

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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 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.	Date: 05/30/2018 Time: 15:33
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 CHIEF FINANCIAL 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 01/01/2017 and ending 12/31/2017, 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
Chief Financial 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		586,245	1,098,972		20,427	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF		810	-7			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		587,055	1,098,965		20,427	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 / 2017	To: 12 / 31 / 2017							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.	26,211	5,526			847		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.	808	364					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)(i) or (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)(i) or (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?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

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
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	Y			60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	1	60.01
		Y/N 1	IME 4	Direct GME 5	
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. Enter in column 4, the 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. Enter in column 4 direct the 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 through 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)	0.08	17.10	0.004657	66
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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	3630	0.35	13.77	0.024788	67
67.01	INTERNAL MEDICINE	1400		25.00		67.01

Inpatient Psychiatric Facility PPS

	1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N		70
71	If line 70 is 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

	1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	Y		75
76	If line 75 is 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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N		87

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
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
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers

		1	2	
105	Does this hospital qualify as a 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
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.	Physical	Occupational Speech Respiratory	109

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.			111

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. 15-1, 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.	N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses Self Insurance	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for 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 care related taxes as defined in §1983(w)(3) of the Act? 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 in column 2.			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**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 the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

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	3	4	
		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

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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.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	Y		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	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		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	04/20/2018	Y	04/20/2018
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	328	117,665			29,485	22,486	77,984	1
2	HMO and other (see instructions)						17,637	847		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider						498			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)		328	117,665			29,485	22,486	77,984	7
8	Intensive Care Unit	31								8
8.01	NEONATAL ICU	31.01	25	9,125				1,201	4,166	8.01
9	Coronary Care Unit	32	12	4,380			1,775	1,491	5,172	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34	26	9,490			1,737	1,761	6,106	11
12	Other Special Care (specify)	35								12
13	Nursery	43						3,934	16,641	13
14	Total (see instructions)		391	140,660			32,997	30,873	110,069	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41	20	6,615			1,226	1,172	4,584	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					13,594	3,535	35,396	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116					35,024	2,659	39,807	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)		411							27
28	Observation Bed Days							1,039	3,784	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		12	4,380				897	1,937	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								205	32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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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)					6,177	6,336	25,440	1
2	HMO and other (see instructions)					3,920	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	3,106.19			6,177	6,336	25,440	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF		28.52			84	58	311	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		62.73						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		31.98						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	54.67	3,229.42						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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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	188,498,146	13,536,033	202,034,179	7,351,152.00	27.48	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21	3,666,922	23,992	3,690,914	70,265.00	52.53	7
7.01							7.01
8							8
9	44						9
10		13,805,813	369,316	14,175,129	436,174.00	32.50	10
OTHER WAGES & RELATED COSTS							
11		8,230,636		8,230,636	125,424.17	65.62	11
12							12
13		6,307,362		6,307,362	58,048.00	108.66	13
14							14
14.01		67,156,869		67,156,869	1,757,520.00	38.21	14.01
14.02							14.02
15							15
16							16
WAGE-RELATED COSTS							
17		45,417,859		45,417,859			17
18							18
19		3,189,647		3,189,647			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25		513,831		513,831			25
25.50		21,606,074		21,606,074			25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26			1,890,562	1,890,562	56,612.00	33.40	26
27		11,339,467	15,535	11,355,002	409,843.00	27.71	27
28		162,163		162,163	1,507.35	107.58	28
29							29
30			3,127,426	3,127,426	107,319.00	29.14	30
31							31
32			4,301,760	4,301,760	296,655.00	14.50	32
33							33
34			2,499,444	2,499,444	158,589.00	15.76	34
35							35
36							36
37							37
38		2,392,716	3,250	2,395,966	67,665.32	35.41	38
39							39
40		4,109,205	-216,345	3,892,860	120,111.29	32.41	40
41		483,880	884,109	1,367,989	14,788.84	92.50	41
42							42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	184,993,387	13,512,041	198,505,428	7,282,394.35	27.26	1
2	Excluded area salaries (see instructions)	13,805,813	369,316	14,175,129	436,174.00	32.50	2
3	Subtotal salaries (line 1 minus line 2)	171,187,574	13,142,725	184,330,299	6,846,220.35	26.92	3
4	Subtotal other wages & related costs (see instructions)	81,694,867		81,694,867	1,940,992.17	42.09	4
5	Subtotal wage-related costs (see instructions)	67,023,933		67,023,933		36.36%	5
6	Total (sum of lines 3 through 5)	319,906,374	13,142,725	333,049,099	8,787,212.52	37.90	6
7	Total overhead cost (see instructions)	18,487,431	12,505,741	30,993,172	1,233,090.80	25.13	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	9,695,845	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)	23,371,805	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)	110,981	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	598,444	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	981,512	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	12,985,087	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	24,677	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	1,352,985	23
24	Total Wage Related cost (Sum of lines 1-23)	49,121,336	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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		1,926		1,677	3,603	1
2	Unduplicated Census Count (see instructions)		2,525.00		1,360.00	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			1.37		1.37	5
6	Direct Nursing Service			20.18	0.99	21.17	6
7	Nursing Supervisor			2.01		2.01	7
8	Physical Therapy Service			10.33	1.62	11.95	8
9	Physical Therapy Supervisor						9
10	Occupational Therapy Service			3.53	0.22	3.75	10
11	Occupational Therapy Supervisor						11
12	Speech Pathology Service			2.07		2.07	12
13	Speech Pathology Supervisor						13
14	Medical Social Service			0.33		0.33	14
15	Medical Social Service Supervisor						15
16	Home Health Aide			1.73		1.73	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				LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers						
		1	2	3	4				
21	Skilled Nursing Visits	5,198	291	363	68	5,920	21		
22	Skilled Nursing Visit Charges	1,024,138	55,725	73,169	13,613	1,166,645	22		
23	Physical Therapy Visits	4,133	63	119	72	4,387	23		
24	Physical Therapy Visit Charges	877,170	13,279	27,256	15,269	932,974	24		
25	Occupational Therapy Visits	1,303	33	15	29	1,380	25		
26	Occupational Therapy Visit Charges	273,055	6,930	3,150	6,080	289,215	26		
27	Speech Pathology Visits	286	3	5	13	307	27		
28	Speech Pathology Visit Charges	65,692	700	1,250	3,000	70,642	28		
29	Medical Social Service Visits	43	2	3	1	49	29		
30	Medical Social Service Visit Charges	13,088	610	915	305	14,918	30		
31	Home Health Aide Visits	1,171	85	1	22	1,279	31		
32	Home Health Aide Visit Charges	99,244	7,225	85	1,870	108,424	32		
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,134	477	506	205	13,322	33		
34	Other Charges	187,463	11,758	17,298	2,993	219,512	34		
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	2,539,850	96,227	123,123	43,130	2,802,330	35		
36	Total Number of Episodes (standard/non-outlier)	970		189	16	1,175	36		
37	Total Number of Ourlier Episodes		15			15	37		
38	Total Non-Routine Medical Supply Charges						38		

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	34,170	2,594	2,002	38,766	11
12	Hospice Inpatient Respite Care	18		3	21	12
13	Hospice General Inpatient Care	836	65	119	1,020	13
14	Total Hospice Days	35,024	2,659	2,124	39,807	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.

KPMG LLP Compu-Max 2552-10

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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)		0.189906	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 and/or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid			5
6	Medicaid charges		540,969,894	6
7	Medicaid cost (line 1 times line 6)		102,733,429	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

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (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

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	74,277,784	19,953,691	94,231,475	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,105,797	19,953,691	34,059,488	21
22	Payments received from patients for amounts previously written off as charity care	268,249	1,196,759	1,465,008	22
23	Cost of charity care (line 21 minus line 22)	13,837,548	18,756,932	32,594,480	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, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			27,198,394	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,968,703	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			4,567,235	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			22,631,159	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			5,896,325	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			38,490,805	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			38,490,805	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		44,849	44,849	-554,838	-509,989	509,989		1
2	00200	Cap Rel Costs-Mvble Equip		18,172,661	18,172,661		18,172,661		18,172,661	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department						7,109,356	7,109,356	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	4,970,914	2,281,073	7,251,987	-358,704	6,893,283	-1,123	6,892,160	5.04
5.05	00580	SHARED ADMINISTRATIVE & GENERAL	2,310,377	96,283,768	98,594,145	76,827,169	175,421,314	-1,742,628	173,678,686	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	4,058,176	52,406,689	56,464,865	-34,991,753	21,473,112	-16,541,644	4,931,468	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant						16,070,440	16,070,440	7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping						6,842,565	6,842,565	9
10	01000	Dietary				-21,168	-21,168	4,152,391	4,131,223	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,392,716	1,307,400	3,700,116	-53,618	3,646,498	-72	3,646,426	13
14	01400	Central Services & Supply						6,118,138	6,118,138	14
15	01500	Pharmacy	4,109,205	14,648,129	18,757,334	-13,850,554	4,906,780		4,906,780	15
16	01600	Medical Records & Library	483,880	449,230	933,110		933,110	1,956,782	2,889,892	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
21	02100	I&R Services-Salary & Fringes Apprvd	3,666,922	4,898,956	8,565,878	-2,871,978	5,693,900	-334,996	5,358,904	21
22	02200	I&R Services-Other Prgm Costs Apprvd				2,694,137	2,694,137		2,694,137	22
23	02300	PARAMED ED PRGM-RX RESIDENT				201,956	201,956		201,956	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	36,960,515	24,807,381	61,767,896	-14,715,593	47,052,303	-71,541	46,980,762	30
31.01	03101	NEONATAL ICU	7,438,191	3,688,966	11,127,157	-544,410	10,582,747		10,582,747	31.01
32	03200	Coronary Care Unit	3,600,215	2,368,683	5,968,898	-550,656	5,418,242	-14,690	5,403,552	32
34	03400	Surgical Intensive Care Unit	4,661,505	2,812,590	7,474,095	-552,542	6,921,553	-10,182	6,911,371	34
41	04100	Subprovider - IRF	1,914,867	1,127,970	3,042,837	-340,528	2,702,309	-26,421	2,675,888	41
43	04300	Nursery				1,946,750	1,946,750		1,946,750	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	8,087,711	36,662,227	44,749,938	-18,980,068	25,769,870	-78,020	25,691,850	50
51	05100	Recovery Room	1,367,329	691,198	2,058,527	-146,879	1,911,648		1,911,648	51
52	05200	Delivery Room & Labor Room				6,780,096	6,780,096		6,780,096	52
53	05300	Anesthesiology	60,286	1,065,772	1,126,058	-1,126,058				53
54	05400	Radiology-Diagnostic	11,480,387	13,973,482	25,453,869	-3,961,470	21,492,399	-19,919	21,472,480	54
57	05700	CT Scan	1,557,622	2,749,783	4,307,405	-157,550	4,149,855		4,149,855	57
58	05800	MRI	1,403,215	2,378,404	3,781,619	-190,567	3,591,052		3,591,052	58
59	05900	Cardiac Catheterization	969,886	4,817,529	5,787,415	-3,952,871	1,834,544	-27,305	1,807,239	59
60	06000	Laboratory	7,343,568	16,408,209	23,751,777	-3,396,114	20,355,663	-79,081	20,276,582	60
62	06200	Whole Blood & Packed Red Blood Cells	329,184	2,197,059	2,526,243	-43,836	2,482,407		2,482,407	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	3,252,998	2,266,341	5,519,339	-252,216	5,267,123	-19,461	5,247,662	65
66	06600	Physical Therapy	11,991,406	8,598,809	20,590,215	-3,961,342	16,628,873	-357,757	16,271,116	66
69	06900	Electrocardiology	2,570,671	2,621,880	5,192,551	-403,322	4,789,229	-197	4,789,032	69
69.01	03650	SPECIAL PROCEDURES	3,994,568	16,484,465	20,479,033	-12,533,254	7,945,779	-7	7,945,772	69.01
69.02	06901	CARDIAC REHAB								69.02
70	07000	Electroencephalography	274,652	219,554	494,206	-30,615	463,591		463,591	70
71	07100	Medical Supplies Charged to Patients					21,309,499		21,309,499	71
72	07200	Impl. Dev. Charged to Patients				16,008,060	16,008,060		16,008,060	72
73	07300	Drugs Charged to Patients				12,744,202	12,744,202		12,744,202	73
75	07500	ASC (Non-Distinct Part)	756,239	1,952,958	2,709,197	-1,153,459	1,555,738	-44,595	1,511,143	75
75.01	07501	WOUND CARE								75.01
76	03950	ACUTE DIALYSIS		978,482	978,482	-978,482				76
76.97	07697	CARDIAC REHABILITATION	216,213	216,441	432,654	-133,008	299,646	-31,098	268,548	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	213,699	75,244	288,943		288,943		288,943	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.01	09001	340B CLINICS	31,700,320	46,582,423	78,282,743	-12,405,979	65,876,764	-154,624	65,722,140	90.01
90.02	09002	HOME INFUSION								90.02
91	09100	Emergency	6,160,612	8,393,254	14,553,866	-876,674	13,677,192	-7,415	13,669,777	91
91.01	09101	SLEEP LAB	1,067,156	701,711	1,768,867	-243,708	1,525,159	-25,849	1,499,310	91.01
91.02	09102	BRONCH & GASTRO LAB	2,601,477	4,573,739	7,175,216	-859,650	6,315,566	-3,099	6,312,467	91.02
91.03	09103	SURGICENTER								91.03
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	2,640,518	1,618,140	4,258,658	-439,729	3,818,929		3,818,929	92.01
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10

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	
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	4,653,839	2,541,306	7,195,145	-883,638	6,311,507	-90,495	6,221,012	101
		SPECIAL PURPOSE COST CENTERS								
116	11600	Hospice	1,976,965	4,247,372	6,224,337	-670,417	5,553,920	-28,780	5,525,140	116
118		SUBTOTALS (sum of lines 1-117)	183,238,004	408,314,127	591,552,131	1,324,621	592,876,752	23,048,662	615,925,414	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		131,565	131,565	-110,640	20,925		20,925	190
191	19100	Research	811,055	261,485	1,072,540	-2,628	1,069,912		1,069,912	191
192.01	19201	CHEMOTHERAPY RX	612,983	22,393,443	23,006,426	-44,881	22,961,545		22,961,545	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								192.11
192.12	19212	SOUTH PARKING GARAGE				28,197	28,197		28,197	192.12
192.13	19213	PARISH NRSG	27,135	46,640	73,775	-7,212	66,563		66,563	192.13
192.14	19214	COMM HLTH & WLNS	85,775	2,450,026	2,535,801		2,535,801		2,535,801	192.14
192.15	19215	MOBILE CLINIC								192.15
192.16	19216	PALLIATIVE CARE	238,421	223,415	461,836	-45,132	416,704		416,704	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		164,655	164,655		164,655		164,655	193.01
193.02	19302	TELEMEDICINE	180,294	108,669	288,963	-4,476	284,487		284,487	193.02
193.04	19304	NORTH GARAGE				526,641	526,641		526,641	193.04
193.05	19305	HOME INFUSION	786,537	6,378,921	7,165,458	-1,248,275	5,917,183		5,917,183	193.05
193.06	19306	MISSION RELATED								193.06
193.07	19307	GRANT RELATED	1,999,696	3,804,026	5,803,722	-1,980,457	3,823,265		3,823,265	193.07
193.08	19308	EMERGENCY MEDICAL SERVICES	269,307	252,561	521,868		521,868		521,868	193.08
193.10	19303	OTHER NONREIMBURSABLE ADMIN	112,133	1,150,921	1,263,054		1,263,054		1,263,054	193.10
193.11	19309	RELATED PARTY THERAPY								193.11
193.12	19310	RELATED PARTY PHARMACY				588,239	588,239		588,239	193.12
193.13	19311	RELATED PARTY PHARMACISTS				123,006	123,006		123,006	193.13
193.14	19312	RETAIL PHARM	136,806	31,403,146	31,539,952		31,539,952		31,539,952	193.14
193.15	19313	RELATED PARTY DIETITIANS				21,168	21,168		21,168	193.15
193.16	19314	RELATED PARTY LABORATORY				586,207	586,207		586,207	193.16
193.17	19315	RELATED PARTY RADIOLOGY				542,432	542,432		542,432	193.17
193.18	19316	RELATED PARTY CARDIOLOGY				53,878	53,878		53,878	193.18
194	07950	UNDERGRADUATE MEDICAL EDUCATION		363,210	363,210	-350,688	12,522		12,522	194
200		TOTAL (sum of lines 118-199)	188,498,146	477,446,810	665,944,956		665,944,956	23,048,662	688,993,618	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	INTERNS AND RESIDENTS	A	I&R Services-Other Prgm Costs	22		2,694,137
500	Total reclassifications					2,694,137
	Code Letter - A					
1	PARKING GARAGE DEPRECIATION	B	SOUTH PARKING GARAGE	192.12		28,197
2			NORTH GARAGE	193.04		526,641
500	Total reclassifications					554,838
	Code Letter - B					
1	INTERNAL FEES	C	SHARED ADMINISTRATIVE & GENER	5.05		164,455,053
2						
3						
4						
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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	
68							68
69							69
70							70
71							71
72							72
73							73
74							74
75							75
76							76
77							77
78							78
79							79
80							80
81							81
82							82
83							83
84							84
85							85
86							86
500	Total reclassifications Code Letter - C					164,455,053	500
1	DRUGS CHARGED	D	Drugs Charged to Patients	73		12,744,202	1
500	Total reclassifications Code Letter - D					12,744,202	500
1	OBSTETRICS	E	Nursery	43	987,561	959,189	1
500	Total reclassifications Code Letter - E				987,561	959,189	500
1	ACUTE RENAL	F	Adults & Pediatrics	30		897,696	1
500	Total reclassifications Code Letter - F					897,696	500
1	L&D DEPT FROM ROUTINE	G	Delivery Room & Labor Room	52	4,086,842	2,693,254	1
500	Total reclassifications Code Letter - G				4,086,842	2,693,254	500
1	RX RESIDENT	H	PARAMED ED PRGM-RX RESIDENT	23	178,192	23,764	1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications Code Letter - H				178,192	23,764	500
1	BONUSES	I	SHARED ADMINISTRATIVE & GENER	5.05	1,250		1
2			OTHER ADMINISTRATIVE & GENERA	5.06	14,285		2
3			Nursing Administration	13	3,250		3
4			Adults & Pediatrics	30	297,850		4
5			NEONATAL ICU	31.01	27,750		5
6			Coronary Care Unit	32	13,750		6
7			Surgical Intensive Care Unit	34	35,625		7
8			Subprovider - IRF	41	8,750		8
9			Operating Room	50	20,875		9
10			Recovery Room	51	3,250		10
11			Radiology-Diagnostic	54	31,875		11
12			CT Scan	57	4,375		12
13			MRI	58	2,000		13
14			Cardiac Catheterization	59	3,500		14
15			Laboratory	60	18,750		15
16			Respiratory Therapy	65	2,750		16
17			Physical Therapy	66	32,143		17
18			Electrocardiology	69	25,065		18
19			SPECIAL PROCEDURES	69.01	4,000		19
20			340B CLINICS	90.01	71,875		20
21			Emergency	91	46,875		21
22			SLEEP LAB	91.01	3,350		22
23			BRONCH & GASTRO LAB	91.02	5,250		23
24			OBSERVATION BEDS-DISTINCT	92.01	10,000		24
25			Home Health Agency	101	19,400		25
26			Hospice	116	12,550		26
27			TELEMEDICINE	193.02	1,250		27
28			GRANT RELATED	193.07	5,000		28
29			I&R Services-Salary & Fringes	21	84,921		29

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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	
500	Total reclassifications				811,564		500
	Code Letter - I						
1	SUPPLIES CHARGED	J					1
2	SUPPLIES CHARGED	J					2
3	SUPPLIES CHARGED	J	Medical Supplies Charged to P	71		21,309,499	3
4			Impl. Dev. Charged to Patient	72		16,008,060	4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
500	Total reclassifications					37,317,559	500
	Code Letter - J						
1	ANESTHESIA	L	Operating Room	50	60,286	1,065,772	1
500	Total reclassifications				60,286	1,065,772	500
	Code Letter - L						
1	HO SALARIES	M	Employee Benefits Department	4	1,890,562		1
2							2
3			Operation of Plant	7	3,127,426		3
4			Housekeeping	9	4,301,760		4
5			Dietary	10	2,520,612		5
6			Medical Records & Library	16	884,109		6
500	Total reclassifications				12,724,469		500
	Code Letter - M						
1	HOOPSTON INTERCOMPANY	O	RELATED PARTY PHARMACY	193.12		588,239	1
2			RELATED PARTY PHARMACISTS	193.13	123,006		2
3			RELATED PARTY DIETITIANS	193.15	21,168		3
4			RELATED PARTY LABORATORY	193.16		586,207	4
5			RELATED PARTY RADIOLOGY	193.17		542,432	5
6			RELATED PARTY RADIOLOGY	193.18		53,878	6
500	Total reclassifications				144,174	1,770,756	500
	Code Letter - O						
	GRAND TOTAL (Increases)				18,993,088	225,176,220	

(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		2,694,137	1	
500	Total reclassifications					2,694,137	500	
	Code letter - A							
1	PARKING GARAGE DEPRECIATION	B	Cap Rel Costs-Bldg & Fixt	1		554,838	9	
2							2	
500	Total reclassifications					554,838	500	
	Code letter - B							
1	INTERNAL FEES	C	ADMITTING	5.04		358,704	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
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41							41	
42							42	
43							43	
44							44	
45			SHARED ADMINISTRATIVE & GENER	5.05		87,627,884	45	
46			OTHER ADMINISTRATIVE & GENERA	5.06		33,527,491	46	
47			Nursing Administration	13		56,868	47	
48			Pharmacy	15		278,004	48	
49			I&R Services-Salary & Fringes	21		113,292	49	
50			Adults & Pediatrics	30		6,844,512	50	
51			NEONATAL ICU	31.01		542,424	51	
52			Coronary Care Unit	32		541,236	52	
53			Surgical Intensive Care Unit	34		547,524	53	
54			Subprovider - IRF	41		338,736	54	
55			Operating Room	50		1,704,576	55	
56			Recovery Room	51		146,244	56	
57			Radiology-Diagnostic	54		2,834,976	57	
58			CT Scan	57		147,060	58	
59			MRI	58		182,004	59	
60			Cardiac Catheterization	59		160,428	60	
61			Laboratory	60		2,797,146	61	
62			Whole Blood & Packed Red Bloo	62		43,836	62	
63			Respiratory Therapy	65		252,216	63	
64			Physical Therapy	66		3,590,323	64	
65			Electrocardiology	69		349,308	65	
66			SPECIAL PROCEDURES	69.01		1,184,436	66	

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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	
67			Electroencephalography	70		30,612	67	
68			ASC (Non-Distinct Part)	75		1,044,533	68	
69			ACUTE DIALYSIS	76		80,784	69	
70			CARDIAC REHABILITATION	76.97		133,008	70	
71			340B CLINICS	90.01		11,486,567	71	
72			Emergency	91		821,796	72	
73			SLEEP LAB	91.01		243,708	73	
74			BRONCH & GASTRO LAB	91.02		771,408	74	
75			OBSERVATION BEDS-DISTINCT	92.01		436,848	75	
76			Home Health Agency	101		771,755	76	
77			Hospice	116		670,417	77	
78			Gift, Flower, Coffee Shop & C	190		110,640	78	
79			Research	191		2,628	79	
80			CHEMOTHERAPY RX	192.01		44,881	80	
81			PARISH NRSG	192.13		7,212	81	
82			PALLIATIVE CARE	192.16		45,132	82	
83			TELEMEDICINE	193.02		4,476	83	
84			HOME INFUSION	193.05		1,248,275	84	
85			GRANT RELATED	193.07		1,980,457	85	
86			UNDERGRADUATE MEDICAL EDUCATI	194		350,688	86	
500	Total reclassifications					164,455,053	500	
	Code letter - C							
1	DRUGS CHARGED	D	Pharmacy	15		12,744,202	1	
500	Total reclassifications					12,744,202	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		897,696	1	
500	Total reclassifications					897,696	500	
	Code letter - F							
1	L&D DEPT FROM ROUTINE	G	Adults & Pediatrics	30	4,086,842	2,693,254	1	
500	Total reclassifications				4,086,842	2,693,254	500	
	Code letter - G							
1	RX RESIDENT	H	Pharmacy	15	93,339	23,764	9	
2			I&R Services-Salary & Fringes	21	60,929		9	
3			Coronary Care Unit	32	6,330		3	
4			Operating Room	50	8,681		4	
5			340B CLINICS	90.01	177		5	
6			Emergency	91	8,736		6	
500	Total reclassifications				178,192	23,764	500	
	Code letter - H							
1	BONUSES	I	SHARED ADMINISTRATIVE & GENER	5.05		1,250	1	
2			OTHER ADMINISTRATIVE & GENERA	5.06		14,285	2	
3			I&R Services-Salary & Fringes	21		3,250	3	
4			Adults & Pediatrics	30		297,850	4	
5			NEONATAL ICU	31.01		27,750	5	
6			Coronary Care Unit	32		13,750	6	
7			Surgical Intensive Care Unit	34		35,625	7	
8			Subprovider - IRF	41		8,750	8	
9			Operating Room	50		20,875	9	
10			Recovery Room	51		3,250	10	
11			Radiology-Diagnostic	54		31,875	11	
12			CT Scan	57		4,375	12	
13			MRI	58		2,000	13	
14			Cardiac Catheterization	59		3,500	14	
15			Laboratory	60		18,750	15	
16			Respiratory Therapy	65		2,750	16	
17			Physical Therapy	66		32,143	17	
18			Electrocardiology	69		25,065	18	
19			SPECIAL PROCEDURES	69.01		4,000	19	
20			340B CLINICS	90.01		71,875	20	
21			Emergency	91		46,875	21	
22			SLEEP LAB	91.01		3,350	22	
23			BRONCH & GASTRO LAB	91.02		5,250	23	
24			OBSERVATION BEDS-DISTINCT	92.01		10,000	24	
25			Home Health Agency	101		19,400	25	
26			Hospice	116		12,550	26	
27			TELEMEDICINE	193.02		1,250	27	

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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	
28			GRANT RELATED	193.07		5,000	28	
29			I&R Services-Salary & Fringes	21		84,921	29	
500	Total reclassifications					811,564	500	
	Code letter - I							
1	SUPPLIES CHARGED	J	OTHER ADMINISTRATIVE & GENERA	5.06		1,464,262	1	
2	SUPPLIES CHARGED	J	I&R Services-Salary & Fringes	21		370	2	
3	SUPPLIES CHARGED	J	Adults & Pediatrics	30		41,931	3	
4			NEONATAL ICU	31.01		1,986	4	
5			Coronary Care Unit	32		3,090	5	
6			Surgical Intensive Care Unit	34		5,018	6	
7			Subprovider - IRF	41		1,792	7	
8			Operating Room	50		18,392,869	8	
9			Recovery Room	51		635	9	
10			Radiology-Diagnostic	54		584,062	10	
11			CT Scan	57		10,490	11	
12			MRI	58		8,563	12	
13			Cardiac Catheterization	59		3,792,443	13	
14			Physical Therapy	66		371,019	14	
15			Electrocardiology	69		136	15	
16			SPECIAL PROCEDURES	69.01		11,348,818	16	
17			Electroencephalography	70		3	17	
18			ASC (Non-Distinct Part)	75		108,926	18	
19			BRONCH & GASTRO LAB	91.02		88,242	19	
20			OBSERVATION BEDS-DISTINCT	92.01		2,881	20	
21			Home Health Agency	101		111,883	21	
22			340B CLINICS	90.01		919,235	22	
23			Emergency	91		46,142	23	
24			Laboratory	60		12,761	24	
25			ACUTE DIALYSIS	76		2	25	
500	Total reclassifications					37,317,559	500	
	Code letter - J							
1	ANESTHESIA	L	Anesthesiology	53	60,286	1,065,772	1	
500	Total reclassifications				60,286	1,065,772	500	
	Code letter - L							
1	HO SALARIES	M	Employee Benefits Department	4		1,890,562	1	
2							2	
3			Operation of Plant	7		3,127,426	3	
4			Housekeeping	9		4,301,760	4	
5			Dietary	10		2,520,612	5	
6			Medical Records & Library	16		884,109	6	
500	Total reclassifications					12,724,469	500	
	Code letter - M							
1	HOOPSTON INTERCOMPANY	O	Pharmacy	15	123,006	588,239	1	
2			Dietary	10	21,168		2	
3							3	
4			Laboratory	60		586,207	4	
5			Radiology-Diagnostic	54		542,432	5	
6			Electrocardiology	69		53,878	6	
500	Total reclassifications				144,174	1,770,756	500	
	Code letter - O							
	GRAND TOTAL (Decreases)				5,457,055	238,712,253		

(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	203,650					203,650		3
4	Building Improvements	927,978	61,129		61,129		989,107		4
5	Fixed Equipment	155,756,078	7,222,525		7,222,525		162,978,603		5
6	Movable Equipment	145,380					145,380		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	157,685,793	7,283,654		7,283,654		164,969,447		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	157,685,793	7,283,654		7,283,654		164,969,447		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	44,849						44,849	1	
2	Cap Rel Costs-Mvble Equip	18,172,661						18,172,661	2	
3	Total (sum of lines 1-2)	18,217,510						18,217,510	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	18,172,661						18,172,661	2	
3	Total (sum of lines 1-2)	18,172,661						18,172,661	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		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		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	-995,199			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	47,631,790			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 and allied health education (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	-11,527	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35	CAOS TUITION	B	-231,058	Physical Therapy	66	35
35.06	EDUCATION REVENUE	B	-4,542	Adults & Pediatrics	30	35.06
35.07	EDUCATION REVENUE	B	-6,654	Emergency	91	35.07
36	OTHER REVENUE- GRANT REVENUE	B	-14,094	SHARED ADMINISTRATIVE & GENERAL	5.05	36
36.01	OTHER REVENUE - GRANT REVENUE	B	-7,500	340B CLINICS	90.01	36.01
37	MISC	B	-85,685	SHARED ADMINISTRATIVE & GENERAL	5.05	37
38	MISC REVENUE & CCA REVENUE, SER	B	-488,799	OTHER ADMINISTRATIVE & GENERAL	5.06	38
38.02	MISC	B	-3,400	Adults & Pediatrics	30	38.02
38.06	MISC	B	-4,467	Physical Therapy	66	38.06
39	OUTSIDE CONTRACT	B	-11,579	Physical Therapy	66	39
39.02	RENT REVENUE	B	-442,570	SHARED ADMINISTRATIVE & GENERAL	5.05	39.02
39.03	RENT REVENUE	B	-96,499	340B CLINICS	90.01	39.03
40	U OF I SUBSIDY	B	-334,988	I&R Services-Salary & Fringes Apprvd	21	40
41	U OF I SUBSIDY	B	-540	OTHER ADMINISTRATIVE & GENERAL	5.06	41
42						42
43						43
44	PROVIDER TAX	A	-14,633,286	OTHER ADMINISTRATIVE & GENERAL	5.06	44
45	REF LAB	B	-29,378	CARDIAC REHABILITATION	76.97	45
45.01	MISC & CCA REVENUE	B	-24,533	Laboratory	60	45.01
45.07	MISC REVENUE	B	-19,461	Respiratory Therapy	65	45.07
45.09	MISC REVENUE	B	-170	Radiology-Diagnostic	54	45.09
45.11	MISC REVENUE	B	-549	340B CLINICS	90.01	45.11
45.12	MICS REVENUE	B	-761	Emergency	91	45.12
45.13	UNALLOWABLE EXPENSE	A	-8	I&R Services-Salary & Fringes Apprvd	21	45.13
45.16	UNALLOWABLE EXPENSE	A	-49	Adults & Pediatrics	30	45.16
45.17	UNALLOWABLE EXPENSE	A	-34	Radiology-Diagnostic	54	45.17
45.22	UNALLOWABLE EXPENSE	A	-7	SPECIAL PROCEDURES	69.01	45.22
45.38	DONATIONS	A	-130,864	SHARED ADMINISTRATIVE & GENERAL	5.05	45.38
45.39	DONATIONS	A	-11,650	OTHER ADMINISTRATIVE & GENERAL	5.06	45.39
46	MISC REVENUE	B	-396	BRONCH & GASTRO LAB	91.02	46
46.01	MICS REVENUE	B	-20	ADMITTING	5.04	46.01

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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	5	
46.02	MICS REVENUE	B	-8,121	OTHER ADMINISTRATIVE & GENERAL	5.06	46.02
47	MISC REVENUE	B	-42,192	Home Health Agency	101	47
47.02	CONF TRAINING REVENUE	B	-8,330	Adults & Pediatrics	30	47.02
47.03	CONF TRAINING REVENUE	B	-23,818	Subprovider - IRF	41	47.03
48						48
49	WORKERS COMP	A	-757,260	SHARED ADMINISTRATIVE & GENERAL	5.05	49
49.01	WORKERS COMP	A	-94,714	OTHER ADMINISTRATIVE & GENERAL	5.06	49.01
49.02	WORKERS COMP	A	-5,146	Laboratory	60	49.02
49.03	WORKERS COMP	A	-33,967	Physical Therapy	66	49.03
49.04	WORKERS COMP	A	-4,257	ASC (Non-Distinct Part)	75	49.04
49.05	WORKERS COMP	A	-48,303	Home Health Agency	101	49.05
49.06	WORKERS COMP	A	-22,407	Hospice	116	49.06
49.10	PROF LIABILITY	A	-5,099,496	SHARED ADMINISTRATIVE & GENERAL	5.05	49.10
49.11	PROF LIABILITY	A	-1,243,469	OTHER ADMINISTRATIVE & GENERAL	5.06	49.11
49.12	PROF LIABILITY	A	-41,504	Laboratory	60	49.12
49.13	PROF LIABILITY	A	-23,155	Physical Therapy	66	49.13
49.14	PROF LIABILITY	A	-40,338	ASC (Non-Distinct Part)	75	49.14
49.15	PROF LIABILITY	A	-6,373	Hospice	116	49.15
49.20	GL ADD ON	A	509,989	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)		23,048,662			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	7,109,356		7,109,356	2
3	5.05	SHARED ADMINISTRATIVE & GENERAL	HO ALLOCATION	133,659,039	128,325,999	5,333,040	3
3.01	7	Operation of Plant	HO ALLOCATION	16,070,440		16,070,440	3.01
3.02	9	Housekeeping	HO ALLOCATION	6,842,565		6,842,565	3.02
3.03	10	Dietary	HO ALLOCATION	4,152,391		4,152,391	3.03
3.04	14	Central Services & Supply	HO ALLOCATION	6,118,138		6,118,138	3.04
3.05	16	Medical Records & Library	HO ALLOCATION	2,005,860		2,005,860	3.05
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			175,957,789	128,325,999	47,631,790	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 Remuneration	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	6,391	151	6,240	211,500	52	5,288	264	1
2	5.05	SHARED ADMINISTRATIV AGGREGATE	1,357,534		1,357,534	211,500	7,984	811,835	40,592	2
3	5.06	OTHER ADMINISTRATIVE AGGREGATE	49,538	49,538		211,500				3
4	16	Medical Records & Li AGGREGATE	182,994		182,994	211,500	1,317	133,916	6,696	4
5	30	Adults & Pediatrics AGGREGATE	905,389	35,429	869,960	211,500	8,361	850,169	42,508	5
6										6
7	32	Coronary Care Unit AGGREGATE	19,978	8,278	11,700	211,500	52	5,288	264	7
8	34	Surgical Intensive C AGGREGATE	38,968	88	38,880	246,400	243	28,786	1,439	8
9	54	Radiology-Diagnostic AGGREGATE	45,467	1,254	44,213	271,900	197	25,752	1,288	9
10	50	Operating Room AGGREGATE	78,020	78,020						10
11	59	Cardiac Catheterizat AGGREGATE	62,385		62,385	211,500	345	35,080	1,754	11
12	60	Laboratory AGGREGATE	21,015	375	20,640	211,500	129	13,117	656	12
13	66	Physical Therapy AGGREGATE	70,512	42,207	28,305	211,500	167	16,981	849	13
14	69.01	SPECIAL PROCEDURES AGGREGATE	2,692		2,692	211,500	28	2,847	142	14
15	41	Subprovider - IRF AGGREGATE	7,280		7,280	211,500	46	4,677	234	15
16	91	Emergency AGGREGATE	3,660,939		3,660,939	211,500	39,042	3,969,896	198,495	16
17	91.01	SLEEP LAB AGGREGATE	34,492	20,892	13,600	211,500	85	8,643	432	17
18	13	Nursing Administrati AGGREGATE	72	72						18
19	69	Electrocardiology AGGREGATE	197	197						19
20	76.97	CARDIAC REHABILITATI AGGREGATE	1,720	1,720						20
21	90.01	340B CLINICS AGGREGATE	50,076	50,076						21
22	91.02	BRONCH & GASTRO LAB AGGREGATE	2,703	2,703						22
200		TOTAL	6,598,362	291,000	6,307,362		58,048	5,912,275	295,613	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	1,103	1
2	5.05	SHARED ADMINISTRATIV AGGREGATE					811,835	545,699	545,699	2
3	5.06	OTHER ADMINISTRATIVE AGGREGATE							49,538	3
4	16	Medical Records & Li AGGREGATE					133,916	49,078	49,078	4
5	30	Adults & Pediatrics AGGREGATE					850,169	19,791	55,220	5
6										6
7	32	Coronary Care Unit AGGREGATE					5,288	6,412	14,690	7
8	34	Surgical Intensive C AGGREGATE					28,786	10,094	10,182	8
9	54	Radiology-Diagnostic AGGREGATE					25,752	18,461	19,715	9
10	50	Operating Room AGGREGATE							78,020	10
11	59	Cardiac Catheterizat AGGREGATE					35,080	27,305	27,305	11
12	60	Laboratory AGGREGATE					13,117	7,523	7,898	12
13	66	Physical Therapy AGGREGATE					16,981	11,324	53,531	13
14	69.01	SPECIAL PROCEDURES AGGREGATE					2,847			14
15	41	Subprovider - IRF AGGREGATE					4,677	2,603	2,603	15
16	91	Emergency AGGREGATE					3,969,896			16
17	91.01	SLEEP LAB AGGREGATE					8,643	4,957	25,849	17
18	13	Nursing Administrati AGGREGATE							72	18
19	69	Electrocardiology AGGREGATE							197	19
20	76.97	CARDIAC REHABILITATI AGGREGATE							1,720	20
21	90.01	340B CLINICS AGGREGATE							50,076	21
22	91.02	BRONCH & GASTRO LAB AGGREGATE							2,703	22
200		TOTAL					5,912,275	704,199	995,199	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	18,172,661	18,172,661					2
4	Employee Benefits Department	7,109,356		7,109,356				4
5.01	NON-PATIENT TELEPHONE							5.01
5.02	DATA PROCESSING							5.02
5.03	FOUNDATION OVERHEAD							5.03
5.04	ADMITTING	6,892,160	189,020	176,572	7,257,752			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	173,678,686	159,834	82,111		173,920,631		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	4,931,468	81,410	144,658		173,920,631	179,078,167	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	16,070,440		111,089			16,181,529	7
8	Laundry & Linen Service							8
9	Housekeeping	6,842,565		152,803			6,995,368	9
10	Dietary	4,131,223		88,783			4,220,006	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	3,646,426	367,080	85,107			4,098,613	13
14	Central Services & Supply	6,118,138					6,118,138	14
15	Pharmacy	4,906,780	129,954	138,278			5,175,012	15
16	Medical Records & Library	2,889,892		48,592			2,938,484	16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	5,358,904	2,415	131,105			5,492,424	21
22	I&R Services-Other Prgm Costs Apprvd	2,694,137					2,694,137	22
23	PARAMED ED PRGM-RX RESIDENT	201,956		6,330			208,286	23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	46,980,762	965,873	1,143,260	688,527		49,778,422	30
31.01	NEONATAL ICU	10,582,747	398,659	265,198	20,188		11,266,792	31.01
32	Coronary Care Unit	5,403,552	155,374	128,147	65,032		5,752,105	32
34	Surgical Intensive Care Unit	6,911,371	154,010	166,847	93,045		7,325,273	34
41	Subprovider - IRF	2,675,888	147,325	68,329	32,963		2,924,505	41
43	Nursery	1,946,750	153,093	35,079	90,811		2,225,733	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	25,691,850	2,160,302	289,858	324,644		28,466,654	50
51	Recovery Room	1,911,648	8,527	48,684	42,978		2,011,837	51
52	Delivery Room & Labor Room	6,780,096	64,673	145,169	57,306		7,047,244	52
53	Anesthesiology		248,248				248,248	53
54	Radiology-Diagnostic	21,472,480	2,789,380	408,927	551,318		25,222,105	54
57	CT Scan	4,149,855	542,107	55,484	452,789		5,200,235	57
58	MRI	3,591,052	681,646	49,915	164,420		4,487,033	58
59	Cardiac Catheterization	1,807,239	1,164,985	34,576	106,879		3,113,679	59
60	Laboratory	20,276,582	578,567	261,517	892,020		22,008,686	60
62	Whole Blood & Packed Red Blood Cells	2,482,407	13,855	11,693	38,856		2,546,811	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,247,662	246,325	115,647	226,562		5,836,196	65
66	Physical Therapy	16,271,116	168,472	427,088	195,092		17,061,768	66
69	Electrocardiology	4,789,032	671,074	92,203	206,591		5,758,900	69
69.01	SPECIAL PROCEDURES	7,945,772	1,338,117	142,033	144,308		9,570,230	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	463,591	96,646	9,756	8,766		578,759	70
71	Medical Supplies Charged to Patients	21,309,499			350,952		21,660,451	71
72	Impl. Dev. Charged to Patients	16,008,060			257,946		16,266,006	72
73	Drugs Charged to Patients	12,744,202			551,872		13,296,074	73
75	ASC (Non-Distinct Part)	1,511,143	76,794	26,862	19,541		1,634,340	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS		5,655				5,655	76
76.97	CARDIAC REHABILITATION	268,548	43,434	7,680	4,110		323,772	76.97
76.98	HYPERBARIC OXYGEN THERAPY	288,943		7,591	2,874		299,408	76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	65,722,140	1,233,193	1,128,574	817,219		68,901,126	90.01
90.02	HOME INFUSION				106,229		106,229	90.02
91	Emergency	13,669,777	1,110,514	220,186	468,888		15,469,365	91
91.01	SLEEP LAB	1,499,310	57,197	38,025	31,083		1,625,615	91.01
91.02	BRONCH & GASTRO LAB	6,312,467	1,302,844	92,594	152,343		7,860,248	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,818,929	83,923	94,149	46,599		4,043,600	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 - 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	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency	6,221,012	108,739	165,998	18,352		6,514,101	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	5,525,140	94,466	70,670	26,649		5,716,925	116
118	SUBTOTALS (sum of lines 1-117)	615,925,414	17,793,730	6,917,167	7,257,752	173,920,631	615,354,294	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	20,925					20,925	190
191	Research	1,069,912	195,183	28,809			1,293,904	191
192.01	CHEMOTHERAPY RX	22,961,545	4,929	21,774			22,988,248	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	28,197					28,197	192.12
192.13	PARISH NRSG	66,563		964			67,527	192.13
192.14	COMM HLTH & WLNS	2,535,801	29,034	3,047			2,567,882	192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	416,704	1,185	8,469			426,358	192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT	164,655					164,655	193.01
193.02	TELEMEDICINE	284,487	26,248	6,449			317,184	193.02
193.04	NORTH GARAGE	526,641					526,641	193.04
193.05	HOME INFUSION	5,917,183	5,597	27,939			5,950,719	193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	3,823,265	116,755	71,209			4,011,229	193.07
193.08	EMERGENCY MEDICAL SERVICES	521,868		9,566			531,434	193.08
193.10	OTHER NONREIMBURSABLE ADMIN	1,263,054		3,983			1,267,037	193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY	588,239					588,239	193.12
193.13	RELATED PARTY PHARMACISTS	123,006		4,369			127,375	193.13
193.14	RETAIL PHARM	31,539,952		4,859			31,544,811	193.14
193.15	RELATED PARTY DIETITIANS	21,168		752			21,920	193.15
193.16	RELATED PARTY LABORATORY	586,207					586,207	193.16
193.17	RELATED PARTY RADIOLOGY	542,432					542,432	193.17
193.18	RELATED PARTY RADIOLOGY	53,878					53,878	193.18
194	UNDERGRADUATE MEDICAL EDUCATION	12,522					12,522	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	688,993,618	18,172,661	7,109,356	7,257,752	173,920,631	688,993,618	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	179,078,167						5.06
6	Maintenance & Repairs							6
7	Operation of Plant	5,682,824	21,864,353					7
8	Laundry & Linen Service							8
9	Housekeeping	2,456,717	125,382	9,577,467				9
10	Dietary	1,482,032	581,428	261,125	6,544,591			10
11	Cafeteria				3,412,820	3,412,820		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,439,400	36,669	16,468		35,734	5,626,884	13
14	Central Services & Supply	2,148,641						14
15	Pharmacy	1,817,423				62,689		15
16	Medical Records & Library	1,031,972				8,187		16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	1,928,895				71,160		21
22	I&R Services-Other Prgm Costs Apprvd	946,159	63,877	28,688				22
23	PARAMED ED PRGM-RX RESIDENT	73,148						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	17,481,784	4,528,658	2,033,866	2,586,950	634,462	3,520,318	30
31.01	NEONATAL ICU	3,956,807	478,232	214,779		108,512	602,113	31.01
32	Coronary Care Unit	2,020,093	457,001	205,244	122,550	69,826	387,441	32
34	Surgical Intensive Care Unit	2,572,577	462,024	207,500	144,681	77,321	429,042	34
41	Subprovider - IRF	1,027,063	308,879	138,721	152,064	34,339		41
43	Nursery	781,660	116,107	52,145		44,242		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,997,261	1,415,222	635,591		138,307		50
51	Recovery Room	706,541	99,621	44,741		23,127		51
52	Delivery Room & Labor Room	2,474,936	489,633	219,899		65,653		52
53	Anesthesiology	87,183				2,482		53
54	Radiology-Diagnostic	8,857,801	2,081,757	934,939		217,752		54
57	CT Scan	1,826,281	121,992	39,413		28,745		57
58	MRI	1,575,810	171,048	60,559		25,436		58
59	Cardiac Catheterization	1,093,499	112,841	50,678		15,768		59
60	Laboratory	7,729,274	692,913	311,194		173,399		60
62	Whole Blood & Packed Red Blood Cells	894,420	34,851	15,652		5,939		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	2,049,625	227,253	102,062		49,502	276,346	65
66	Physical Therapy	5,991,956	1,356,798	586,836		212,751		66
69	Electrocardiology	2,022,480	200,845	90,202		48,428		69
69.01	SPECIAL PROCEDURES	3,360,988	780,855	350,690		69,295		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	203,256	22,833	10,255		4,482		70
71	Medical Supplies Charged to Patients	7,606,977						71
72	Impl. Dev. Charged to Patients	5,712,491						72
73	Drugs Charged to Patients	4,669,475	260,809	117,132		2,457		73
75	ASC (Non-Distinct Part)	573,967	359,814	159,645		12,805		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS	1,986						76
76.97	CARDIAC REHABILITATION	113,706	90,007	40,423		7,051		76.97
76.98	HYPERBARIC OXYGEN THERAPY	105,150				3,630		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	24,197,464	3,590,622	1,482,957		841,597		90.01
90.02	HOME INFUSION	37,307	63,970	28,729				90.02
91	Emergency	5,432,717	786,464	353,209		96,497		91
91.01	SLEEP LAB	570,903	140,419	63,064		19,732	109,471	91.01
91.02	BRONCH & GASTRO LAB	2,760,456	484,241	217,478		53,737		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,420,080	367,980	165,264	125,526	53,638	297,588	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	2,287,700	2,927	1,315				101

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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	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	2,007,738	2,927	1,315				116
118	SUBTOTALS (sum of lines 1-117)	153,216,623	21,116,899	9,241,778	6,544,591	3,318,682	5,622,319	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	7,349	109,852	49,336				190
191	Research	454,409				55,651		191
192.01	CHEMOTHERAPY RX	8,073,289	39,627	17,797		7,322		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	9,903						192.12
192.13	PARISH NRSG	23,715	3,574	1,605		827	4,565	192.13
192.14	COMM HLTH & WLNS	901,820				1,494		192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	149,734	31,615	14,199		4,383		192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT	57,826						193.01
193.02	TELEMEDICINE	111,392	2,897	1,301		3,075		193.02
193.04	NORTH GARAGE	184,952						193.04
193.05	HOME INFUSION	2,089,845				11,656		193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	1,408,712	332,821	149,473		2,828		193.07
193.08	EMERGENCY MEDICAL SERVICES	186,635				5,680		193.08
193.10	OTHER NONREIMBURSABLE ADMIN	444,973				1,222		193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY	206,585						193.12
193.13	RELATED PARTY PHARMACISTS	44,733						193.13
193.14	RETAIL PHARM	11,078,285						193.14
193.15	RELATED PARTY DIETITIANS	7,698						193.15
193.16	RELATED PARTY LABORATORY	205,871						193.16
193.17	RELATED PARTY RADIOLOGY	190,498						193.17
193.18	RELATED PARTY CARDIOLOGY	18,922						193.18
194	UNDERGRADUATE MEDICAL EDUCATION	4,398	227,068	101,978				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	179,078,167	21,864,353	9,577,467	6,544,591	3,412,820	5,626,884	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 PRGM COSTS	PARAMED EDUCATION	
		14	15	16	21	22	23	
	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	8,266,779						14
15	Pharmacy		7,055,124					15
16	Medical Records & Library			3,978,643				16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd				7,492,479			21
22	I&R Services-Other Prgm Costs Apprvd					3,732,861		22
23	PARAMED ED PRGM-RX RESIDENT						281,434	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		12	377,421	6,770,313	3,373,067		30
31.01	NEONATAL ICU			11,066	451,354	224,871		31.01
32	Coronary Care Unit			35,648			70,872	32
34	Surgical Intensive Care Unit			51,003				34
41	Subprovider - IRF			18,069				41
43	Nursery			49,779	225,677	112,436		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,307	177,956			97,577	50
51	Recovery Room			23,559				51
52	Delivery Room & Labor Room			31,413				52
53	Anesthesiology							53
54	Radiology-Diagnostic		147,115	302,209				54
57	CT Scan		2	248,200				57
58	MRI		2	90,128				58
59	Cardiac Catheterization			58,586				59
60	Laboratory			489,220				60
62	Whole Blood & Packed Red Blood Cells			21,299				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			124,192				65
66	Physical Therapy		760	106,941				66
69	Electrocardiology		215,415	113,245				69
69.01	SPECIAL PROCEDURES			79,103				69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography			4,805				70
71	Medical Supplies Charged to Patients	4,720,594		192,377				71
72	Impl. Dev. Charged to Patients	3,546,185		141,395				72
73	Drugs Charged to Patients		3,439,382	302,513				73
75	ASC (Non-Distinct Part)		4,931	10,712				75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION			2,253				76.97
76.98	HYPERBARIC OXYGEN THERAPY			1,575				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS		3,244,198	447,965				90.01
90.02	HOME INFUSION			58,230			2,054	90.02
91	Emergency			257,024	45,135	22,487	110,931	91
91.01	SLEEP LAB			17,038				91.01
91.02	BRONCH & GASTRO LAB			83,508				91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT			25,543				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			10,060				101

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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	PARAMED EDUCATION	
		14	15	16	21	22	23	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice			14,608				116
118	SUBTOTALS (sum of lines 1-117)	8,266,779	7,055,124	3,978,643	7,492,479	3,732,861	281,434	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
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)	8,266,779	7,055,124	3,978,643	7,492,479	3,732,861	281,434	202

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		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
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	PARAMED ED PRGM-RX RESIDENT					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	91,085,273	-10,143,380	80,941,893		30
31.01	NEONATAL ICU	17,314,526	-676,225	16,638,301		31.01
32	Coronary Care Unit	9,120,780		9,120,780		32
34	Surgical Intensive Care Unit	11,269,421		11,269,421		34
41	Subprovider - IRF	4,603,640		4,603,640		41
43	Nursery	3,607,779	-338,113	3,269,666		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	40,931,875		40,931,875		50
51	Recovery Room	2,909,426		2,909,426		51
52	Delivery Room & Labor Room	10,328,778		10,328,778		52
53	Anesthesiology	337,913		337,913		53
54	Radiology-Diagnostic	37,763,678		37,763,678		54
57	CT Scan	7,464,868		7,464,868		57
58	MRI	6,410,016		6,410,016		58
59	Cardiac Catheterization	4,445,051		4,445,051		59
60	Laboratory	31,404,686		31,404,686		60
62	Whole Blood & Packed Red Blood Cells	3,518,972		3,518,972		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	8,665,176		8,665,176		65
66	Physical Therapy	25,317,810		25,317,810		66
69	Electrocardiology	8,449,515		8,449,515		69
69.01	SPECIAL PROCEDURES	14,211,161		14,211,161		69.01
69.02	CARDIAC REHAB					69.02
70	Electroencephalography	824,390		824,390		70
71	Medical Supplies Charged to Patients	34,180,399		34,180,399		71
72	Impl. Dev. Charged to Patients	25,666,077		25,666,077		72
73	Drugs Charged to Patients	22,087,842		22,087,842		73
75	ASC (Non-Distinct Part)	2,756,214		2,756,214		75
75.01	WOUND CARE					75.01
76	ACUTE DIALYSIS	7,641		7,641		76
76.97	CARDIAC REHABILITATION	577,212		577,212		76.97
76.98	HYPERBARIC OXYGEN THERAPY	409,763		409,763		76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	340B CLINICS	102,705,929		102,705,929		90.01
90.02	HOME INFUSION	296,519		296,519		90.02
91	Emergency	22,573,829	-67,622	22,506,207		91
91.01	SLEEP LAB	2,546,242		2,546,242		91.01
91.02	BRONCH & GASTRO LAB	11,459,668		11,459,668		91.02
91.03	SURGICENTER					91.03
92	Observation Beds (Non-Distinct Part)					92
92.01	OBSERVATION BEDS-DISTINCT	6,499,219		6,499,219		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	8,816,103		8,816,103		101

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	SPECIAL PURPOSE COST CENTERS						
116	Hospice	7,743,513		7,743,513			116
118	SUBTOTALS (sum of lines 1-117)	588,310,904	-11,225,340	577,085,564			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	187,462		187,462			190
191	Research	1,803,964		1,803,964			191
192.01	CHEMOTHERAPY RX	31,126,283		31,126,283			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	38,100		38,100			192.12
192.13	PARISH NRSG	101,813		101,813			192.13
192.14	COMM HLTH & WLNS	3,471,196		3,471,196			192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE	626,289		626,289			192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT	222,481		222,481			193.01
193.02	TELEMEDICINE	435,849		435,849			193.02
193.04	NORTH GARAGE	711,593		711,593			193.04
193.05	HOME INFUSION	8,052,220		8,052,220			193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED	5,905,063		5,905,063			193.07
193.08	EMERGENCY MEDICAL SERVICES	723,749		723,749			193.08
193.10	OTHER NONREIMBURSABLE ADMIN	1,713,232		1,713,232			193.10
193.11	RELATED PARTY THERAPY						193.11
193.12	RELATED PARTY PHARMACY	794,824		794,824			193.12
193.13	RELATED PARTY PHARMACISTS	172,108		172,108			193.13
193.14	RETAIL PHARM	42,623,096		42,623,096			193.14
193.15	RELATED PARTY DIETITIANS	29,618		29,618			193.15
193.16	RELATED PARTY LABORATORY	792,078		792,078			193.16
193.17	RELATED PARTY RADIOLOGY	732,930		732,930			193.17
193.18	RELATED PARTY CARDIOLOGY	72,800		72,800			193.18
194	UNDERGRADUATE MEDICAL EDUCATION	345,966		345,966			194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	688,993,618	-11,225,340	677,768,278			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	7,792	189,020	196,812	196,812			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	14	159,834	159,848		159,848		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	33,600,442	81,410	33,681,852		159,848	33,841,700	5.06
6	Maintenance & Repairs							6
7	Operation of Plant						1,073,920	7
8	Laundry & Linen Service							8
9	Housekeeping						464,262	9
10	Dietary						280,069	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		367,080	367,080			272,013	13
14	Central Services & Supply						406,042	14
15	Pharmacy	130	129,954	130,084			343,450	15
16	Medical Records & Library						195,018	16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	52,313	2,415	54,728			364,516	21
22	I&R Services-Other Prgm Costs Apprvd						178,802	22
23	PARAMED ED PRGM-RX RESIDENT						13,823	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	192,653	965,873	1,158,526	18,741		3,303,645	30
31.01	NEONATAL ICU	1,964	398,659	400,623	549		747,743	31.01
32	Coronary Care Unit	50,202	155,374	205,576	1,770		381,750	32
34	Surgical Intensive Care Unit	32,913	154,010	186,923	2,533		486,156	34
41	Subprovider - IRF	37,949	147,325	185,274	897		194,091	41
43	Nursery		153,093	153,093	2,472		147,715	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	8,281	2,160,302	2,168,583	8,837		1,889,246	50
51	Recovery Room		8,527	8,527	1,170		133,520	51
52	Delivery Room & Labor Room		64,673	64,673	1,560		467,704	52
53	Anesthesiology		248,248	248,248			16,475	53
54	Radiology-Diagnostic	28,705	2,789,380	2,818,085	15,007		1,673,915	54
57	CT Scan		542,107	542,107	12,325		345,124	57
58	MRI		681,646	681,646	4,475		297,791	58
59	Cardiac Catheterization	5,358	1,164,985	1,170,343	2,909		206,646	59
60	Laboratory	484	578,567	579,051	23,540		1,460,650	60
62	Whole Blood & Packed Red Blood Cells		13,855	13,855	1,058		169,024	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	269,133	246,325	515,458	6,167		387,331	65
66	Physical Therapy	55,498	168,472	223,970	5,310		1,132,338	66
69	Electrocardiology		671,074	671,074	5,623		382,201	69
69.01	SPECIAL PROCEDURES	40,350	1,338,117	1,378,467	3,928		635,147	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography		96,646	96,646	239		38,410	70
71	Medical Supplies Charged to Patients				9,553		1,437,539	71
72	Impl. Dev. Charged to Patients				7,021		1,079,526	72
73	Drugs Charged to Patients				15,022		882,421	73
75	ASC (Non-Distinct Part)	220	76,794	77,014	532		108,466	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS		5,655	5,655			375	76
76.97	CARDIAC REHABILITATION	390	43,434	43,824	112		21,488	76.97
76.98	HYPERBARIC OXYGEN THERAPY				78		19,871	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	168,177	1,233,193	1,401,370	22,244		4,572,903	90.01
90.02	HOME INFUSION				2,891		7,050	90.02
91	Emergency	24,241	1,110,514	1,134,755	12,763		1,026,655	91
91.01	SLEEP LAB	5,295	57,197	62,492	846		107,887	91.01
91.02	BRONCH & GASTRO LAB	9,321	1,302,844	1,312,165	4,147		521,661	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,468	83,923	86,391	1,268		268,362	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		108,739	108,739	500		432,321	101

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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	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		94,466	94,466	725		379,415	116
118	SUBTOTALS (sum of lines 1-117)	34,594,293	17,793,730	52,388,023	196,812	159,848	28,954,477	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						1,389	190
191	Research		195,183	195,183			85,873	191
192.01	CHEMOTHERAPY RX		4,929	4,929			1,525,661	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						1,871	192.12
192.13	PARISH NRSG	166		166			4,482	192.13
192.14	COMM HLTH & WLNS	3,152	29,034	32,186			170,423	192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE		1,185	1,185			28,296	192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT						10,928	193.01
193.02	TELEMEDICINE		26,248	26,248			21,051	193.02
193.04	NORTH GARAGE						34,952	193.04
193.05	HOME INFUSION	913	5,597	6,510			394,931	193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED		116,755	116,755			266,213	193.07
193.08	EMERGENCY MEDICAL SERVICES						35,270	193.08
193.10	OTHER NONREIMBURSABLE ADMIN	14,831		14,831			84,089	193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY						39,040	193.12
193.13	RELATED PARTY PHARMACISTS						8,453	193.13
193.14	RETAIL PHARM						2,093,534	193.14
193.15	RELATED PARTY DIETITIANS						1,455	193.15
193.16	RELATED PARTY LABORATORY						38,905	193.16
193.17	RELATED PARTY RADIOLOGY						36,000	193.17
193.18	RELATED PARTY CARDIOLOGY						3,576	193.18
194	UNDERGRADUATE MEDICAL EDUCATION						831	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	34,613,355	18,172,661	52,786,016	196,812	159,848	33,841,700	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	1,073,920						7
8	Laundry & Linen Service							8
9	Housekeeping	6,158	470,420					9
10	Dietary	28,558	12,826	321,453				10
11	Cafeteria			167,629	167,629			11
12	Maintenance of Personnel							12
13	Nursing Administration	1,801	809			1,755	643,458	13
14	Central Services & Supply						406,042	14
15	Pharmacy				3,079			15
16	Medical Records & Library				402			16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd				3,495			21
22	I&R Services-Other Prgm Costs Apprvd	3,137	1,409					22
23	PARAMED ED PRGM-RX RESIDENT							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	222,438	99,897	127,064	31,163	402,565		30
31.01	NEONATAL ICU	23,490	10,549		5,330	68,854		31.01
32	Coronary Care Unit	22,447	10,081	6,019	3,430	44,305		32
34	Surgical Intensive Care Unit	22,693	10,192	7,106	3,798	49,063		34
41	Subprovider - IRF	15,171	6,814	7,469	1,687			41
43	Nursery	5,703	2,561		2,173			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	69,512	31,219		6,793			50
51	Recovery Room	4,893	2,198		1,136			51
52	Delivery Room & Labor Room	24,049	10,801		3,225			52
53	Anesthesiology				122			53
54	Radiology-Diagnostic	102,250	45,922		10,695			54
57	CT Scan	5,992	1,936		1,412			57
58	MRI	8,401	2,974		1,249			58
59	Cardiac Catheterization	5,542	2,489		774			59
60	Laboratory	34,034	15,285		8,517			60
62	Whole Blood & Packed Red Blood Cells	1,712	769		292			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,162	5,013		2,431	31,601		65
66	Physical Therapy	66,642	28,824		10,450			66
69	Electrocardiology	9,865	4,430		2,379			69
69.01	SPECIAL PROCEDURES	38,354	17,225		3,404			69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	1,122	504		220			70
71	Medical Supplies Charged to Patients						231,858	71
72	Impl. Dev. Charged to Patients						174,184	72
73	Drugs Charged to Patients	12,810	5,753		121			73
75	ASC (Non-Distinct Part)	17,673	7,841		629			75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	4,421	1,985		346			76.97
76.98	HYPERBARIC OXYGEN THERAPY				178			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	176,362	72,839		41,337			90.01
90.02	HOME INFUSION	3,142	1,411					90.02
91	Emergency	38,629	17,349		4,740			91
91.01	SLEEP LAB	6,897	3,098		969	12,518		91.01
91.02	BRONCH & GASTRO LAB	23,785	10,682		2,639			91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	18,074	8,117	6,166	2,635	34,030		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	144	65					101

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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	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	144	65					116
118	SUBTOTALS (sum of lines 1-117)	1,037,207	453,932	321,453	163,005	642,936	406,042	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	5,396	2,423					190
191	Research				2,733			191
192.01	CHEMOTHERAPY RX	1,946	874		360			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	176	79		41	522		192.13
192.14	COMM HLTH & WLNS				73			192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	1,553	697		215			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	142	64		151			193.02
193.04	NORTH GARAGE							193.04
193.05	HOME INFUSION				573			193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	16,347	7,342		139			193.07
193.08	EMERGENCY MEDICAL SERVICES				279			193.08
193.10	OTHER NONREIMBURSABLE ADMIN				60			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	11,153	5,009					194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,073,920	470,420	321,453	167,629	643,458	406,042	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	PARAMED EDUCATION	SUBTOTAL	
		15	16	21	22	23	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							14
15	Pharmacy	476,613						15
16	Medical Records & Library		195,420					16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			422,739				21
22	I&R Services-Other Prgm Costs Apprvd				183,348			22
23	PARAMED ED PRGM-RX RESIDENT					13,823		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1	18,453				5,382,493	30
31.01	NEONATAL ICU		541				1,257,679	31.01
32	Coronary Care Unit		1,743				677,121	32
34	Surgical Intensive Care Unit		2,494				770,958	34
41	Subprovider - IRF		883				412,286	41
43	Nursery		2,434				316,151	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	223	8,701				4,183,114	50
51	Recovery Room		1,152				152,596	51
52	Delivery Room & Labor Room		1,536				573,548	52
53	Anesthesiology						264,845	53
54	Radiology-Diagnostic	9,939	14,776				4,690,589	54
57	CT Scan		12,135				921,031	57
58	MRI		4,407				1,000,943	58
59	Cardiac Catheterization		2,864				1,391,567	59
60	Laboratory		24,811				2,145,888	60
62	Whole Blood & Packed Red Blood Cells		1,041				187,751	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		6,072				965,235	65
66	Physical Therapy	51	5,229				1,472,814	66
69	Electrocardiology	14,553	5,537				1,095,662	69
69.01	SPECIAL PROCEDURES		3,868				2,080,393	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography		235				137,376	70
71	Medical Supplies Charged to Patients		9,406				1,688,356	71
72	Impl. Dev. Charged to Patients		6,913				1,267,644	72
73	Drugs Charged to Patients	232,347	14,791				1,163,265	73
75	ASC (Non-Distinct Part)	333	524				213,012	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS						6,030	76
76.97	CARDIAC REHABILITATION		110				72,286	76.97
76.98	HYPERBARIC OXYGEN THERAPY		77				20,204	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	219,166	21,902				6,528,123	90.01
90.02	HOME INFUSION		2,847				17,341	90.02
91	Emergency		12,567				2,247,458	91
91.01	SLEEP LAB		833				195,540	91.01
91.02	BRONCH & GASTRO LAB		4,083				1,879,162	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		1,249				426,292	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		492				542,261	101

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	PARAMED EDUCATION	SUBTOTAL	
		15	16	21	22	23	24	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		714				475,529	116
118	SUBTOTALS (sum of lines 1-117)	476,613	195,420				46,822,543	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						9,208	190
191	Research						283,789	191
192.01	CHEMOTHERAPY RX						1,533,770	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						1,871	192.12
192.13	PARISH NRSG						5,466	192.13
192.14	COMM HLTH & WLNS						202,682	192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE						31,946	192.16
192.17	SMOKING CESSATION							192.17
192.18	HRT DISEASE PRVT							192.18
192.19	STRATUM							192.19
193.01	CONTRACT MANAGEMENT						10,928	193.01
193.02	TELEMEDICINE						47,656	193.02
193.04	NORTH GARAGE						34,952	193.04
193.05	HOME INFUSION						402,014	193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED						406,796	193.07
193.08	EMERGENCY MEDICAL SERVICES						35,549	193.08
193.10	OTHER NONREIMBURSABLE ADMIN						98,980	193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY						39,040	193.12
193.13	RELATED PARTY PHARMACISTS						8,453	193.13
193.14	RETAIL PHARM						2,093,534	193.14
193.15	RELATED PARTY DIETITIANS						1,455	193.15
193.16	RELATED PARTY LABORATORY						38,905	193.16
193.17	RELATED PARTY RADIOLOGY						36,000	193.17
193.18	RELATED PARTY CARDIOLOGY						3,576	193.18
194	UNDERGRADUATE MEDICAL EDUCATION						16,993	194
200	Cross Foot Adjustments			422,739	183,348	13,823	619,910	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	476,613	195,420	422,739	183,348	13,823	52,786,016	202

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		25	26				
	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
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-RX RESIDENT						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		5,382,493				30
31.01	NEONATAL ICU		1,257,679				31.01
32	Coronary Care Unit		677,121				32
34	Surgical Intensive Care Unit		770,958				34
41	Subprovider - IRF		412,286				41
43	Nursery		316,151				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		4,183,114				50
51	Recovery Room		152,596				51
52	Delivery Room & Labor Room		573,548				52
53	Anesthesiology		264,845				53
54	Radiology-Diagnostic		4,690,589				54
57	CT Scan		921,031				57
58	MRI		1,000,943				58
59	Cardiac Catheterization		1,391,567				59
60	Laboratory		2,145,888				60
62	Whole Blood & Packed Red Blood Cells		187,751				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		965,235				65
66	Physical Therapy		1,472,814				66
69	Electrocardiology		1,095,662				69
69.01	SPECIAL PROCEDURES		2,080,393				69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography		137,376				70
71	Medical Supplies Charged to Patients		1,688,356				71
72	Impl. Dev. Charged to Patients		1,267,644				72
73	Drugs Charged to Patients		1,163,265				73
75	ASC (Non-Distinct Part)		213,012				75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS		6,030				76
76.97	CARDIAC REHABILITATION		72,286				76.97
76.98	HYPERBARIC OXYGEN THERAPY		20,204				76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS		6,528,123				90.01
90.02	HOME INFUSION		17,341				90.02
91	Emergency		2,247,458				91
91.01	SLEEP LAB		195,540				91.01
91.02	BRONCH & GASTRO LAB		1,879,162				91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT		426,292				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		542,261				101

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	SPECIAL PURPOSE COST CENTERS						
116	Hospice		475,529				116
118	SUBTOTALS (sum of lines 1-117)		46,822,543				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		9,208				190
191	Research		283,789				191
192.01	CHEMOTHERAPY RX		1,533,770				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		1,871				192.12
192.13	PARISH NRSG		5,466				192.13
192.14	COMM HLTH & WLNS		202,682				192.14
192.15	MOBILE CLINIC						192.15
192.16	PALLIATIVE CARE		31,946				192.16
192.17	SMOKING CESSATION						192.17
192.18	HRT DISEASE PRVT						192.18
192.19	STRATUM						192.19
193.01	CONTRACT MANAGEMENT		10,928				193.01
193.02	TELEMEDICINE		47,656				193.02
193.04	NORTH GARAGE		34,952				193.04
193.05	HOME INFUSION		402,014				193.05
193.06	MISSION RELATED						193.06
193.07	GRANT RELATED		406,796				193.07
193.08	EMERGENCY MEDICAL SERVICES		35,549				193.08
193.10	OTHER NONREIMBURSABLE ADMIN		98,980				193.10
193.11	RELATED PARTY THERAPY						193.11
193.12	RELATED PARTY PHARMACY		39,040				193.12
193.13	RELATED PARTY PHARMACISTS		8,453				193.13
193.14	RETAIL PHARM		2,093,534				193.14
193.15	RELATED PARTY DIETITIANS		1,455				193.15
193.16	RELATED PARTY LABORATORY		38,905				193.16
193.17	RELATED PARTY RADIOLOGY		36,000				193.17
193.18	RELATED PARTY CARDIOLOGY		3,576				193.18
194	UNDERGRADUATE MEDICAL EDUCATION		16,993				194
200	Cross Foot Adjustments		619,910				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		52,786,016				202

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,587,744						1
2	Cap Rel Costs-Mvble Equip		18,085,531					2
4	Employee Benefits Department			200,143,617				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	188,114	4,970,914	3,038,800,747			5.04
5.05	SHARED ADMINISTRATIVE & GENERAL	3,753	159,068	2,311,627		1,000,000		5.05
5.06	OTHER ADMINISTRATIVE & GENERAL	10,081	81,020	4,072,461		1,000,000	-179,078,167	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	635,720		3,127,426				7
8	Laundry & Linen Service							8
9	Housekeeping	4,069		4,301,760				9
10	Dietary	18,869		2,499,444				10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,190	365,320	2,395,966				13
14	Central Services & Supply							14
15	Pharmacy		129,331	3,892,860				15
16	Medical Records & Library			1,367,989				16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		2,403	3,690,914				21
22	I&R Services-Other Prgm Costs Apprvd	2,043						22
23	PARAMED ED PRGM-RX RESIDENT	30		178,192				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	146,968	961,242	32,183,962	288,327,859			30
31.01	NEONATAL ICU	15,520	396,747	7,465,941	8,453,789			31.01
32	Coronary Care Unit	14,831	154,629	3,607,635	27,232,983			32
34	Surgical Intensive Care Unit	14,994	153,272	4,697,130	38,963,671			34
41	Subprovider - IRF	10,024	146,619	1,923,617	13,803,566			41
43	Nursery	3,768	152,359	987,561	38,028,008			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	45,928	2,149,944	8,160,191	135,947,968			50
51	Recovery Room	3,233	8,486	1,370,579	17,997,649			51
52	Delivery Room & Labor Room	15,890	64,363	4,086,842	23,997,474			52
53	Anesthesiology		247,058					53
54	Radiology-Diagnostic	48,393	2,776,007	11,512,262	230,870,124			54
57	CT Scan	3,959	539,508	1,561,997	189,610,286			57
58	MRI	4,376	678,378	1,405,215	68,852,654			58
59	Cardiac Catheterization	3,662	1,159,399	973,386	44,756,494			59
60	Laboratory	22,487	575,793	7,362,318	373,083,584			60
62	Whole Blood & Packed Red Blood Cells	1,131	13,789	329,184	16,271,324			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	8,043	245,144	3,255,748	94,875,156			65
66	Physical Therapy	60,767	167,664	12,023,549	81,696,943			66
69	Electrocardiology	6,518	667,856	2,595,736	86,512,334			69
69.01	SPECIAL PROCEDURES	25,341	1,331,701	3,998,568	60,430,366			69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	741	96,183	274,652	3,670,900			70
71	Medical Supplies Charged to Patients				146,964,939			71
72	Impl. Dev. Charged to Patients				108,017,661			72
73	Drugs Charged to Patients	8,464			231,102,205			73
75	ASC (Non-Distinct Part)	11,677	76,426	756,239	8,183,108			75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS		5,628					76
76.97	CARDIAC REHABILITATION	4,257	43,226	216,213	1,721,045			76.97
76.98	HYPERBARIC OXYGEN THERAPY			213,699	1,203,490			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	339,410	1,227,280	31,772,018	342,219,208			90.01
90.02	HOME INFUSION	2,076			44,484,456			90.02
91	Emergency	25,523	1,105,189	6,198,751	196,351,572			91
91.01	SLEEP LAB	4,599	56,923	1,070,506	13,016,200			91.01
91.02	BRONCH & GASTRO LAB	15,715	1,296,597	2,606,727	63,795,388			91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	11,942	83,521	2,650,518	19,513,632			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 - 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	
101	Home Health Agency	95	108,218	4,673,239	7,685,019			101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	95	94,013	1,989,515	11,159,692			116
118	SUBTOTALS (sum of lines 1-117)	1,564,513	17,708,418	194,733,051	3,038,800,747	1,000,000	-179,078,167	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3,565						190
191	Research		194,247	811,055				191
192.01	CHEMOTHERAPY RX	1,286	4,905	612,983				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	116		27,135				192.13
192.14	COMM HLTH & WLNS		28,895	85,775				192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE		1,179	238,421				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	181,544				193.02
193.04	NORTH GARAGE							193.04
193.05	HOME INFUSION		5,570	786,537				193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	10,801	116,195	2,004,696				193.07
193.08	EMERGENCY MEDICAL SERVICES			269,307				193.08
193.10	OTHER NONREIMBURSABLE ADMIN			112,133				193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY							193.12
193.13	RELATED PARTY PHARMACISTS			123,006				193.13
193.14	RETAIL PHARM			136,806				193.14
193.15	RELATED PARTY DIETITIANS			21,168				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)		18,172,661	7,109,356	7,257,752	173,920,631		202
203	Unit Cost Multiplier (Wkst. B, Part I)		1.004818	0.035521	0.002388	173.920631		203
204	Cost to be allocated (Per Wkst. B, Part II)				196,812	159,848		204
205	Unit Cost Multiplier (Wkst. B, Part II)				0.000065	0.159848		205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	509,915,451						5.06
6	Maintenance & Repairs		1,345,281					6
7	Operation of Plant	16,181,529	635,720	709,561				7
8	Laundry & Linen Service				2,386,490			8
9	Housekeeping	6,995,368	4,069	4,069		692,071		9
10	Dietary	4,220,006	18,869	18,869		18,869	690,507	10
11	Cafeteria						360,080	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,098,613	1,190	1,190		1,190		13
14	Central Services & Supply	6,118,138						14
15	Pharmacy	5,175,012						15
16	Medical Records & Library	2,938,484						16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	5,492,424						21
22	I&R Services-Other Prgm Costs Apprvd	2,694,137	2,073	2,073		2,073		22
23	PARAMED ED PRGM-RX RESIDENT	208,286						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	49,778,422	146,968	146,968	716,329	146,968	272,944	30
31.01	NEONATAL ICU	11,266,792	15,520	15,520	41,987	15,520		31.01
32	Coronary Care Unit	5,752,105	14,831	14,831	64,788	14,831	12,930	32
34	Surgical Intensive Care Unit	7,325,273	14,994	14,994	69,810	14,994	15,265	34
41	Subprovider - IRF	2,924,505	10,024	10,024	38,748	10,024	16,044	41
43	Nursery	2,225,733	3,768	3,768	47,239	3,768		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,466,654	45,928	45,928	153,074	45,928		50
51	Recovery Room	2,011,837	3,233	3,233	31,696	3,233		51
52	Delivery Room & Labor Room	7,047,244	15,890	15,890	70,379	15,890		52
53	Anesthesiology	248,248						53
54	Radiology-Diagnostic	25,222,105	67,559	67,559	161,310	67,559		54
57	CT Scan	5,200,235	3,959	3,959	34,285	2,848		57
58	MRI	4,487,033	5,551	5,551	4,159	4,376		58
59	Cardiac Catheterization	3,113,679	3,662	3,662	45,506	3,662		59
60	Laboratory	22,008,686	22,487	22,487	142	22,487		60
62	Whole Blood & Packed Red Blood Cells	2,546,811	1,131	1,131		1,131		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,836,196	7,375	7,375		7,375		65
66	Physical Therapy	17,061,768	44,032	44,032	130,530	42,405		66
69	Electrocardiology	5,758,900	6,518	6,518	53,910	6,518		69
69.01	SPECIAL PROCEDURES	9,570,230	25,341	25,341	37,044	25,341		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	578,759	741	741	1,613	741		70
71	Medical Supplies Charged to Patients	21,660,451						71
72	Impl. Dev. Charged to Patients	16,266,006						72
73	Drugs Charged to Patients	13,296,074	8,464	8,464		8,464		73
75	ASC (Non-Distinct Part)	1,634,340	11,677	11,677	33,097	11,536		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS	5,655			7,315			76
76.97	CARDIAC REHABILITATION	323,772	2,921	2,921		2,921		76.97
76.98	HYPERBARIC OXYGEN THERAPY	299,408						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	68,901,126	116,526	116,526	229,135	107,159		90.01
90.02	HOME INFUSION	106,229	2,076	2,076		2,076		90.02
91	Emergency	15,469,365	25,523	25,523	246,440	25,523		91
91.01	SLEEP LAB	1,625,615	4,557	4,557	16,128	4,557		91.01
91.02	BRONCH & GASTRO LAB	7,860,248	15,715	15,715	69,377	15,715		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,043,600	11,942	11,942	82,401	11,942	13,244	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 - 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	
101	Home Health Agency	6,514,101	95	95		95		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	5,716,925	95	95		95		116
118	SUBTOTALS (sum of lines 1-117)	436,276,127	1,321,024	685,304	2,386,442	667,814	690,507	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	20,925	3,565	3,565		3,565		190
191	Research	1,293,904						191
192.01	CHEMOTHERAPY RX	22,988,248	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							192.11
192.12	SOUTH PARKING GARAGE	28,197						192.12
192.13	PARISH NRSG	67,527	116	116		116		192.13
192.14	COMM HLTH & WLNS	2,567,882						192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	426,358	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	164,655						193.01
193.02	TELEMEDICINE	317,184	94	94		94		193.02
193.04	NORTH GARAGE	526,641						193.04
193.05	HOME INFUSION	5,950,719						193.05
193.06	MISSION RELATED				48			193.06
193.07	GRANT RELATED	4,011,229	10,801	10,801		10,801		193.07
193.08	EMERGENCY MEDICAL SERVICES	531,434						193.08
193.10	OTHER NONREIMBURSABLE ADMIN	1,267,037						193.10
193.11	RELATED PARTY THERAPY							193.11
193.12	RELATED PARTY PHARMACY	588,239						193.12
193.13	RELATED PARTY PHARMACISTS	127,375						193.13
193.14	RETAIL PHARM	31,544,811						193.14
193.15	RELATED PARTY DIETITIANS	21,920						193.15
193.16	RELATED PARTY LABORATORY	586,207						193.16
193.17	RELATED PARTY RADIOLOGY	542,432						193.17
193.18	RELATED PARTY RADIOLOGY	53,878						193.18
194	UNDERGRADUATE MEDICAL EDUCATION	12,522	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)	179,078,167		21,864,353		9,577,467	6,544,591	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.351192		30.813916		13.838850	9.477950	203
204	Cost to be allocated (Per Wkst. B, Part II)	33,841,700		1,073,920		470,420	321,453	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.066367		1.513499		0.679728	0.465532	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA FTES SERVED	NURSING AD MINISTRATI ON FTES NRSNG 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	276,393						11
12	Maintenance of Personnel							12
13	Nursing Administration	2,894	1,708,307					13
14	Central Services & Supply			37,317,559				14
15	Pharmacy	5,077			26,141,840			15
16	Medical Records & Library	663				3,038,800,747		16
17	Social Service							17
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	5,763					332	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-RX RESIDENT							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	51,383	1,068,759		44	288,327,859	300	30
31.01	NEONATAL ICU	8,788	182,800			8,453,789	20	31.01
32	Coronary Care Unit	5,655	117,626			27,232,983		32
34	Surgical Intensive Care Unit	6,262	130,256			38,963,671		34
41	Subprovider - IRF	2,781				13,803,566		41
43	Nursery	3,583				38,028,008	10	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,201			12,252	135,947,968		50
51	Recovery Room	1,873				17,997,649		51
52	Delivery Room & Labor Room	5,317				23,997,474		52
53	Anesthesiology	201						53
54	Radiology-Diagnostic	17,635			545,113	230,870,124		54
57	CT Scan	2,328			8	189,610,286		57
58	MRI	2,060			8	68,852,654		58
59	Cardiac Catheterization	1,277				44,756,494		59
60	Laboratory	14,043				373,083,584		60
62	Whole Blood & Packed Red Blood Cells	481				16,271,324		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,009	83,898			94,875,156		65
66	Physical Therapy	17,230			2,816	81,696,943		66
69	Electrocardiology	3,922			798,190	86,512,334		69
69.01	SPECIAL PROCEDURES	5,612				60,430,366		69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	363				3,670,900		70
71	Medical Supplies Charged to Patients			21,309,499		146,964,939		71
72	Impl. Dev. Charged to Patients			16,008,060		108,017,661		72
73	Drugs Charged to Patients	199			12,744,202	231,102,205		73
75	ASC (Non-Distinct Part)	1,037			18,270	8,183,108		75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	571				1,721,045		76.97
76.98	HYPERBARIC OXYGEN THERAPY	294				1,203,490		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	68,158			12,020,937	342,219,208		90.01
90.02	HOME INFUSION					44,484,456		90.02
91	Emergency	7,815				196,351,572	2	91
91.01	SLEEP LAB	1,598	33,235			13,016,200		91.01
91.02	BRONCH & GASTRO LAB	4,352				63,795,388		91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	4,344	90,347			19,513,632		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 - 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	
101	Home Health Agency					7,685,019		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice					11,159,692		116
118	SUBTOTALS (sum of lines 1-117)	268,769	1,706,921	37,317,559	26,141,840	3,038,800,747	332	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	4,507						191
192.01	CHEMOTHERAPY RX	593						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	67	1,386					192.13
192.14	COMM HLTH & WLNS	121						192.14
192.15	MOBILE CLINIC							192.15
192.16	PALLIATIVE CARE	355						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	249						193.02
193.04	NORTH GARAGE							193.04
193.05	HOME INFUSION	944						193.05
193.06	MISSION RELATED							193.06
193.07	GRANT RELATED	229						193.07
193.08	EMERGENCY MEDICAL SERVICES	460						193.08
193.10	OTHER NONREIMBURSABLE ADMIN	99						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 RADIOLOGY							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)	3,412,820	5,626,884	8,266,779	7,055,124	3,978,643	7,492,479	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.347708	3.293837	0.221525	0.269879	0.001309	22,567.707831	203
204	Cost to be allocated (Per Wkst. B, Part II)	167,629	643,458	406,042	476,613	195,420	422,739	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.606488	0.376664	0.010881	0.018232	0.000064	1,273.310241	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME					
	22	23					

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
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd	332					22
23	PARAMED ED PRGM-RX RESIDENT		274				23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	300					30
31.01	NEONATAL ICU	20					31.01
32	Coronary Care Unit		69				32
34	Surgical Intensive Care Unit						34
41	Subprovider - IRF						41
43	Nursery	10					43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		95				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		2				90.02
91	Emergency	2	108				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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R SERVIC ES-OTHER P RGM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME				
		22	23				
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	274				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
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 RADIOLOGY						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)	3,732,861	281,434				202
203	Unit Cost Multiplier (Wkst. B, Part I)	11,243.557229	1,027.131387				203
204	Cost to be allocated (Per Wkst. B, Part II)	183,348	13,823				204
205	Unit Cost Multiplier (Wkst. B, Part II)	552.253012	50.448905				205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)						206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)						207

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		CODE	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	80,941,893		80,941,893	19,791	80,961,684	30
31.01	NEONATAL ICU	16,638,301		16,638,301		16,638,301	31.01
32	Coronary Care Unit	9,120,780		9,120,780	6,412	9,127,192	32
34	Surgical Intensive Care Unit	11,269,421		11,269,421	10,094	11,279,515	34
41	Subprovider - IRF	4,603,640		4,603,640	2,603	4,606,243	41
43	Nursery	3,269,666		3,269,666		3,269,666	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	40,931,875		40,931,875		40,931,875	50
51	Recovery Room	2,909,426		2,909,426		2,909,426	51
52	Delivery Room & Labor Room	10,328,778		10,328,778		10,328,778	52
53	Anesthesiology	337,913		337,913		337,913	53
54	Radiology-Diagnostic	37,763,678		37,763,678	18,461	37,782,139	54
57	CT Scan	7,464,868		7,464,868		7,464,868	57
58	MRI	6,410,016		6,410,016		6,410,016	58
59	Cardiac Catheterization	4,445,051		4,445,051	27,305	4,472,356	59
60	Laboratory	31,404,686		31,404,686	7,523	31,412,209	60
62	Whole Blood & Packed Red Blood Cells	3,518,972		3,518,972		3,518,972	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	8,665,176		8,665,176		8,665,176	65
66	Physical Therapy	25,317,810		25,317,810	11,324	25,329,134	66
69	Electrocardiology	8,449,515		8,449,515		8,449,515	69
69.01	SPECIAL PROCEDURES	14,211,161		14,211,161		14,211,161	69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	824,390		824,390		824,390	70
71	Medical Supplies Charged to Patients	34,180,399		34,180,399		34,180,399	71
72	Impl. Dev. Charged to Patients	25,666,077		25,666,077		25,666,077	72
73	Drugs Charged to Patients	22,087,842		22,087,842		22,087,842	73
75	ASC (Non-Distinct Part)	2,756,214		2,756,214		2,756,214	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS	7,641		7,641		7,641	76
76.97	CARDIAC REHABILITATION	577,212		577,212		577,212	76.97
76.98	HYPERBARIC OXYGEN THERAPY	409,763		409,763		409,763	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	340B CLINICS	102,705,929		102,705,929		102,705,929	90.01
90.02	HOME INFUSION	296,519		296,519		296,519	90.02
91	Emergency	22,506,207		22,506,207		22,506,207	91
91.01	SLEEP LAB	2,546,242		2,546,242	4,957	2,551,199	91.01
91.02	BRONCH & GASTRO LAB	11,459,668		11,459,668		11,459,668	91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct Part)	3,746,690		3,746,690		3,746,690	92
92.01	OBSERVATION BEDS-DISTINCT	6,499,219		6,499,219		6,499,219	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	8,816,103		8,816,103		8,816,103	101
116	Hospice	7,743,513		7,743,513		7,743,513	116
200	Subtotal (sum of lines 30 thru 199)	580,832,254		580,832,254	108,470	580,940,724	200
201	Less Observation Beds	3,746,690		3,746,690		3,746,690	201
202	Total (line 200 minus line 201)	577,085,564		577,085,564		577,194,034	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	262,228,202		262,228,202				30
31.01	NEONATAL ICU	8,453,789		8,453,789				31.01
32	Coronary Care Unit	27,232,983		27,232,983				32
34	Surgical Intensive Care Unit	38,963,671		38,963,671				34
41	Subprovider - IRF	13,803,566		13,803,566				41
43	Nursery	38,028,008		38,028,008				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	74,689,468	61,258,500	135,947,968	0.301085	0.301085	0.301085	50
51	Recovery Room	9,141,243	8,856,406	17,997,649	0.161656	0.161656	0.161656	51
52	Delivery Room & Labor Room	21,440,779	2,556,695	23,997,474	0.430411	0.430411	0.430411	52
53	Anesthesiology							53
54	Radiology-Diagnostic	27,378,674	203,491,450	230,870,124	0.163571	0.163571	0.163651	54
57	CT Scan	58,780,472	130,829,814	189,610,286	0.039370	0.039370	0.039370	57
58	MRI	14,607,524	54,245,130	68,852,654	0.093098	0.093098	0.093098	58
59	Cardiac Catheterization	26,230,754	18,525,740	44,756,494	0.099316	0.099316	0.099926	59
60	Laboratory	110,663,563	262,420,021	373,083,584	0.084176	0.084176	0.084196	60
62	Whole Blood & Packed Red Blood Cells	12,005,480	4,265,844	16,271,324	0.216268	0.216268	0.216268	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	89,222,665	5,652,491	94,875,156	0.091332	0.091332	0.091332	65
66	Physical Therapy	27,737,838	53,959,105	81,696,943	0.309899	0.309899	0.310038	66
69	Electrocardiology	33,333,930	53,178,404	86,512,334	0.097668	0.097668	0.097668	69
69.01	SPECIAL PROCEDURES	20,183,214	40,247,152	60,430,366	0.235166	0.235166	0.235166	69.01
69.02	CARDIAC REHAB							69.02
70	Electroencephalography	2,807,040	863,860	3,670,900	0.224574	0.224574	0.224574	70
71	Medical Supplies Charged to Patients	69,031,993	77,932,946	146,964,939	0.232575	0.232575	0.232575	71
72	Impl. Dev. Charged to Patients	62,049,430	45,968,231	108,017,661	0.237610	0.237610	0.237610	72
73	Drugs Charged to Patients	123,107,831	107,994,374	231,102,205	0.095576	0.095576	0.095576	73
75	ASC (Non-Distinct Part)	12,644	8,170,464	8,183,108	0.336818	0.336818	0.336818	75
75.01	WOUND CARE							75.01
76	ACUTE DIALYSIS							76
76.97	CARDIAC REHABILITATION	3,495	1,717,550	1,721,045	0.335385	0.335385	0.335385	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,191,810	11,680	1,203,490	0.340479	0.340479	0.340479	76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	1,018,491	341,200,717	342,219,208	0.300117	0.300117	0.300117	90.01
90.02	HOME INFUSION		44,484,456	44,484,456	0.006666	0.006666	0.006666	90.02
91	Emergency	52,372,150	143,979,422	196,351,572	0.114622	0.114622	0.114622	91
91.01	SLEEP LAB	18,545	12,997,655	13,016,200	0.195621	0.195621	0.196002	91.01
91.02	BRONCH & GASTRO LAB	12,173,303	51,622,085	63,795,388	0.179632	0.179632	0.179632	91.02
91.03	SURGICENTER							91.03
92	Observation Beds (Non-Distinct Part)	3,486,648	22,613,009	26,099,657	0.143553	0.143553	0.143553	92
92.01	OBSERVATION BEDS-DISTINCT	2,556,295	16,957,337	19,513,632	0.333060	0.333060	0.333060	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
101	Home Health Agency		7,685,019	7,685,019				101
116	Hospice		11,159,692	11,159,692				116
200	Subtotal (sum of lines 30 thru 199)	1,243,955,498	1,794,845,249	3,038,800,747				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,243,955,498	1,794,845,249	3,038,800,747				202

KPMG LLP Compu-Max 2552-10

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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)	5,382,493		5,382,493	81,768	65.83	29,485	1,940,998	30
31	Intensive Care Unit								31
31.01	NEONATAL ICU	1,257,679		1,257,679	4,166	301.89			31.01
32	Coronary Care Unit	677,121		677,121	5,172	130.92	1,775	232,383	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	770,958		770,958	6,106	126.26	1,737	219,314	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	412,286		412,286	4,584	89.94	1,226	110,266	41
42	Subprovider I								42
43	Nursery	316,151		316,151	16,641	19.00			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,816,688		8,816,688	118,437		34,223	2,502,961	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	4,183,114	135,947,968	0.030770	18,433,179	567,189	50
51	Recovery Room	152,596	17,997,649	0.008479	2,262,261	19,182	51
52	Delivery Room & Labor Room	573,548	23,997,474	0.023900			52
53	Anesthesiology	264,845					53
54	Radiology-Diagnostic	4,690,589	230,870,124	0.020317	8,341,182	169,468	54
57	CT Scan	921,031	189,610,286	0.004857	16,770,250	81,453	57
58	MRI	1,000,943	68,852,654	0.014537	4,248,148	61,755	58
59	Cardiac Catheterization	1,391,567	44,756,494	0.031092	8,808,654	273,879	59
60	Laboratory	2,145,888	373,083,584	0.005752	35,001,290	201,327	60
62	Whole Blood & Packed Red Blood	187,751	16,271,324	0.011539	3,450,193	39,812	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	965,235	94,875,156	0.010174	26,664,136	271,281	65
66	Physical Therapy	1,472,814	81,696,943	0.018028	6,756,063	121,798	66
69	Electrocardiology	1,095,662	86,512,334	0.012665	11,270,038	142,735	69
69.01	SPECIAL PROCEDURES	2,080,393	60,430,366	0.034426	7,130,500	245,475	69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	137,376	3,670,900	0.037423	941,958	35,251	70
71	Medical Supplies Charged to Pat	1,688,356	146,964,939	0.011488	17,945,016	206,152	71
72	Impl. Dev. Charged to Patients	1,267,644	108,017,661	0.011736	19,132,037	224,534	72
73	Drugs Charged to Patients	1,163,265	231,102,205	0.005034	37,709,802	189,831	73
75	ASC (Non-Distinct Part)	213,012	8,183,108	0.026031	5,458	142	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS	6,030					76
76.97	CARDIAC REHABILITATION	72,286	1,721,045	0.042001	2,835	119	76.97
76.98	HYPERBARIC OXYGEN THERAPY	20,204	1,203,490	0.016788	303,414	5,094	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS	6,528,123	342,219,208	0.019076	396,856	7,570	90.01
90.02	HOME INFUSION	17,341	44,484,456	0.000390			90.02
91	Emergency	2,247,458	196,351,572	0.011446	15,425,794	176,564	91
91.01	SLEEP LAB	195,540	13,016,200	0.015023	11,073	166	91.01
91.02	BRONCH & GASTRO LAB	1,879,162	63,795,388	0.029456	4,682,386	137,924	91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct)	249,087	26,099,657	0.009544	1,236,770	11,804	92
92.01	OBSERVATION BEDS-DISTINCT	426,292	19,513,632	0.021846	751,716	16,422	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	37,237,152	2,631,245,817		247,681,009	3,206,927	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 PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School 1	Allied Health Post-Stepdown Adjustments 2A	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 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				70,872			70,872	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)				70,872			70,872	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	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)	81,768		29,485		30
31	Intensive Care Unit					31
31.01	NEONATAL ICU	4,166				31.01
32	Coronary Care Unit	5,172	13.70	1,775	24,318	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit	6,106		1,737		34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	4,584		1,226		41
42	Subprovider I					42
43	Nursery	16,641				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	118,437		34,223	24,318	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room					97,577		97,577	97,577	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					2,054		2,054	2,054	90.02
91	Emergency					110,931		110,931	110,931	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)					210,562		210,562	210,562	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	135,947,968	0.000718	0.000718	18,433,179	13,235	10,770,895	7,734	50
51	Recovery Room	17,997,649			2,262,261		1,196,657		51
52	Delivery Room & Labor Room	23,997,474							52
53	Anesthesiology								53
54	Radiology-Diagnostic	230,870,124			8,341,182		36,285,522		54
57	CT Scan	189,610,286			16,770,250		28,523,209		57
58	MRI	68,852,654			4,248,148		10,850,327		58
59	Cardiac Catheterization	44,756,494			8,808,654		5,110,431		59
60	Laboratory	373,083,584			35,001,290		24,441,760		60
62	Whole Blood & Packed Red Blood	16,271,324			3,450,193		652,665		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	94,875,156			26,664,136		1,311,658		65
66	Physical Therapy	81,696,943			6,756,063		3,482,835		66
69	Electrocardiology	86,512,334			11,270,038		10,699,420		69
69.01	SPECIAL PROCEDURES	60,430,366			7,130,500		11,787,651		69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,670,900			941,958		124,215		70
71	Medical Supplies Charged to Pat	146,964,939			17,945,016		13,079,377		71
72	Impl. Dev. Charged to Patients	108,017,661			19,132,037		13,065,034		72
73	Drugs Charged to Patients	231,102,205			37,709,802		5,440,162		73
75	ASC (Non-Distinct Part)	8,183,108			5,458		3,025,038		75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,721,045			2,835		571,589		76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,203,490			303,414		2,675		76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	340B CLINICS	342,219,208			396,856		52,873,306		90.01
90.02	HOME INFUSION	44,484,456	0.000046	0.000046					90.02
91	Emergency	196,351,572	0.000565	0.000565	15,425,794	8,716	16,746,656	9,462	91
91.01	SLEEP LAB	13,016,200			11,073		1,923,191		91.01
91.02	BRONCH & GASTRO LAB	63,795,388			4,682,386		9,844,599		91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,099,657			1,236,770		4,655,134		92
92.01	OBSERVATION BEDS-DISTINCT	19,513,632			751,716		6,050,908		92.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,631,245,817			247,681,009	21,951	272,514,914	17,196	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	0.301085	10,770,895			3,242,955			50
51	Recovery Room	0.161656	1,196,657			193,447			51
52	Delivery Room & Labor Room	0.430411							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.163571	36,285,522			5,935,259			54
57	CT Scan	0.039370	28,523,209			1,122,959			57
58	MRI	0.093098	10,850,327			1,010,144			58
59	Cardiac Catheterization	0.099316	5,110,431			507,548			59
60	Laboratory	0.084176	24,441,760	10,466		2,057,410	881		60
62	Whole Blood & Packed Red Blood	0.216268	652,665			141,151			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.091332	1,311,658			119,796			65
66	Physical Therapy	0.309899	3,482,835			1,079,327			66
69	Electrocardiology	0.097668	10,699,420			1,044,991			69
69.01	SPECIAL PROCEDURES	0.235166	11,787,651			2,772,055			69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	0.224574	124,215			27,895			70
71	Medical Supplies Charged to Pat	0.232575	13,079,377			3,041,936			71
72	Impl. Dev. Charged to Patients	0.237610	13,065,034	397		3,104,383	94		72
73	Drugs Charged to Patients	0.095576	5,440,162	6,593	625,699	519,949	630	59,802	73
75	ASC (Non-Distinct Part)	0.336818	3,025,038			1,018,887			75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	0.335385	571,589			191,702			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479	2,675			911			76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	0.300117	52,873,306	165		15,868,178	50		90.01
90.02	HOME INFUSION	0.006666							90.02
91	Emergency	0.114622	16,746,656			1,919,535			91
91.01	SLEEP LAB	0.195621	1,923,191			376,217			91.01
91.02	BRONCH & GASTRO LAB	0.179632	9,844,599			1,768,405			91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	0.143553	4,655,134			668,258			92
92.01	OBSERVATION BEDS-DISTINCT	0.333060	6,050,908			2,015,315			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		272,514,914	17,621	625,699	49,748,613	1,655	59,802	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		272,514,914	17,621	625,699	49,748,613	1,655	59,802	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	4,183,114	135,947,968	0.030770	589	18	50
51	Recovery Room	152,596	17,997,649	0.008479	1,386	12	51
52	Delivery Room & Labor Room	573,548	23,997,474	0.023900			52
53	Anesthesiology	264,845					53
54	Radiology-Diagnostic	4,690,589	230,870,124	0.020317	31,501	640	54
57	CT Scan	921,031	189,610,286	0.004857	117,420	570	57
58	MRI	1,000,943	68,852,654	0.014537	43,711	635	58
59	Cardiac Catheterization	1,391,567	44,756,494	0.031092	837	26	59
60	Laboratory	2,145,888	373,083,584	0.005752	247,115	1,421	60
62	Whole Blood & Packed Red Blood	187,751	16,271,324	0.011539	7,700	89	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	965,235	94,875,156	0.010174	375,209	3,817	65
66	Physical Therapy	1,472,814	81,696,943	0.018028	2,295,153	41,377	66
69	Electrocardiology	1,095,662	86,512,334	0.012665	44,366	562	69
69.01	SPECIAL PROCEDURES	2,080,393	60,430,366	0.034426	6,125	211	69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	137,376	3,670,900	0.037423	1,099	41	70
71	Medical Supplies Charged to Pat	1,688,356	146,964,939	0.011488	28,617	329	71
72	Impl. Dev. Charged to Patients	1,267,644	108,017,661	0.011736	195	2	72
73	Drugs Charged to Patients	1,163,265	231,102,205	0.005034	681,074	3,429	73
75	ASC (Non-Distinct Part)	213,012	8,183,108	0.026031	48	1	75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS	6,030					76
76.97	CARDIAC REHABILITATION	72,286	1,721,045	0.042001			76.97
76.98	HYPERBARIC OXYGEN THERAPY	20,204	1,203,490	0.016788	9,903	166	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS	6,528,123	342,219,208	0.019076	1,054	20	90.01
90.02	HOME INFUSION	17,341	44,484,456	0.000390			90.02
91	Emergency	2,247,458	196,351,572	0.011446	10,503	120	91
91.01	SLEEP LAB	195,540	13,016,200	0.015023	11		91.01
91.02	BRONCH & GASTRO LAB	1,879,162	63,795,388	0.029456	1,198	35	91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct)		26,099,657				92
92.01	OBSERVATION BEDS-DISTINCT	426,292	19,513,632	0.021846	9,335	204	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	36,988,065	2,631,245,817		3,914,149	53,725	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room					97,577		97,577	97,577
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					2,054		2,054	2,054
91	Emergency					110,931		110,931	110,931
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)					210,562		210,562	210,562

(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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	135,947,968	0.000718	0.000718	589				50
51	Recovery Room	17,997,649			1,386				51
52	Delivery Room & Labor Room	23,997,474							52
53	Anesthesiology								53
54	Radiology-Diagnostic	230,870,124			31,501				54
57	CT Scan	189,610,286			117,420				57
58	MRI	68,852,654			43,711				58
59	Cardiac Catheterization	44,756,494			837				59
60	Laboratory	373,083,584			247,115				60
62	Whole Blood & Packed Red Blood	16,271,324			7,700				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	94,875,156			375,209				65
66	Physical Therapy	81,696,943			2,295,153				66
69	Electrocardiology	86,512,334			44,366				69
69.01	SPECIAL PROCEDURES	60,430,366			6,125				69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,670,900			1,099				70
71	Medical Supplies Charged to Pat	146,964,939			28,617				71
72	Impl. Dev. Charged to Patients	108,017,661			195				72
73	Drugs Charged to Patients	231,102,205			681,074		100		73
75	ASC (Non-Distinct Part)	8,183,108			48				75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,721,045							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,203,490			9,903				76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	342,219,208			1,054				90.01
90.02	HOME INFUSION	44,484,456	0.000046	0.000046					90.02
91	Emergency	196,351,572	0.000565	0.000565	10,503	6			91
91.01	SLEEP LAB	13,016,200			11				91.01
91.02	BRONCH & GASTRO LAB	63,795,388			1,198				91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,099,657							92
92.01	OBSERVATION BEDS-DISTINCT	19,513,632			9,335				92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,631,245,817			3,914,149	6	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	0.301085							50
51	Recovery Room	0.161656							51
52	Delivery Room & Labor Room	0.430411							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.163571							54
57	CT Scan	0.039370							57
58	MRI	0.093098							58
59	Cardiac Catheterization	0.099316							59
60	Laboratory	0.084176							60
62	Whole Blood & Packed Red Blood	0.216268							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.091332							65
66	Physical Therapy	0.309899							66
69	Electrocardiology	0.097668							69
69.01	SPECIAL PROCEDURES	0.235166							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	0.224574							70
71	Medical Supplies Charged to Pat	0.232575							71
72	Impl. Dev. Charged to Patients	0.237610							72
73	Drugs Charged to Patients	0.095576	100		343	10		33	73
75	ASC (Non-Distinct Part)	0.336818							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	0.335385							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	0.300117							90.01
90.02	HOME INFUSION	0.006666							90.02
91	Emergency	0.114622							91
91.01	SLEEP LAB	0.195621							91.01
91.02	BRONCH & GASTRO LAB	0.179632							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	0.143553							92
92.01	OBSERVATION BEDS-DISTINCT	0.333060							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		100		343	10		33	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		100		343	10		33	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	5,382,493		5,382,493	81,768	65.83	22,486	1,480,253	30
31	Intensive Care Unit								31
31.01	NEONATAL ICU	1,257,679		1,257,679	4,166	301.89	1,201	362,570	31.01
32	Coronary Care Unit	677,121		677,121	5,172	130.92	1,491	195,202	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit	770,958		770,958	6,106	126.26	1,761	222,344	34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF	412,286		412,286	4,584	89.94	1,172	105,410	41
42	Subprovider I								42
43	Nursery	316,151		316,151	16,641	19.00	3,934	74,746	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	8,816,688		8,816,688	118,437		32,045	2,440,525	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	4,183,114	135,947,968	0.030770		50
51	Recovery Room	152,596	17,997,649	0.008479		51
52	Delivery Room & Labor Room	573,548	23,997,474	0.023900		52
53	Anesthesiology	264,845				53
54	Radiology-Diagnostic	4,690,589	230,870,124	0.020317		54
57	CT Scan	921,031	189,610,286	0.004857		57
58	MRI	1,000,943	68,852,654	0.014537		58
59	Cardiac Catheterization	1,391,567	44,756,494	0.031092		59
60	Laboratory	2,145,888	373,083,584	0.005752		60
62	Whole Blood & Packed Red Blood	187,751	16,271,324	0.011539		62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	965,235	94,875,156	0.010174		65
66	Physical Therapy	1,472,814	81,696,943	0.018028		66
69	Electrocardiology	1,095,662	86,512,334	0.012665		69
69.01	SPECIAL PROCEDURES	2,080,393	60,430,366	0.034426		69.01
69.02	CARDIAC REHAB					69.02
70	Electroencephalography	137,376	3,670,900	0.037423		70
71	Medical Supplies Charged to Pat	1,688,356	146,964,939	0.011488		71
72	Impl. Dev. Charged to Patients	1,267,644	108,017,661	0.011736		72
73	Drugs Charged to Patients	1,163,265	231,102,205	0.005034		73
75	ASC (Non-Distinct Part)	213,012	8,183,108	0.026031		75
75.01	WOUND CARE					75.01
76	ACUTE DIALYSIS	6,030				76
76.97	CARDIAC REHABILITATION	72,286	1,721,045	0.042001		76.97
76.98	HYPERBARIC OXYGEN THERAPY	20,204	1,203,490	0.016788		76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.01	340B CLINICS	6,528,123	342,219,208	0.019076		90.01
90.02	HOME INFUSION	17,341	44,484,456	0.000390		90.02
91	Emergency	2,247,458	196,351,572	0.011446		91
91.01	SLEEP LAB	195,540	13,016,200	0.015023		91.01
91.02	BRONCH & GASTRO LAB	1,879,162	63,795,388	0.029456		91.02
91.03	SURGICENTER					91.03
92	Observation Beds (Non-Distinct)	249,087	26,099,657	0.009544		92
92.01	OBSERVATION BEDS-DISTINCT	426,292	19,513,632	0.021846		92.01
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	37,237,152	2,631,245,817			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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School Post-Stepdown Adjustments 1A	Nursing School 1	Allied Health Post-Stepdown Adjustments 2A	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 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				70,872			70,872	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)				70,872			70,872	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	81,768		22,486		30
31	Intensive Care Unit					31
31.01	NEONATAL ICU	4,166		1,201		31.01
32	Coronary Care Unit	5,172	13.70	1,491	20,427	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit	6,106		1,761		34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF	4,584		1,172		41
42	Subprovider I					42
43	Nursery	16,641		3,934		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	118,437		32,045	20,427	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room					97,577		97,577	97,577
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					2,054		2,054	2,054
91	Emergency					110,931		110,931	110,931
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)					210,562		210,562	210,562

(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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	135,947,968	0.000718	0.000718					50
51	Recovery Room	17,997,649							51
52	Delivery Room & Labor Room	23,997,474							52
53	Anesthesiology								53
54	Radiology-Diagnostic	230,870,124							54
57	CT Scan	189,610,286							57
58	MRI	68,852,654							58
59	Cardiac Catheterization	44,756,494							59
60	Laboratory	373,083,584							60
62	Whole Blood & Packed Red Blood	16,271,324							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	94,875,156							65
66	Physical Therapy	81,696,943							66
69	Electrocardiology	86,512,334							69
69.01	SPECIAL PROCEDURES	60,430,366							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,670,900							70
71	Medical Supplies Charged to Pat	146,964,939							71
72	Impl. Dev. Charged to Patients	108,017,661							72
73	Drugs Charged to Patients	231,102,205							73
75	ASC (Non-Distinct Part)	8,183,108							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,721,045							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,203,490							76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	340B CLINICS	342,219,208							90.01
90.02	HOME INFUSION	44,484,456	0.000046	0.000046					90.02
91	Emergency	196,351,572	0.000565	0.000565					91
91.01	SLEEP LAB	13,016,200							91.01
91.02	BRONCH & GASTRO LAB	63,795,388							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,099,657							92
92.01	OBSERVATION BEDS-DISTINCT	19,513,632							92.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,631,245,817							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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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 Reimbursed Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.301085							50
51	Recovery Room	0.161656							51
52	Delivery Room & Labor Room	0.430411							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.163571							54
57	CT Scan	0.039370							57
58	MRI	0.093098							58
59	Cardiac Catheterization	0.099316							59
60	Laboratory	0.084176							60
62	Whole Blood & Packed Red Blood	0.216268							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.091332							65
66	Physical Therapy	0.309899							66
69	Electrocardiology	0.097668							69
69.01	SPECIAL PROCEDURES	0.235166							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	0.224574							70
71	Medical Supplies Charged to Pat	0.232575							71
72	Impl. Dev. Charged to Patients	0.237610							72
73	Drugs Charged to Patients	0.095576							73
75	ASC (Non-Distinct Part)	0.336818							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	0.335385							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	0.300117							90.01
90.02	HOME INFUSION	0.006666							90.02
91	Emergency	0.114622							91
91.01	SLEEP LAB	0.195621							91.01
91.02	BRONCH & GASTRO LAB	0.179632							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	0.143553							92
92.01	OBSERVATION BEDS-DISTINCT	0.333060							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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	4,183,114	135,947,968	0.030770			50
51	Recovery Room	152,596	17,997,649	0.008479			51
52	Delivery Room & Labor Room	573,548	23,997,474	0.023900			52
53	Anesthesiology	264,845					53
54	Radiology-Diagnostic	4,690,589	230,870,124	0.020317			54
57	CT Scan	921,031	189,610,286	0.004857			57
58	MRI	1,000,943	68,852,654	0.014537			58
59	Cardiac Catheterization	1,391,567	44,756,494	0.031092			59
60	Laboratory	2,145,888	373,083,584	0.005752			60
62	Whole Blood & Packed Red Blood	187,751	16,271,324	0.011539			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	965,235	94,875,156	0.010174			65
66	Physical Therapy	1,472,814	81,696,943	0.018028			66
69	Electrocardiology	1,095,662	86,512,334	0.012665			69
69.01	SPECIAL PROCEDURES	2,080,393	60,430,366	0.034426			69.01
69.02	CARDIAC REHAB						69.02
70	Electroencephalography	137,376	3,670,900	0.037423			70
71	Medical Supplies Charged to Pat	1,688,356	146,964,939	0.011488			71
72	Impl. Dev. Charged to Patients	1,267,644	108,017,661	0.011736			72
73	Drugs Charged to Patients	1,163,265	231,102,205	0.005034			73
75	ASC (Non-Distinct Part)	213,012	8,183,108	0.026031			75
75.01	WOUND CARE						75.01
76	ACUTE DIALYSIS	6,030					76
76.97	CARDIAC REHABILITATION	72,286	1,721,045	0.042001			76.97
76.98	HYPERBARIC OXYGEN THERAPY	20,204	1,203,490	0.016788			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.01	340B CLINICS	6,528,123	342,219,208	0.019076			90.01
90.02	HOME INFUSION	17,341	44,484,456	0.000390			90.02
91	Emergency	2,247,458	196,351,572	0.011446			91
91.01	SLEEP LAB	195,540	13,016,200	0.015023			91.01
91.02	BRONCH & GASTRO LAB	1,879,162	63,795,388	0.029456			91.02
91.03	SURGICENTER						91.03
92	Observation Beds (Non-Distinct)		26,099,657				92
92.01	OBSERVATION BEDS-DISTINCT	426,292	19,513,632	0.021846			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	36,988,065	2,631,245,817				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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	2A	2	3A	3	4	5	6
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room					97,577		97,577	97,577
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					2,054		2,054	2,054
91	Emergency					110,931		110,931	110,931
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)					210,562		210,562	210,562

(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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	135,947,968	0.000718	0.000718					50
51	Recovery Room	17,997,649							51
52	Delivery Room & Labor Room	23,997,474							52
53	Anesthesiology								53
54	Radiology-Diagnostic	230,870,124							54
57	CT Scan	189,610,286							57
58	MRI	68,852,654							58
59	Cardiac Catheterization	44,756,494							59
60	Laboratory	373,083,584							60
62	Whole Blood & Packed Red Blood	16,271,324							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	94,875,156							65
66	Physical Therapy	81,696,943							66
69	Electrocardiology	86,512,334							69
69.01	SPECIAL PROCEDURES	60,430,366							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	3,670,900							70
71	Medical Supplies Charged to Pat	146,964,939							71
72	Impl. Dev. Charged to Patients	108,017,661							72
73	Drugs Charged to Patients	231,102,205							73
75	ASC (Non-Distinct Part)	8,183,108							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	1,721,045							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,203,490							76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	340B CLINICS	342,219,208							90.01
90.02	HOME INFUSION	44,484,456	0.000046	0.000046					90.02
91	Emergency	196,351,572	0.000565	0.000565					91
91.01	SLEEP LAB	13,016,200							91.01
91.02	BRONCH & GASTRO LAB	63,795,388							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	26,099,657							92
92.01	OBSERVATION BEDS-DISTINCT	19,513,632							92.01
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,631,245,817							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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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: 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 Reimbursed Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reimbursed Subject to Ded. & Coins. (see inst.)	Cost Reimbursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.301085							50
51	Recovery Room	0.161656							51
52	Delivery Room & Labor Room	0.430411							52
53	Anesthesiology								53
54	Radiology-Diagnostic	0.163571							54
57	CT Scan	0.039370							57
58	MRI	0.093098							58
59	Cardiac Catheterization	0.099316							59
60	Laboratory	0.084176							60
62	Whole Blood & Packed Red Blood	0.216268							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.091332							65
66	Physical Therapy	0.309899							66
69	Electrocardiology	0.097668							69
69.01	SPECIAL PROCEDURES	0.235166							69.01
69.02	CARDIAC REHAB								69.02
70	Electroencephalography	0.224574							70
71	Medical Supplies Charged to Pat	0.232575							71
72	Impl. Dev. Charged to Patients	0.237610							72
73	Drugs Charged to Patients	0.095576							73
75	ASC (Non-Distinct Part)	0.336818							75
75.01	WOUND CARE								75.01
76	ACUTE DIALYSIS								76
76.97	CARDIAC REHABILITATION	0.335385							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.01	340B CLINICS	0.300117							90.01
90.02	HOME INFUSION	0.006666							90.02
91	Emergency	0.114622							91
91.01	SLEEP LAB	0.195621							91.01
91.02	BRONCH & GASTRO LAB	0.179632							91.02
91.03	SURGICENTER								91.03
92	Observation Beds (Non-Distinct)	0.143553							92
92.01	OBSERVATION BEDS-DISTINCT	0.333060							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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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 [XX] 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)	81,768	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	81,768	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)	77,984	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)	29,485	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)	80,961,684	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)	80,961,684	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)	80,961,684	37

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		
38	Adjusted general inpatient routine service cost per diem (see instructions)						990.14	38	
39	Program general inpatient routine service cost (line 9 x line 38)						29,194,278	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)						29,194,278	41	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
		1	2	3	4	5			
42	Nursery (Titles V and XIX only)							42	
	Intensive Care Type Inpatient Hospital Units								
43	Intensive Care Unit							43	
43.01	NEONATAL ICU	16,638,301	4,166	3,993.83				43.01	
44	Coronary Care Unit	9,127,192	5,172	1,764.73	1,775	3,132,396		44	
45	Burn Intensive Care Unit							45	
46	Surgical Intensive Care Unit	11,279,515	6,106	1,847.28	1,737	3,208,725		46	
47	Other Special Care (specify)							47	
							1		
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						36,017,025	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						71,552,424	49	
	PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						2,417,013	50	
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,228,878	51	
52	Total Program excludable cost (sum of lines 50 and 51)						5,645,891	52	
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						65,906,533	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)					3,784	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					990.14	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,746,690	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	5,382,493	80,961,684	0.066482	3,746,690	249,087	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	4,584	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,584	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,584	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)	1,226	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)	4,606,243	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)	4,606,243	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)	4,606,243	37

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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) [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
Boxes: [] Title XIX - I/P [XX] 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)	1,004.85	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,231,946	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)	1,231,946	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	868,707	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,100,653	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	110,266	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	53,731	51
52	Total Program excludable cost (sum of lines 50 and 51)	163,997	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,936,656	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	81,768	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	81,768	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)	77,984	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)	22,486	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)	16,641	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)	80,961,684	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)	80,961,684	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)	80,961,684	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0091

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					990.14	38	
39	Program general inpatient routine service cost (line 9 x line 38)					22,264,288	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)					22,264,288	41	
42	Nursery (Titles V and XIX only)	3,269,666	16,641	196.48	3,934	772,952	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit						43	
43.01	NEONATAL ICU	16,638,301	4,166	3,993.83	1,201	4,796,590	43.01	
44	Coronary Care Unit	9,127,192	5,172	1,764.73	1,491	2,631,212	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit	11,279,515	6,106	1,847.28	1,761	3,253,060	46	
47	Other Special Care (specify)						47	
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					33,718,102	49	
	PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,355,542	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)					2,355,542	52	
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					31,362,560	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)					3,784	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					990.14	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,746,690	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	5,382,493	80,961,684	0.066482	3,746,690	249,087	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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: [XX] Title XIX - I/P [XX] IRF [] NF [XX] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,584	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,584	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	4,584	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)	1,172	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)	4,603,640	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)	4,603,640	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)	4,603,640	37

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	1,004.28	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,177,016	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)	1,177,016	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)	1,177,016	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	105,410	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)	105,410	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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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/ID [] 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		84,829,656		30
31.01	NEONATAL ICU				31.01
32	Coronary Care Unit		9,503,806		32
34	Surgical Intensive Care Unit		10,881,381		34
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.301085	18,433,179	5,549,954	50
51	Recovery Room	0.161656	2,262,261	365,708	51
52	Delivery Room & Labor Room	0.430411			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.163651	8,341,182	1,365,043	54
57	CT Scan	0.039370	16,770,250	660,245	57
58	MRI	0.093098	4,248,148	395,494	58
59	Cardiac Catheterization	0.099926	8,808,654	880,214	59
60	Laboratory	0.084196	35,001,290	2,946,969	60
62	Whole Blood & Packed Red Blood Cells	0.216268	3,450,193	746,166	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.091332	26,664,136	2,435,289	65
66	Physical Therapy	0.310038	6,756,063	2,094,636	66
69	Electrocardiology	0.097668	11,270,038	1,100,722	69
69.01	SPECIAL PROCEDURES	0.235166	7,130,500	1,676,851	69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.224574	941,958	211,539	70
71	Medical Supplies Charged to Patients	0.232575	17,945,016	4,173,562	71
72	Impl. Dev. Charged to Patients	0.237610	19,132,037	4,545,963	72
73	Drugs Charged to Patients	0.095576	37,709,802	3,604,152	73
75	ASC (Non-Distinct Part)	0.336818	5,458	1,838	75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.335385	2,835	951	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479	303,414	103,306	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.300117	396,856	119,103	90.01
90.02	HOME INFUSION	0.006666			90.02
91	Emergency	0.114622	15,425,794	1,768,135	91
91.01	SLEEP LAB	0.196002	11,073	2,170	91.01
91.02	BRONCH & GASTRO LAB	0.179632	4,682,386	841,106	91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.143553	1,236,770	177,542	92
92.01	OBSERVATION BEDS-DISTINCT	0.333060	751,716	250,367	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		247,681,009	36,017,025	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		247,681,009		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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		3,551,930		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.301085	589	177	50
51	Recovery Room	0.161656	1,386	224	51
52	Delivery Room & Labor Room	0.430411			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.163651	31,501	5,155	54
57	CT Scan	0.039370	117,420	4,623	57
58	MRI	0.093098	43,711	4,069	58
59	Cardiac Catheterization	0.099926	837	84	59
60	Laboratory	0.084196	247,115	20,806	60
62	Whole Blood & Packed Red Blood Cells	0.216268	7,700	1,665	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.091332	375,209	34,269	65
66	Physical Therapy	0.310038	2,295,153	711,585	66
69	Electrocardiology	0.097668	44,366	4,333	69
69.01	SPECIAL PROCEDURES	0.235166	6,125	1,440	69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.224574	1,099	247	70
71	Medical Supplies Charged to Patients	0.232575	28,617	6,656	71
72	Impl. Dev. Charged to Patients	0.237610	195	46	72
73	Drugs Charged to Patients	0.095576	681,074	65,094	73
75	ASC (Non-Distinct Part)	0.336818	48	16	75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.335385			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479	9,903	3,372	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.300117	1,054	316	90.01
90.02	HOME INFUSION	0.006666			90.02
91	Emergency	0.114622	10,503	1,204	91
91.01	SLEEP LAB	0.196002	11	2	91.01
91.02	BRONCH & GASTRO LAB	0.179632	1,198	215	91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.143553			92
92.01	OBSERVATION BEDS-DISTINCT	0.333060	9,335	3,109	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,914,149	868,707	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,914,149		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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	0.301085			50
51	Recovery Room	0.161656			51
52	Delivery Room & Labor Room	0.430411			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.163651			54
57	CT Scan	0.039370			57
58	MRI	0.093098			58
59	Cardiac Catheterization	0.099926			59
60	Laboratory	0.084196			60
62	Whole Blood & Packed Red Blood Cells	0.216268			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.091332			65
66	Physical Therapy	0.310038			66
69	Electrocardiology	0.097668			69
69.01	SPECIAL PROCEDURES	0.235166			69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.224574			70
71	Medical Supplies Charged to Patients	0.232575			71
72	Impl. Dev. Charged to Patients	0.237610			72
73	Drugs Charged to Patients	0.095576			73
75	ASC (Non-Distinct Part)	0.336818			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.335385			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.300117			90.01
90.02	HOME INFUSION	0.006666			90.02
91	Emergency	0.114622			91
91.01	SLEEP LAB	0.196002			91.01
91.02	BRONCH & GASTRO LAB	0.179632			91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.143553			92
92.01	OBSERVATION BEDS-DISTINCT	0.333060			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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	0.301085			50
51	Recovery Room	0.161656			51
52	Delivery Room & Labor Room	0.430411			52
53	Anesthesiology				53
54	Radiology-Diagnostic	0.163571			54
57	CT Scan	0.039370			57
58	MRI	0.093098			58
59	Cardiac Catheterization	0.099316			59
60	Laboratory	0.084176			60
62	Whole Blood & Packed Red Blood Cells	0.216268			62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.091332			65
66	Physical Therapy	0.309899			66
69	Electrocardiology	0.097668			69
69.01	SPECIAL PROCEDURES	0.235166			69.01
69.02	CARDIAC REHAB				69.02
70	Electroencephalography	0.224574			70
71	Medical Supplies Charged to Patients	0.232575			71
72	Impl. Dev. Charged to Patients	0.237610			72
73	Drugs Charged to Patients	0.095576			73
75	ASC (Non-Distinct Part)	0.336818			75
75.01	WOUND CARE				75.01
76	ACUTE DIALYSIS				76
76.97	CARDIAC REHABILITATION	0.335385			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.340479			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.01	340B CLINICS	0.300117			90.01
90.02	HOME INFUSION	0.006666			90.02
91	Emergency	0.114622			91
91.01	SLEEP LAB	0.195621			91.01
91.02	BRONCH & GASTRO LAB	0.179632			91.02
91.03	SURGICENTER				91.03
92	Observation Beds (Non-Distinct Part)	0.143553			92
92.01	OBSERVATION BEDS-DISTINCT	0.333060			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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	42,000,864			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	14,066,955			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)	1,105,703			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	34,492,093			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	386.44			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	50.25			10
11	FTE count for residents in dental and podiatric programs	5.92			11
12	Current year allowable FTE (see instructions)	33.21			12
13	Total allowable FTE count for the prior year	32.68			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	32.00			14
15	Sum of lines 12 through 14 divided by 3	32.63			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	32.63			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.084437			19
20	Prior year resident to bed ratio (see instructions)	0.086936			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.084437			21
22	IME payment adjustment (see instructions)	2,526,192			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,554,076			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)	22.96			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	22.96			25
26	Resident to bed ratio (divide line 25 by line 4)	0.059414			26
27	IME payments adjustment factor (see instructions)	0.015609			27
28	IME add-on adjustment amount (see instructions)	875,163			28
28.01	IME add-on adjustment amount - Managed Care (see instructions)	538,387			28.01
29	Total IME payment (sum of lines 22 and 28)	3,401,355			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,092,463			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0549			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2909			31
32	Sum of lines 30 and 31	0.3458			32
33	Allowable disproportionate share percentage (see instructions)	0.1774			33
34	Disproportionate share adjustment (see instructions)	2,486,608			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)	5,977,483,147		6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000698683		0.000633980	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,176,366		4,289,949	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,123,692		1,081,303	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,204,995			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

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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)	67,266,480			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)	69,358,943			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,228,852			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)	1,481,594			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	2,877			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).	24,318			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	21,951			58
59	Total (sum of amounts on lines 49 through 58)	76,118,535			59
60	Primary payer payments	35,718			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	76,082,817			61
62	Deductibles billed to program beneficiaries	5,378,324			62
63	Coinsurance billed to program beneficiaries	228,557			63
64	Allowable bad debts (see instructions)	1,997,172			64
65	Adjusted reimbursable bad debts (see instructions)	1,298,162			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,270,552			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	71,774,098			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-209,931			70.93
70.94	HRR adjustment amount (see instructions)	-402,756			70.94
70.99	HAC adjustment amount (see instructions)	739,780			70.99
71	Amount due provider (see instructions)	70,421,631			71
71.01	Sequestration adjustment (see instructions)	1,408,433			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	68,426,953			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	586,245			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	149,932			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 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	42,000,864	42,000,864			42,000,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	14,066,955		14,066,955		14,066,955	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	1,105,703	829,277		276,426	1,105,703	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	34,492,093	25,869,070		8,623,023	34,492,093	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.084437	0.084437		0.084437		5
6	IME payment adjustment	2,526,192	1,892,391		633,801	2,526,192	6
6.01	IME payment adjustment for managed care	1,554,076	1,165,557		388,519	1,554,076	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor	0.015609	0.015609		0.015609		7
8	IME add-on adjustment amount	875,163	655,592		219,571	875,163	8
8.01	IME payment adjustment add-on for managed care	538,387	403,790		134,597	538,387	8.01
9	Total IME payment (sum of lines 6 and 8)	3,401,355	2,547,983		853,372	3,401,355	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	2,092,463	1,569,347		523,116	2,092,463	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1774	0.1774	0.1774	0.1774	0.1774	10
11	Disproportionate share adjustment	2,486,608	1,862,738		623,870	2,486,608	11
11.01	Uncompensated care payments	4,204,995	3,123,692		1,081,303	4,204,995	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	67,266,480	50,364,554		16,901,926	67,266,480	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	69,358,943	51,933,901		17,425,042	69,358,943	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	5,228,852	3,921,638		1,307,214	5,228,852	16
17	Special add-on payments for new technologies	2,877	2,158		719	2,877	17
	DO NOT USE THIS LINE						17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		55,857,697		18,732,975	74,590,672	19
20	Capital DRG other than outlier	4,532,235	3,399,176		1,133,059	4,532,235	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	87,938	65,953		21,985	87,938	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	6.1800	6.1800		6.1800		22
23	Indirect medical education adjustment	280,092	210,069		70,023	280,092	23
24	Allowable disproportionate share percentage	0.0725	0.0725		0.0725		24
25	Disproportionate share adjustment	328,587	246,440		82,147	328,587	25
26	Total prospective capital payments	5,228,852	3,921,638		1,307,214	5,228,852	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	-209,931	-157,448		-52,483	-209,931	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-402,756	-302,067		-100,689	-402,756	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		553,982		185,798	739,780	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)	61,457			1
2	Medical and other services reimbursed under OPPS (see instructions)	49,731,417			2
3	OPPS payments	52,746,235			3
4	Outlier payment (see instructions)	443,346			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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	17,196			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	61,457			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	643,320			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)	643,320			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)	643,320			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	581,863			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 (see instructions)	61,457			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, 4.01, 8 and 9)	53,206,777			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	10,325,507			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)	42,942,727			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,001,531			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	43,944,258			30
31	Primary payer payments	46,085			31
32	Subtotal (line 30 minus line 31)	43,898,173			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)	2,568,775			34
35	Adjusted reimbursable bad debts (see instructions)	1,669,704			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,377,550			36
37	Subtotal (see instructions)	45,567,877			37
38	MSP-LCC reconciliation amount from PS&R	-57			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	45,567,934			40
40.01	Sequestration adjustment (see instructions)	911,359			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	43,557,603			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	1,098,972			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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	33			1
2	Medical and other services reimbursed under OPPTS (see instructions)	10			2
3	OPPS payments	31			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)	0.940			5
6	Line 2 times line 5	9			6
7	Sum of lines 3, 4, and 4.01, 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)	33			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)	310			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 (see instructions)	33			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, 4.01, 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)	64			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)	64			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	64			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)	64			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)	64			40
40.01	Sequestration adjustment (see instructions)	1			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	70			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-7			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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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		66,677,011		42,062,736	1	
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero		1,775,079		1,519,472	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)						
						3.01	
						3.02	
		Program				3.03	
		to				3.04	
		Provider				3.05	
						3.06	
						3.07	
						3.08	
						3.09	
						3.10	
			08/17/2017	147,908	08/17/2017	46,348	3.30
						3.50	
			11/30/2017	173,045	11/30/2017	70,953	3.51
		Provider				3.52	
		to				3.53	
		Program				3.54	
						3.55	
						3.56	
						3.57	
						3.58	
						3.59	
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-25,137		-24,605	3.99	
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		68,426,953		43,557,603	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)						
						5.01	
						5.02	
		Program				5.03	
		to				5.04	
		Provider				5.05	
						5.06	
						5.07	
						5.08	
						5.09	
						5.10	
						5.50	
						5.51	
		Provider				5.52	
		to				5.53	
		Program				5.54	
						5.55	
						5.56	
						5.57	
						5.58	
						5.59	
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99	
6	Determined net settlement amount (balance due) based on the cost report (1)		586,245		1,098,972	6.01	
						6.02	
7	Total Medicare program liability (see instructions)		69,013,198		44,656,575	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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		1,894,987		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)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,894,987		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)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01	810		6.01
		.02			-7
7	Total Medicare program liability (see instructions)		1,895,797		63
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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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)	1,598,022		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.034100		2
3	Inpatient Rehabilitation LIP payments (see instructions)	134,553		3
4	Outlier payments	231,337		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)	12.558904		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	1,963,912		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)	1,963,912		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	1,963,912		19
20	Deductibles	6,580		20
21	Subtotal (line 19 minus line 20)	1,957,332		21
22	Coinsurance	23,688		22
23	Subtotal (line 21 minus line 22)	1,933,644		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,288		24
25	Adjusted reimbursable bad debts (see instructions)	837		25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	1,934,481		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)	6		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)	1,934,487		32
32.01	Sequestration adjustment (see instructions)	38,690		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	1,894,987		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33 and 34)	810		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

KPMG LLP Compu-Max 2552-10

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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)			50.39	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	39.59	9.54	49.13	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	21.61	5.21	26.82	9
10	Weighted dental and podiatric resident FTE count for the current year		5.92		10
10.01	Unweighted dental and podiatric resident FTE count for the current year		5.92		10.01
11	Total weighted FTE count	21.61	11.13		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.45	10.35		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	21.26	10.28		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	21.44	10.59		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	21.44	10.59		17
18	Per resident amount	85,449.71	85,449.71		18
19	Approved amount for resident costs	1,832,042	904,912	2,736,954	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)			22.89	21
22	Allowable additional direct GME FTE resident count (see instructions)			22.32	22
23	Enter the locality adjustment national average per resident amount (see instructions)			100,678.28	23
24	Multiply line 22 times line 23			2,247,139	24
25	Total direct GME amount (sum of lines 19 and 24)			4,984,093	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	34,223	18,135		26
27	Total inpatient days (see instructions)	99,949	99,949		27
28	Ratio of inpatient days to total inpatient days	0.342405	0.181443		28
29	Program direct GME amount	1,706,578	904,329		29
30	Reduction for direct GME payments for Medicare Advantage		127,782		30
31	Net Program direct GME amount			2,483,125	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)			73,653,077	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)			35,718	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			73,617,359	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			49,810,113	42
43	Primary payer payments (see instructions)			46,085	43
44	Total Part B reasonable cost (line 42 minus line 43)			49,764,028	44
45	Total reasonable cost (sum of lines 41 and 44)			123,381,387	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.596665	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.403335	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			2,483,125	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,481,594	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,001,531	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)	29,008	847	26
27	Total inpatient days (see instructions)	99,949	99,949	27
28	Ratio of inpatient days to total inpatient days	0.290228	0.008474	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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BALANCE SHEET

WORKSHEET G

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

Assets		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
(Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-14,705,849				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	556,198,290				4
5	Other receivables	6,054,051				5
6	Allowances for uncollectible notes and accounts receivable	-446,905,797				6
7	Inventory	7,125,765				7
8	Prepaid expenses	7,639,646				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	115,406,106				11
FIXED ASSETS						
12	Land					12
13	Land improvements	652,707				13
14	Accumulated depreciation	-588,782				14
15	Buildings	6,453,609				15
16	Accumulated depreciation	-97,305				16
17	Leasehold improvements	989,108				17
18	Accumulated depreciation	-560,680				18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Audomobiles and trucks	145,380				21
22	Accumulated depreciation	-134,979				22
23	Major movable equipment	162,978,603				23
24	Accumulated depreciation	-99,934,594				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	69,903,067				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	247,177,254				34
35	Total other assets (sum of lines 31-34)	247,177,254				35
36	Total assets (sum of lines 11, 30 and 35)	432,486,427				36
Liabilities and Fund Balances						
(Omit Cents)		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	14,374,264				37
38	Salaries, wages and fees payable	32,785,558				38
39	Payroll taxes payable	438,318				39
40	Notes and loans payable (short term)					40
41	Deferred income	236,310				41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	75,716,244				44
45	Total current liabilities (sum of lines 37 thru 44)	123,550,694				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities					49
50	Total long term liabilities (sum of lines 46 thru 49)					50
51	Total liabilities (sum of lines 45 and 50)	123,550,694				51
CAPITAL ACCOUNTS						
52	General fund balance	308,935,733				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)	308,935,733				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	432,486,427				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		143,743,290			1
2	Net income (loss) (from Worksheet G-3, line 29)		247,601,599			2
3	Total (sum of line 1 and line 2)		391,344,889			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)		391,344,889			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)		121,195,671			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	296,693,038		296,693,038	1
2	Subprovider IPF				2
3	Subprovider IRF	13,803,566		13,803,566	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)	310,496,604		310,496,604	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
11.01	NEONATAL ICU	40,093,688		40,093,688	11.01
12	Coronary Care Unit	27,369,814		27,369,814	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit	39,025,453		39,025,453	14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	106,488,955		106,488,955	16
17	Total inpatient routine care services (sum of lines 10 and 16)	416,985,559		416,985,559	17
18	Ancillary services	840,608,567		840,608,567	18
19	Outpatient services		1,953,661,292	1,953,661,292	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		7,717,889	7,717,889	22
23	Ambulance				23
25	ASC				25
26	Hospice		11,159,692	11,159,692	26
27	OTHER PATIENT REVENUES	1,935,907	5,217,581	7,153,488	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,259,530,033	1,977,756,454	3,237,286,487	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		665,944,956	29
30	Add (specify)			30
31	BAD DEBTS			31
32				32
33				33
34				34
35	INCOME TAX			35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		665,944,956	43

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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)	3,237,286,487	1
2	Less contractual allowances and discounts on patients' accounts	2,336,501,023	2
3	Net patient revenues (line 1 minus line 2)	900,785,464	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	665,944,956	4
5	Net income from service to patients (line 3 minus line 4)	234,840,508	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (OTHER REVENUE)		24
24.01	Other (OTHER INCOME)	12,761,091	24.01
24.02	Other (GOVT SUBSIDIES)		24.02
24.03	Other (GRANT)		24.03
25	Total other income (sum of lines 6-24)	12,761,091	25
26	Total (line 5 plus line 25)	247,601,599	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)	247,601,599	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	921,294	303,234	8,087	211,215	663,312	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,992,976	488,629	151,799		15,962	6
7	Physical Therapy	1,165,672	243,655	91,486		2,454	7
8	Occupational Therapy	328,510	70,198	42,936		2,017	8
9	Speech Pathology	157,866	37,270	26,835		3,858	9
10	Medical Social Services	20,121	5,035	2,463			10
11	Home Health Aide	67,401	31,855	27,126			11
12	Supplies (see instructions)					111,883	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)	4,653,840	1,179,876	350,732	211,215	799,486	24

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	2,107,142	-883,642	1,223,500	-90,495	1,133,005	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	2,649,366		2,649,366		2,649,366	6
7	Physical Therapy	1,503,267		1,503,267		1,503,267	7
8	Occupational Therapy	443,661		443,661		443,661	8
9	Speech Pathology	225,829		225,829		225,829	9
10	Medical Social Services	27,619		27,619		27,619	10
11	Home Health Aide	126,382		126,382		126,382	11
12	Supplies (see instructions)	111,883		111,883		111,883	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)	7,195,149	-883,642	6,311,507	-90,495	6,221,012	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	1,133,005			5
HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	2,649,366			6
7	Physical Therapy	1,503,267			7
8	Occupational Therapy	443,661			8
9	Speech Pathology	225,829			9
10	Medical Social Services	27,619			10
11	Home Health Aide	126,382			11
12	Supplies (see instructions)	111,883			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)	6,221,012			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-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		1,133,005	1,133,005		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		2,649,366	599,754	3,249,120	6
7	Physical Therapy		1,503,267	326,232	1,829,499	7
8	Occupational Therapy		443,661	97,680	541,341	8
9	Speech Pathology		225,829	35,942	261,771	9
10	Medical Social Services		27,619	6,655	34,274	10
11	Home Health Aide		126,382	32,356	158,738	11
12	Supplies (see instructions)		111,883	34,386	146,269	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)		6,221,012		6,221,012	24

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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					-1,133,005	39,882,180	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care					18,462,319	21,111,685	6
7	Physical Therapy					9,980,128	11,483,395	7
8	Occupational Therapy					2,994,693	3,438,354	8
9	Speech Pathology					1,039,344	1,265,173	9
10	Medical Social Services					206,626	234,245	10
11	Home Health Aide					1,012,557	1,138,939	11
12	Supplies (see instructions)					1,098,506	1,210,389	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)					33,661,168	39,882,180	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						1,133,005	25
26	Unit Cost Multiplier						0.028409	26

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)	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			108,739	33,414			1
2	Skilled Nursing Care	3,249,120			70,792			2
3	Physical Therapy	1,829,499			41,406			3
4	Occupational Therapy	541,341			11,669			4
5	Speech Pathology	261,771			5,608			5
6	Medical Social Services	34,274			715			6
7	Home Health Aide	158,738			2,394			7
8	Supplies	146,269						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)	6,221,012		108,739	165,998			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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		5.06		
1	Administrative and General		18,352		160,505	56,368		1
2	Skilled Nursing Care				3,319,912	1,165,926		2
3	Physical Therapy				1,870,905	657,047		3
4	Occupational Therapy				553,010	194,213		4
5	Speech Pathology				267,379	93,901		5
6	Medical Social Services				34,989	12,288		6
7	Home Health Aide				161,132	56,588		7
8	Supplies				146,269	51,369		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)		18,352		6,514,101	2,287,700		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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	2,927		1,315				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)	2,927		1,315				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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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				10,060			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)				10,060			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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	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	SUBTOTAL (cols 23 +/- 24)	
		21	22	23	24	25	26	
1	Administrative and General				231,175		231,175	1
2	Skilled Nursing Care				4,485,838		4,485,838	2
3	Physical Therapy				2,527,952		2,527,952	3
4	Occupational Therapy				747,223		747,223	4
5	Speech Pathology				361,280		361,280	5
6	Medical Social Services				47,277		47,277	6
7	Home Health Aide				217,720		217,720	7
8	Supplies				197,638		197,638	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)				8,816,103		8,816,103	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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)	ALLOCATED HHA A&G (see PtlI) 27	TOTAL HHA COSTS 28					
1	Administrative and General							1
2	Skilled Nursing Care	120,794	4,606,632					2
3	Physical Therapy	68,073	2,596,025					3
4	Occupational Therapy	20,121	767,344					4
5	Speech Pathology	9,729	371,009					5
6	Medical Social Services	1,273	48,550					6
7	Home Health Aide	5,863	223,583					7
8	Supplies	5,322	202,960					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)	231,175	8,816,103					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.	0.026928						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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	108,218	940,693				1
2	Skilled Nursing Care			1,992,976				2
3	Physical Therapy			1,165,672				3
4	Occupational Therapy			328,510				4
5	Speech Pathology			157,866				5
6	Medical Social Services			20,121				6
7	Home Health Aide			67,401				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	108,218	4,673,239				20
21	Total cost to be allocated		108,739	165,998				21
22	Unit Cost Multiplier			0.035521				22
22	Unit Cost Multiplier		1.004814					22

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	7,685,019			160,505	95	95	1
2	Skilled Nursing Care				3,319,912			2
3	Physical Therapy				1,870,905			3
4	Occupational Therapy				553,010			4
5	Speech Pathology				267,379			5
6	Medical Social Services				34,989			6
7	Home Health Aide				161,132			7
8	Supplies				146,269			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)	7,685,019			6,514,101	95	95	20
21	Total cost to be allocated	18,352			2,287,700		2,927	21
22	Unit Cost Multiplier	0.002388						22
22	Unit Cost Multiplier				0.351192		30.810526	22

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		1,315					21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier		13.842105					22

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7241

WORKSHEET H-2
PART II

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	I&R SERVICES-SALARY & FRINGES ASSIGNED TIME	
		14	15	16	17	19	21	
1	Administrative and General			7,685,019				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)			7,685,019				20
21	Total cost to be allocated			10,060				21
22	Unit Cost Multiplier			0.001309				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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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-OTHER P RGM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23					
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	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: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	4,606,632		4,606,632	16,346	281.82	1
2	Physical Therapy	3	2,596,025		2,596,025	11,995	216.43	2
3	Occupational Therapy	4	767,344		767,344	3,242	236.69	3
4	Speech Pathology	5	371,009		371,009	1,415	262.20	4
5	Medical Social Services	6	48,550		48,550	105	462.38	5
6	Home Health Aide	7	223,583		223,583	2,293	97.51	6
7	Total (sum of lines 1-6)		8,613,143		8,613,143	35,396		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		142		8	
8.01	Skilled Nursing Care	16580		3,331		8.01	
8.02	Skilled Nursing Care	19180		1,586		8.02	
8.03	Skilled Nursing Care	19500		35		8.03	
8.04	Skilled Nursing Care	99914		826		8.04	
9	Physical Therapy	14010		84		9	
9.01	Physical Therapy	16580		2,748		9.01	
9.02	Physical Therapy	19180		1,066		9.02	
9.03	Physical Therapy	19500		5		9.03	
9.04	Physical Therapy	99914		484		9.04	
10	Occupational Therapy	14010		41		10	
10.01	Occupational Therapy	16580		871		10.01	
10.02	Occupational Therapy	19180		345		10.02	
10.03	Occupational Therapy	19500		2		10.03	
10.04	Occupational Therapy	99914		121		10.04	
11	Speech Pathology	14010		3		11	
11.01	Speech Pathology	16580		223		11.01	
11.02	Speech Pathology	19180		36		11.02	
11.03	Speech Pathology	19500		3		11.03	
11.04	Speech Pathology	99914		42		11.04	
12	Medical Social Services	14010		4		12	
12.01	Medical Social Services	16580		31		12.01	
12.02	Medical Social Services	19180		8		12.02	
12.03	Medical Social Services	19500				12.03	
12.04	Medical Social Services	99914		6		12.04	
13	Home Health Aide	14010				13	
13.01	Home Health Aide	16580		717		13.01	
13.02	Home Health Aide	19180		188		13.02	
13.03	Home Health Aide	19500		2		13.03	
13.04	Home Health Aide	99914		372		13.04	
14	Total (sum of lines 8-13)			13,322		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	202,960		202,960	49,005	4.141618	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

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	0.309899			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	0.232575			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.095576			col. 2, line 16	5

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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			Total Program Cost (sum of cols 9-10)	
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	12		
1 Skilled Nursing Care		5,920			1,668,374		1,668,374	1	
2 Physical Therapy		4,387			949,478		949,478	2	
3 Occupational Therapy		1,380			326,632		326,632	3	
4 Speech Pathology		307			80,495		80,495	4	
5 Medical Social Services		49			22,657		22,657	5	
6 Home Health Aide		1,279			124,715		124,715	6	
7 Total (sum of lines 1-6)		13,322			3,172,351		3,172,351	7	

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
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	12		
15 Cost of Medical Supplies								15	
16 Cost of Drugs								16	

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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)		2,802,506		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		2,705,952	11
12	Total PPS Reimbursement - Full Episodes with Outliers		46,561	12
13	Total PPS Reimbursement - LUPA Episodes		79,743	13
14	Total PPS Reimbursement - PEP Episodes		16,811	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		11,443	15
16	Total PPS Outlier Reimbursement - PSP Episodes		4,086	16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		2,864,596	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		2,864,596	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		2,864,596	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		2,864,596	29
30	Other adjustments (see instructions) (specify)		-3,678	30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		2,860,918	31
31.01	Sequestration adjustment (see instructions)		57,219	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		2,803,699	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 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				2,803,699	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)				2,803,699	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)				2,803,699	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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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	4,532,235	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	87,938	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)	261.27	3
4	Number of interns & residents (see instructions)	55.59	4
5	Indirect medical education percentage (see instructions)	6.18	5
6	Indirect medical education adjustment (see instructions)	280,092	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0549	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2909	8
9	Sum of lines 7 and 8	0.3458	9
10	Allowable disproportionate share percentage (see instructions)	0.0725	10
11	Disproportionate share adjustment (see instructions)	328,587	11
12	Total prospective capital payments (see instructions)	5,228,852	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
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-RX RESIDENT						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
101	Home Health Agency						101

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	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
192.01	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 RADIOLOGY							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	319,550	3,644,804	3,964,354	-670,417	3,293,937	-28,780	3,265,157	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	1,261,218	391,179	1,652,397		1,652,397		1,652,397	28
29								29
30								30
31		6,455	6,455		6,455		6,455	31
32								32
33	136,816	49,401	186,217		186,217		186,217	33
34								34
35								35
36								36
37	168,470	114,415	282,885		282,885		282,885	37
38								38
39								39
40								40
41								41
42								42
42.50								42.50
43								43
44								44
45								45
46								46
NONREIMBURSABLE COST CENTERS								
60	52,244	24,254	76,498		76,498		76,498	60
61	38,668	16,863	55,531		55,531		55,531	61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70								70
71								71
100	1,976,966	4,247,371	6,224,337	-670,417	5,553,920	-28,780	5,525,140	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL							100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	1,228,236	380,950	1,609,186		1,609,186		1,609,186	28
29 LPN/LVN								29
30 Physical Therapy								30
31 Occupational Therapy		6,287	6,287		6,287		6,287	31
32 Speech/Language Pathology								32
33 Medical Social Services	133,238	48,109	181,347		181,347		181,347	33
34 Spiritual Counseling								34
35 Dietary Counseling								35
36 Counseling - Other								36
37 Hospice Aide and Homemaker Services	164,064	111,423	275,487		275,487		275,487	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
42.50 Drugs Charged to Patients								42.50
43 Outpatient Services								43
44 Palliative Radiation Therapy								44
45 Palliative Chemotherapy								45
46 Other Patient Care Services								46
100 TOTAL	1,525,538	546,769	2,072,307		2,072,307		2,072,307	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	665	206	871		871		871	28
29 LPN/LVN								29
30 Physical Therapy								30
31 Occupational Therapy		3	3		3		3	31
32 Speech/Language Pathology								32
33 Medical Social Services	72	26	98		98		98	33
34 Spiritual Counseling								34
35 Dietary Counseling								35
36 Counseling - Other								36
37 Hospice Aide and Homemaker Services	89	60	149		149		149	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
42.50 Drugs Charged to Patients								42.50
43 Outpatient Services								43
44 Palliative Radiation Therapy								44
45 Palliative Chemotherapy								45
46 Other Patient Care Services								46
100 TOTAL	826	295	1,121		1,121		1,121	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	32,317	10,023	42,340	42,340		42,340	28
29	LPN/LVN							29
30	Physical Therapy							30
31	Occupational Therapy		165	165	165		165	31
32	Speech/Language Pathology							32
33	Medical Social Services	3,506	1,266	4,772	4,772		4,772	33
34	Spiritual Counseling							34
35	Dietary Counseling							35
36	Counseling - Other							36
37	Hospice Aide and Homemaker Services	4,317	2,932	7,249	7,249		7,249	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
42.50	Drugs Charged to Patients							42.50
43	Outpatient Services							43
44	Palliative Radiation Therapy							44
45	Palliative Chemotherapy							45
46	Other Patient Care Services							46
100	TOTAL	40,140	14,386	54,526	54,526		54,526	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		94,466	94,466	2
3	Employee Benefits Department		70,670	70,670	3
4	Administrative & General	3,265,157	2,034,387	5,299,544	4
5	Plant Operation & Maintenance		2,927	2,927	5
6	Laundry & Linen Service				6
7	Housekeeping		1,315	1,315	7
8	Dietary				8
9	Nursing Administration				9
10	Routine Medical Supplies				10
11	Medical Records		14,608	14,608	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	2,072,307		2,072,307	51
52	Hospice Inpatient Respite Care	1,121		1,121	52
53	Hospice General Inpatient Care	54,526		54,526	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program	76,498		76,498	60
61	Volunteer Program	55,531		55,531	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	5,525,140	2,218,373	7,743,513	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	94,466		94,466					2
3	Employee Benefits Department	70,670			70,670				3
4	Administrative & General	5,299,544		94,466	55,017	5,449,027	5,449,027		4
5	Plant Operation & Maintenance	2,927				2,927	6,951	9,878	5
6	Laundry & Linen Service								6
7	Housekeeping	1,315				1,315	3,123	104	7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records	14,608				14,608	34,692	832	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	2,072,307				2,072,307	4,921,388		51
52	Hospice Inpatient Respite Care	1,121				1,121	2,662		52
53	Hospice General Inpatient Care	54,526				54,526	129,490		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program	76,498			8,995	85,493	203,032	4,887	60
61	Volunteer Program	55,531			6,658	62,189	147,689	4,055	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	7,743,513		94,466	70,670	7,743,513	5,449,027	9,878	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		4,542						7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records		387				50,519		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						49,198		51
52	Hospice Inpatient Respite Care						27		52
53	Hospice General Inpatient Care						1,294		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program		2,271						60
61	Volunteer Program		1,884						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		4,542				50,519		100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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						7,042,893	51
52	Hospice Inpatient Respite Care						3,810	52
53	Hospice General Inpatient Care						185,310	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program						295,683	60
61	Volunteer Program						215,817	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						7,743,513	100

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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		94,013						2
3	Employee Benefits Department			410,462					3
4	Administrative & General		94,013	319,550	-5,449,027	2,294,486			4
5	Plant Operation & Maintenance					2,927	95		5
6	Laundry & Linen Service								6
7	Housekeeping					1,315	1		7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies								10
11	Medical Records					14,608	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					2,072,307			51
52	Hospice Inpatient Respite Care					1,121			52
53	Hospice General Inpatient Care					54,526			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program			52,244		85,493	47		60
61	Volunteer Program			38,668		62,189	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)		94,466	70,670		5,449,027	9,878		100
101	Unit cost multiplier		1.004818	0.172172		2.374836	103.978947		101

KPMG LLP Compu-Max 2552-10

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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				39,807			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					38,766			51
52	Hospice Inpatient Respite Care					21			52
53	Hospice General Inpatient Care					1,020			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)	4,542				50,519			100
101	Unit cost multiplier	48.319149				1.269098			101

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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	0.309899		9,232,272	5,130	1,077,742	1
2 Occupational Therapy	67						2
3 Speech Language Pathology	68						3
4 Drugs, Biological & Infusion Therapy	73	0.095576					4
5 Durable Medical Equipment/Oxygen	96						5
6 Labs and Diagnostics	60	0.084176					6
7 Medical Supplies	71	0.232575					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			2,861,072	1,590	333,991	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)			2,861,072	1,590	333,991	11

KPMG LLP Compu-Max 2552-10

CARLE FOUNDATION HOSPITAL Provider CCN: 14-0091	In Lieu of Form CMS-2552-10	Period : From: 01/01/2017 To: 12/31/2017	Run Date: 05/30/2018 Run Time: 15:33 Version: 2018.04 (05/17/2018)
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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			9,903,965	6
7	Total unduplicated days			38,766	7
8	Total average cost per diem			255.48	8
9	Unduplicated program days	34,170	2,594		9
10	Program cost	8,729,752	662,715		10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			5,400	11
12	Total unduplicated days			21	12
13	Total average cost per diem			257.14	13
14	Unduplicated program days	18			14
15	Program cost	4,629			15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			519,301	16
17	Total unduplicated days			1,020	17
18	Total average cost per diem			509.12	18
19	Unduplicated program days	836	65		19
20	Program cost	425,624	33,093		20
	TOTAL HOSPICE CARE				
21	Total cost			10,428,666	21
22	Total unduplicated days			39,807	22
23	Average cost per diem			261.98	23