSPICE CCN: 14-1526

WORKSHEET O-3

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
DIRECT PATIENT CARE SERVICE COST CENTERS								
25 Inpatient Care - Contracted								25
26 Physician Services								26
27 Nurse Practitioner								27
28 Registered Nurse	2,322	762	3,084		3,084		3,084	28
29 LPN/LVN								29
30 Physical Therapy								30
31 Occupational Therapy		5	5		5		5	31
32 Speech/Language Pathology								32
33 Medical Social Services	300	105	405		405		405	33
34 Spiritual Counseling								34
35 Dietary Counseling								35
36 Counseling - Other								36
37 Hospice Aide and Homemaker Services	301	212	513		513		513	37
38 Durable Medical Equipment - Oxygen								38
39 Patient Transportation								39
40 Imaging Services								40
41 Labs and Diagnostics								41
42 Medical Supplies - Non-routine								42
43 Outpatient Services								43
44 Palliative Radiation Therapy								44
45 Palliative Chemotherapy								45
46 Other Patient Care Services								46
100 TOTAL	2,923	1,084	4,007		4,007		4,007	100

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE**

HOSPICE CCN: 14-1526

WORKSHEET O-4

	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
	1	2	3	4	5	6	7	
DIRECT PATIENT CARE SERVICE COST CENTERS								
25 Inpatient Care - Contracted								25
26 Physician Services								26
27 Nurse Practitioner								27
28 Registered Nurse	27,898	9,160	37,058		37,058		37,058	28
29 LPN/LVN								29
30 Physical Therapy								30
31 Occupational Therapy		57	57		57		57	31
32 Speech/Language Pathology								32
33 Medical Social Services	3,600	1,259	4,859		4,859		4,859	33
34 Spiritual Counseling								34
35 Dietary Counseling								35
36 Counseling - Other								36
37 Hospice Aide and Homemaker Services	3,611	2,549	6,160		6,160		6,160	37
38 Durable Medical Equipment - Oxygen								38
39 Patient Transportation								39
40 Imaging Services								40
41 Labs and Diagnostics								41
42 Medical Supplies - Non-routine								42
43 Outpatient Services								43
44 Palliative Radiation Therapy								44
45 Palliative Chemotherapy								45
46 Other Patient Care Services								46
100 TOTAL	35,109	13,025	48,134		48,134		48,134	100

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION**

HOSPICE CCN: 14-1526

WORKSHEET O-5

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt				1
2	Cap Rel Costs-Mvble Equip		103,778	103,778	2
3	Employee Benefits Department		61,340	61,340	3
4	Administrative & General	2,964,773	1,673,351	4,638,124	4
5	Plant Operation & Maintenance		5,268	5,268	5
6	Laundry & Linen Service				6
7	Housekeeping		1,227	1,227	7
8	Dietary				8
9	Nursing Administration				9
10	Routine Medical Supplies				10
11	Medical Records		13,134	13,134	11
12	Staff Transportation				12
13	Volunteer Service Coordination				13
14	Pharmacy				14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services				17
	LEVEL OF CARE				
50	Hospice Continuous Home Care				50
51	Hospice Routine Home Care	1,944,359		1,944,359	51
52	Hospice Inpatient Respite Care	4,007		4,007	52
53	Hospice General Inpatient Care	48,134		48,134	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program	76,924		76,924	60
61	Volunteer Program	65,132		65,132	61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	5,103,329	1,858,098	6,961,427	100

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2016 To: 12/31/2016	Run Date: 05/31/2017 Run Time: 08:42 Version: 2017.01 (05/23/2017)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1526

**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINISTRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip	103,778		103,778					2
3	Employee Benefits Department	61,340			61,340				3
4	Administrative & General	4,638,124		103,778	46,920	4,788,822	4,788,822		4
5	Plant Operation & Maintenance	5,268				5,268	11,612	16,880	5
6	Laundry & Linen Service								6
7	Housekeeping	1,227				1,227	2,705	178	7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records	13,134				13,134	28,950	1,421	11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care	1,944,359				1,944,359	4,285,725		51
52	Hospice Inpatient Respice Care	4,007				4,007	8,832		52
53	Hospice General Inpatient Care	48,134				48,134	106,096		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	76,924			8,125	85,049	187,464	8,351	60
61	Volunteer Program	65,132			6,295	71,427	157,438	6,930	61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	6,961,427		103,778	61,340	6,961,427	4,788,822	16,880	100

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1526

**WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN 6	HOUSE-KEEPING 7	DIETARY 8	NURSING ADMINIS-TRATION 9	ROUTINE MEDICAL SUPPLIES 10	MEDICAL RECORDS 11	STAFF TRANS-PORTATION 12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping		4,110						7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records		350				43,855		11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care						42,710		51
52	Hospice Inpatient Respite Care						88		52
53	Hospice General Inpatient Care						1,057		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program		2,055						60
61	Volunteer Program		1,705						61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL		4,110				43,855		100

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

HOSPICE CCN: 14-1526

**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination							13
14	Pharmacy							14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services							17
	LEVEL OF CARE							
50	Hospice Continuous Home Care							50
51	Hospice Routine Home Care						6,272,794	51
52	Hospice Inpatient Respite Care						12,927	52
53	Hospice General Inpatient Care						155,287	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program						282,919	60
61	Volunteer Program						237,500	61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care							66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
99	Negative Cost Center							99
100	TOTAL						6,961,427	100

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1526

**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip		95,827						2
3	Employee Benefits Department			399,782					3
4	Administrative & General		95,827	305,796	-4,788,822	2,172,605			4
5	Plant Operation & Maintenance					5,268	95		5
6	Laundry & Linen Service								6
7	Housekeeping					1,227	1		7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records					13,134	8		11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care					1,944,359			51
52	Hospice Inpatient Respite Care					4,007			52
53	Hospice General Inpatient Care					48,134			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program			52,956		85,049	47		60
61	Volunteer Program			41,030		71,427	39		61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)		103,778	61,340		4,788,822	16,880		100
101	Unit cost multiplier		1.082972	0.153434		2.204184	177.684211		101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1526

**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET 7	DIETARY IN-FACILITY DAYS 8	NURSING ADMINISTRATION DIRECT NURS. HRS. 9	ROUTINE MEDICAL SUPPLIES PATIENT DAYS 10	MEDICAL RECORDS PATIENT DAYS 11	STAFF TRANSPORTATION MILEAGE 12	VOLUNTEER SVC COORDINATION HOURS OF SERVICE 13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping	94							7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records	8				37,372			11
12	Staff Transportation								12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care					36,396			51
52	Hospice Inpatient Respite Care					75			52
53	Hospice General Inpatient Care					901			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	47							60
61	Volunteer Program	39							61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	4,110				43,855			100
101	Unit cost multiplier	43.723404				1.173472			101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS

HOSPICE CCN: 14-1526

**WORKSHEET O-6
PART II**

	Descriptions	PHARMACY CHARGES 14	PHYSICIAN ADMIN SERVICES PATIENT DAYS 15	OTHER GENERAL SERVICE SPECIFY BASIS 16	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS 17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy					14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services					17
	LEVEL OF CARE					
50	Hospice Continuous Home Care					50
51	Hospice Routine Home Care					51
52	Hospice Inpatient Respite Care					52
53	Hospice General Inpatient Care					53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care					66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)					100
101	Unit cost multiplier					101

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APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

HOSPICE CCN: 14-1526

WORKSHEET O-7

		Charges by LOC (from Provider Records)						
	Wkst C Pt I, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP		
Cost Center Descriptions	0	1	2	3	4	5		
ANCILLARY SERVICE COST CENTERS								
1 Physical Therapy	66	0.333144		8,668,071	18,323	952,006	1	
2 Occupational Therapy	67						2	
3 Speech Language Pathology	68						3	
4 Drugs, Biological & Infusion Therapy	73	0.227217					4	
5 Durable Medical Equipment/Oxygen	96						5	
6 Labs and Diagnostics	60	0.081007					6	
7 Medical Supplies	71	0.243857					7	
8 Outpatient Services (incl E/R)	93						8	
9 Radiation Therapy	55						9	
10 Other	76						10	
11 Totals (sum of lines 1-10)							11	

		Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)	
Cost Center Descriptions		6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
1 Physical Therapy			2,887,716	6,104	317,155	1
2 Occupational Therapy						2
3 Speech Language Pathology						3
4 Drugs, Biological & Infusion Therapy						4
5 Durable Medical Equipment/Oxygen						5
6 Labs and Diagnostics						6
7 Medical Supplies						7
8 Outpatient Services (incl E/R)						8
9 Radiation Therapy						9
10 Other						10
11 Totals (sum of lines 1-10)			2,887,716	6,104	317,155	11

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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

HOSPICE CCN: 14-1526

WORKSHEET O-8

		TITLE XVIII MEDICARE 1	TITLE XIX MEDICAID 2	TOTAL 3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost				1
2	Total unduplicated days				2
3	Total average cost per diem				3
4	Unduplicated program days				4
5	Program cost				5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			9,160,510	6
7	Total unduplicated days			36,396	7
8	Total average cost per diem			251.69	8
9	Unduplicated program days	31,209	2,946		9
10	Program cost	7,854,993	741,479		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			19,031	11
12	Total unduplicated days			75	12
13	Total average cost per diem			253.75	13
14	Unduplicated program days	68	7		14
15	Program cost	17,255	1,776		15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			472,442	16
17	Total unduplicated days			901	17
18	Total average cost per diem			524.35	18
19	Unduplicated program days	750	77		19
20	Program cost	393,263	40,375		20
	TOTAL HOSPICE CARE				
21	Total cost			9,651,983	21
22	Total unduplicated days			37,372	22
23	Average cost per diem			258.27	23