

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY INGALLS MEMORIAL HOSPITAL (14-0191) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2007 AND ENDING 09/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		TITLE XIX 4	
		PART A 2	PART B 3		
1	HOSPITAL	-153592	-51277		1
2	SUBPROVIDER I	463385	56		2
2.01	SUBPROVIDER II	36015	1		2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	345808	-51220		100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: ONE INGALLS DRIVE P.O.BOX: 1
 1.01 CITY: HARVEY STATE: IL ZIP CODE: 60426 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V	XVIII	XIX		
2	HOSPITAL	INGALLS MEMORIAL HOSPITAL	14-0191	07/01/1966	N	P	O	2
3	SUBPROVIDER I	PSYCH UNIT OF INGALLS MEM HOSP	14-S191	01/01/1984	N	T	O	3
3.01	SUBPROVIDER II	REHAB UNIT OF INGALLS MEM HOSP	14-T191	11/02/1989	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	INGALLS HOME CARE	14-7435	07/24/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	INGALLS HOME CARE HOSPICE	14-1535	02/28/1990				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/01/2007 TO: 09/30/2008 17
 18 TYPE OF CONTROL 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL							19
20	SUBPROVIDER I							20
20.01	SUBPROVIDER II							20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES				21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N	21.03	
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04	
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.							21.06	
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							NO	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.								23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.								24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.								24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	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. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35.01

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O.BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				53
53.01	MDH PERIOD:	BEGINNING:	ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:				54
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES	NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO				60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:		STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1		2	3	4	5	

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----					
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	7781	3683	15972	1
2	HMO XIX				2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5
6	INTENSIVE CARE UNIT				6
7	CORONARY CARE UNIT				7
8	BURN INTENSIVE CARE UNIT				8
9	SURGICAL INTENSIVE CARE UNIT				9
10	OTHER SPECIAL CARE (SPECIFY)				10
11	NURSERY				11
12	TOTAL HOSPITAL	7781	3683	15972	12
13	RPCH VISITS				13
14	SUBPROVIDER I	142	40	213	14
14.01	SUBPROVIDER II	659	34	840	14.01
15	SKILLED NURSING FACILITY				15
16	NURSING FACILITY				16
17	OTHER LONG TERM CARE				17
18	HOME HEALTH AGENCY				18
20	ASC (DISTINCT PART)				20
21	HOSPICE (DISTINCT PART)				21
23	O/P REHAB PROVIDER				23
24	RHC I				24
25	TOTAL				25
26	OBSERVATION BED DAYS				26
27	AMBULANCE TRIPS				27
28	EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)		
SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	109009028	-8131996	100877032	4108724.00	24.55		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	12537263	-7947184	4590079	185587.00	24.73		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	4848687		4848687	64376.00	75.32		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1398080		1398080	11279.00	123.95		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	6080726		6080726	33888.00	179.44	HOME OFFICE RECORDS	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	18729726		18729726			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	845456		845456			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1088444		1088444	37157.00	29.29		21
22 ADMINISTRATIVE & GENERAL	11374879	413185	11788064	555279.00	21.23		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	4014076		4014076	37611.00	106.73		22.01
23 MAINTENANCE & REPAIRS	1286923		1286923	44812.00	28.72		23
24 OPERATION OF PLANT	1646323		1646323	81568.00	20.18		24
25 LAUNDRY & LINEN SERVICE	119152		119152	8332.00	14.30		25
26 HOUSEKEEPING	2012589		2012589	175075.00	11.50		26
26.01 HOUSEKEEPING UNDER CONTRACT	588614		588614	11410.00	51.59		26.01
27 DIETARY	1807565	-597215	1210350	97204.00	12.45		27
27.01 DIETARY UNDER CONTRACT	371695		371695	7496.00	49.59		27.01
28 CAFETERIA	235844	631921	867765	53952.00	16.08		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	4088345	-73130	4015215	155234.00	25.87		30
31 CENTRAL SERVICES AND SUPPLY	236561		236561	16925.00	13.98		31
32 PHARMACY	2605070	-47121	2557949	78509.00	32.58		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2495901		2495901	111323.00	22.42		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	
		OF SALARIES FROM WKST. A-6	SALARIES (COL.1 + COL.2)	RELATED TO SALARY IN COL.3	HOURLY WAGE (COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	113983413	-8131996	105851417	4165241.00	25.41	1
2 EXCLUDED AREA SALARIES	12537263	-7947184	4590079	185587.00	24.73	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	101446150	-184812	101261338	3979654.00	25.44	3
4 SUBTOTAL OTHER WAGES & REL COSTS	12327493		12327493	109543.00	112.54	4
5 SUBTOTAL WAGE-RELATED COSTS	18729726		18729726		18.50%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	132503369	-184812	132318557	4089197.00	32.36	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	33971981	327640	34299621	1471887.00	23.30	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 14-7435

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		766		78	844	1
2 UNDUPLICATED CENSUS COUNT		1489.00		751.00	2240.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	16.90		16.90	5
6 DIRECT NURSING SERVICE	38.90		38.90	6
7 NURSING SUPERVISOR	4.10		4.10	7
8 PHYSICAL THERAPY SERVICE	5.70		5.70	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.60	.10	1.70	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.14		.14	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.80		.80	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.70		.70	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)	37.00		37.00	18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	1600		16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO. : 14-7435

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
	21	SKILLED NURSING VISITS						
22	SKILLED NURSING VISIT CHARGES	2034193	136630	103590	40790	1380	2316583	22
23	PHYSICAL THERAPY VISITS	8946	56	35	182	6	9225	23
24	PHYSICAL THERAPY VISIT CHARGES	1437560	8960	5630	29250	960	1482360	24
25	OCCUPATIONAL THERAPY VISITS	2189	2	3	31	4	2229	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	352050	320	490	4980	640	358480	26
27	SPEECH PATHOLOGY VISITS	210			3		213	27
28	SPEECH PATHOLOGY VISIT CHARGES	33740			480		34220	28
29	MEDICAL SOCIAL SERVICE VISITS	312	7	9	10		338	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	59530	1330	1720	1900		64480	30
31	HOME HEALTH AIDE VISITS	735	21	1	9		766	31
32	HOME HEALTH AIDE VISIT CHARGES	85225	2415	115	1035		88790	32
33	TOTAL VISITS	25765	983	729	502	19	27998	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	4002298	149655	111545	78435	2980	4344913	35
36	TOTAL NUMBER OF EPISODES	1579		397	54	50	2080	36
37	TOTAL NUMBER OF OUTLIER EPISODES		4				4	37
38	TOTAL MEDICAL SUPPLY CHARGES	115436	2158	9230	1232	186	128242	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
02/27/2009 17:23

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1535

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1 CONTINUOUS HOME CARE	120				58	178 1
2 ROUTINE HOME CARE	11828				2057	13885 2
3 INPATIENT RESPITE CARE	7				16	23 3
4 GENERAL INPATIENT CARE	1269				182	1451 4
5 TOTAL HOSPICE DAYS	13224				2313	15537 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	185				18	203 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	71.48				128.50	76.54 8
9 UNDUPLICATED CENSUS COUNT	45					45 9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	40012866 17
17.01	GROSS MEDICAID REVENUES	31123402 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	71136268 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.283905 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	98869919 28
29	TOTAL GROSS MEDICAID COST	28069664 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	28069664 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7
OTHER REIMBURSABLE COST CENTERS							
69.10 6910 CMHC							69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY							69.40
70 7000 I&R SERVICES-NOT APPRVD PRGM	238290	730050	968340	-968340			70
71 7100 HOME HEALTH AGENCY	6962940	3371869	10334809	-784062	9550747	-501512	9049235 71
SPECIAL PURPOSE COST CENTERS							
85.01 8510 PANCREAS ACQUISITION							85.01
85.02 8520 INTESTINAL ACQUISITION							85.02
85.03 8530 ISLET CELL ACQUISITION							85.03
88 8800 INTEREST EXPENSE		3954173	3954173	-3954173			88
93 9300 HOSPICE	1169056	1000107	2169163		2169163		2169163 93
95 SUBTOTALS	109009028	152991660	262000688	-3133441	258867247	-11397701	247469546 95
NONREIMBURSABLE COST CENTERS							
97 9700 RESEARCH				67438	67438		67438 97
98 9800 PHYSICIANS' PRIVATE OFFICES				3066003	3066003		3066003 98
98.01 9801 REFERENCE LAB							98.01
98.02 9802 O/P PHARMACY							98.02
98.03 9803 RETINAL VASCULAR GRANTS							98.03
101 TOTAL	109009028	152991660	262000688		262000688	-11397701	250602987 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS NON CAP INS	A	NEW CAP REL COSTS-MVBLE EQUIP	4		213725	1
2	A	EMPLOYEE BENEFITS	5		101811	2
3						3
4	B	PARAMED ED PRGM-DIETETICS	24.02	8468	10448	4
5 CAFETERIA EXPENSE RECLASS	B	CAFETERIA	12	631921	321303	5
6						6
7 EMPLOYEE VACATION ACCRUAL	C	EMPLOYEE BENEFITS	5		313070	7
8						8
9 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO P	55		241045	9
10	D	SUPPLY IMPLANTS	55.01		10337703	10
11	D					11
12						12
13 RECLASS DRUGS CHARGES TO PTS	E	DRUGS CHARGED TO PATIENTS	56		7462794	13
14						14
15 POB COST OFFSET	F	PHYSICIANS' PRIVATE OFFICES	98		682975	15
16	F					16
17	F					17
18	F					18
19						19
20 LAB ADMIN	G	BLOOD STORING, PROCESSING & T	47	18597	19568	20
21						21
22 ALLOC ONE DAY SURGERY	H	OPERATING ROOM	37	133719	25589	22
23						23
24 EMT NURSE PRECEPTORS	I	PARAMED ED PRGM-EMS	24.01	448175		24
25	I					25
26	I					26
27	I					27
28	I					28
29	I					29
30	I					30
31	I					31
32						32
33 HMC CLINIC COST RECLASS	J	OUTPATIENT PSYCH	60.02	126647	12158	33
34 HMC CLINIC COST RECLASS	J	OUTPATIENT PSYCH	60.02	31610	2324	34
35 HMC SUPPORT	J	SUBPROVIDER I	31	68375	16	35
36 SUBTOTAL				1467512	19744529	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	RECLASS NON CAP INS	A	ADMINISTRATIVE & GENERAL	6		315536	11 1
2		A					2
3							3
4		B	DIETARY	11	8468	10448	4
5	CAFETERIA EXPENSE RECLASS	B	DIETARY	11	631921	321303	5
6							6
7	EMPLOYEE VACATION ACCRUAL	C	ADMINISTRATIVE & GENERAL	6		313070	7
8							8
9	RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		241045	9
10		D	OPERATING ROOM	37		8345936	10
11		D	CARDIAC CATH LAB	53.01		1991767	11
12							12
13	RECLASS DRUGS CHARGES TO PTS	E	PHARMACY	16		7462794	13
14							14
15	POB COST OFFSET	F	HOUSEKEEPING	10		8798	15
16		F	OPERATION OF PLANT	8		36659	16
17		F	MAINTENANCE & REPAIRS	7		446352	17
18		F	EMPLOYEE BENEFITS	5		191166	18
19							19
20	LAB ADMIN	G	LABORATORY	44	18597	19568	20
21							21
22	ALLOC ONE DAY SURGERY	H	ADULTS & PEDIATRICS	25	133719	25589	22
23							23
24	EMT NURSE PRECEPTORS	I	ADULTS & PEDIATRICS	25	22048		24
25		I	INTENSIVE CARE UNIT	26	12019		25
26		I	CORONARY CARE UNIT	27	22535		26
27		I	OPERATING ROOM	37	11759		27
28		I	DELIVERY ROOM & LABOR ROOM	39	22048		28
29		I	RESPIRATORY THERAPY	49	11076		29
30		I	CARDIAC CATH LAB	53.01	11812		30
31		I	EMERGENCY	61	334878		31
32							32
33	HMC CLINIC COST RECLASS	J	ADULTS & PEDIATRICS	25	126647	12158	33
34	HMC CLINIC COST RECLASS	J	SUBPROVIDER I	31	31610	2324	34
35	HMC SUPPORT	J	ADULTS & PEDIATRICS	25	68375	16	35
36	SUBTOTAL				1467512	19744529	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 HMC SUPPORT	J	OUTPATIENT PSYCH	60.02	39748	9
2					1
3 INTEREST	K	NEW CAP REL COSTS-BLDG & FIXT	3		3954173
4					3
5					4
6					5
7					6
8 FCC PHYSICIANS OFFICES	M	PHYSICIANS' PRIVATE OFFICES	98		830544
9					8
10 HOME HEALTH PARENT	N	ADMINISTRATIVE & GENERAL	6		245716
11					10
12 IFCC DEPR EXPENSE	O	IFCC	61.01		1657231
13	O	PHYSICIANS' PRIVATE OFFICES	98		1552484
14					12
15					13
16					14
17 EMS MEDICAL DIRECTOR	Q	PARAMED ED PRGM-EMS	24.01		106125
18					17
19 HOME HEALTH INDIRECT COSTS	R	NEW CAP REL COSTS-BLDG & FIXT	3		110724
20	R	EMPLOYEE BENEFITS	5		40696
21	R	ADMINISTRATIVE & GENERAL	6		386926
22					20
23					21
24 OFF-SITE LOCATIONS	S	PHYSICAL THERAPY	50		63159
25					24
26					25
27					26
28 ARES GRANT	T	RESEARCH	97	42988	24450
29					27
30 RECLASS SALARIES	U	HOME HEALTH AGENCY	71		6962940
31	U	HOSPICE	93		1169056
32					30
33 DATA AND ADMIN FUNCTIONS	V	ADMINISTRATIVE & GENERAL	6	413185	
34	V	DIETARY	11	43174	
35					33
36 SUBTOTAL				2006607	36848762
					34
					35

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 HMC SUPPORT	J	ADULTS & PEDIATRICS	25	39748	9	1
2						2
3 INTEREST	K	INTEREST EXPENSE	88		3954173	11 3
4						4
5						5
6						6
7						7
8 FCC PHYSICIANS OFFICES	M	IFCC	61.01		830544	8
9						9
10 HOME HEALTH PARENT	N	HOME HEALTH AGENCY	71		245716	10
11						11
12 IFCC DEPR EXPENSE	O	NEW CAP REL COSTS-BLDG & FIXT	3		3209715	11 12
13	O					13
14						14
15						15
16						16
17 EMS MEDICAL DIRECTOR	Q	EMERGENCY	61		106125	17
18						18
19 HOME HEALTH INDIRECT COSTS	R	HOME HEALTH AGENCY	71		110724	11 19
20	R	HOME HEALTH AGENCY	71		427622	20
21	R					21
22						22
23						23
24 OFF-SITE LOCATIONS	S	NEW CAP REL COSTS-MVBLE EQUIP	4		63159	11 24
25						25
26						26
27						27
28 ARES GRANT	T	RETINAL VASCULAR	60.03	42988	24450	28
29						29
30 RECLASS SALARIES	U	HOME HEALTH AGENCY	71	6962940		30
31	U	HOSPICE	93	1169056		31
32						32
33 DATA AND ADMIN FUNCTIONS	V	NURSING ADMINISTRATION	14	73130		33
34	V	PHARMACY	16	47121		34
35	V	SUBPROVIDER II	31.01	113294		35
36 SUBTOTAL				9915789	28716766	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	V				1
2	V				2
3	V				3
4					4
5	OB HOUSE STAFF	W	ADULTS & PEDIATRICS	25	730050
6		W	ELECTROCARDIOLOGY	53	238290
7					6
8					7
9					8
10					9
11					10
12					11
13					12
14					13
15					14
16					15
17					16
18					17
19					18
20					19
21					20
22					21
23					22
24					23
25					24
26					25
27					26
28					27
29					28
30					29
31					30
32					31
33					32
34					33
35					34
36	TOTAL RECLASSIFICATIONS			2244897	37578812

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10	
		COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1	V	LABORATORY	44	69218	1	
2	V	PHYSICAL THERAPY	50	125847	2	
3	V	SPEECH PATHOLOGY	52	27749	3	
4					4	
5	W	I&R SERVICES-NOT APPRVD PRGM	70	238290	5	
6	W				6	
7					7	
8					8	
9					9	
10					10	
11					11	
12					12	
13					13	
14					14	
15					15	
16					16	
17					17	
18					18	
19					19	
20					20	
21					21	
22					22	
23					23	
24					24	
25					25	
26					26	
27					27	
28					28	
29					29	
30					30	
31					31	
32					32	
33					33	
34					34	
35					35	
36		TOTAL RECLASSIFICATIONS		10376893	29446816	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	5834283					5834283	1
2 LAND IMPROVEMENTS	4568880					4568880	2
3 BUILDINGS AND FIXTURES	58045809					58045809	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	14115450					14115450	6
7 SUBTOTAL	82564422					82564422	7
8 RECONCILING ITEMS							8
9 TOTAL	82564422					82564422	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASE 2	DONATION 3	TOTAL 4			
1 LAND	5102444					5102444	1
2 LAND IMPROVEMENTS	5387821	783318		783318		6171139	2
3 BUILDINGS AND FIXTURES	125779839	14059123		14059123		139838962	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	132302606	8416825		8416825		140719431	6
7 SUBTOTAL	268572710	23259266		23259266		291831976	7
8 RECONCILING ITEMS							8
9 TOTAL	268572710	23259266		23259266		291831976	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	8149832		518582				8668414 3
4 NEW CAP REL COSTS-MVBLE EQUIP	10200100		150566				10350666 4
5 TOTAL	18349932		669148				19019080 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL-RELATED COSTS	TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	8273326						8273326 3
4 NEW CAP REL COSTS-MVBLE EQUIP	10200100						10200100 4
5 TOTAL	18473426						18473426 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-123494	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-169504	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-116189	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3917985			12
13 SALE OF SCRAP, WASTE, ETC.	B	-12231	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	2038298			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-775887	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1441	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A-8-3		UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
37 MISCELLANEOUS INCOME	B	-225509	ADMINISTRATIVE & GENERAL	6	37
38.06 DAY CARE CENTER	B	-571709	ADMINISTRATIVE & GENERAL	6	38.06
38.08 EMS FEES	B	-234491	PARAMED ED PRGM-EMS	24.01	38.08
38.09 DIETARY TUITION REVENUE	B	-35340	PARAMED ED PRGM-DIETETICS	24.02	38.09
38.10 EAP INCOME	B	-17622	EMPLOYEE BENEFITS	5	38.10
38.19 COUGHS & CUDDLES	B	-172	ADULTS & PEDIATRICS	25	38.19
38.26 LAMAZE CLASSES	B	-3795	ADULTS & PEDIATRICS	25	38.26
39 BAD DEBT EXPENSE	A	-408003	HOME HEALTH AGENCY	71	39
39.19 POB DEPT RENTAL-RETINAL	A	-50000	RETINAL VASCULAR	60.03	39.19
39.20 POB DEPT RENTALCARDIAC REHAB	A	-37019	CARDIAC REHAB	53.02	39.20
39.21 POB DEPARTMENTAL RENTAL	A	-111733	ADMINISTRATIVE & GENERAL	6	39.21
39.22 CRNA SALARIES	A	-669100	ANESTHESIOLOGY	40	39.22
39.23 PATIENT PHONE BENEFITS	A	-11333	EMPLOYEE BENEFITS	5	39.23
39.24 POB DEPARTMENTAL RENTAL	A	-24633	PHARMACY	16	39.24
39.25 POB RENTAL	A	-20079	RADIOLOGY-DIAGNOSTIC	41	39.25
39.41 OTHER INCOME	B	-11618	NURSING ADMINISTRATION	14	39.41
39.43 OTHER INCOME	B	-9113	SPEECH PATHOLOGY	52	39.43
39.44 OTHER INCOME	B	-895401	LABORATORY	44	39.44
39.47 OTHER INCOME	B	-1659165	IFCC	61.01	39.47
39.48 OTHER INCOME	B	-455791	CARDIAC REHAB	53.02	39.48
39.49 OTHER INCOME	B	35000	SUBPROVIDER I	31	39.49
39.50 OTHER INCOME	B	-84583	ANESTHESIOLOGY	40	39.50
39.51 OTHER INCOME	B	325261	RADIOLOGY-DIAGNOSTIC	41	39.51
39.52 OTHER INCOME	B	-587307	MEDICAL RECORDS & LIBRARY	17	39.52
40 NON-ALLOWABLE DUES	A	-40345	ADMINISTRATIVE & GENERAL	6	40
41 NON ALLOWABLE EXPENSES	A	-17398	ADMINISTRATIVE & GENERAL	6	41
41.01 NON-ALLOWABLE EXPENSES	A	-1118725	ADMINISTRATIVE & GENERAL	6	41.01
41.02 NON ALLOWABLE EXPENSES	A	-18246	PHYSICAL THERAPY	50	41.02
41.03 NON ALLOWABLE EXPENSES	A	-18172	CARDIAC CATH LAB	53.01	41.03

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
41.04 NON ALLOWABLE EXPENSES	A	-26722	IFCC	61.01	41.04
42 ICOR PROPERTY TAX	A	-29000	PHYSICAL THERAPY	50	42
43 NON-ALLOWABLE INTEREST EXPENSE-	A	-78880	NEW CAP REL COSTS-BLDG & FIXT	3	11 43
44 UNNECESSARY BORROWING OFFSET	A	-647428	NEW CAP REL COSTS-BLDG & FIXT	3	11 44
45 IFCC REAL ESTATE TAXES	A	-1285588	IFCC	61.01	45
46 INVESTMENT FEES IN NONOPERATING	A	683841	ADMINISTRATIVE & GENERAL	6	46
47 CONSULTING SETTLEMENT	A	134159	ADMINISTRATIVE & GENERAL	6	47
47.01 HHA RENTAL	A	-93509	HOME HEALTH AGENCY	71	47.01
48					48
49					49
50 TOTAL		-11397701			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	3	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	389708		11
2						2
3	6	ADMINISTRATIVE & GENERAL	MANAGEMENT SERVICES	7406534	5757944	3
4						4
5		TOTALS		7796242	5757944	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	PERCENT OF OWNERSHIP		
1	2	3	4	5	6
2	B INGALLS HLTH SYS	100.00		ACUTE CARE	1
3	C		INGALLS HOME CARE	100.00 HOME CARE	2
4					3
5					4

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO. 1	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL	455209		455209	165600	1191	94822	4741
2	6 ADMINISTRATIVE & GENERAL	158300		158300	165600	1055	83994	4200
3	6 ADMINISTRATIVE & GENERAL	178660		178660	165600	3035	241633	12082
4	33 NURSERY CHILDRENS MEMORIAL	600000	600000		140600			
5	17 MEDICAL RECORDS & LIBRAR DR. KOZLOFF	48000		48000	208000	320	32000	1600
6	37 OPERATING ROOM AGGREGATE	205833	205833		165600	1340	106685	5334
7	25 ADULTS & PEDIATRICS DR. GANDHI	42000		42000	154100	280	20744	1037
8	31 SUBPROVIDER I	51000		51000	154100	340	25189	1259
10	31.01 SUBPROVIDER II DR. MARINKO	40050		40050	165600	267	21257	1063
11	40 ANESTHESIOLOGY VARIOUS	112500	112500					
12	61 EMERGENCY VARIOUS	111913		111913	165600	746	59393	2970
13	41 RADIOLOGY-DIAGNOSTIC DR. SANWALANI	15000	15000		208000	100	10000	500
14	53 ELECTROCARDIOLOGY DR. HAMID	75000	75000		208000	500	50000	2500
15	53.01 CARDIAC CATH LAB AGGREGATE	343679	343679					
16	24.01 PARAMED ED PRGM-EMS DR. HEILCSER	106125		106125	208000	726	72600	3630
17	41 RADIOLOGY-DIAGNOSTIC VARIOUS	1103422	1103422		225300			
18	53.02 CARDIAC REHAB	53073		53073	208000	354	35400	1770
19	49 RESPIRATORY THERAPY DE. BECK	31500		31500	165600	210	16719	836
20	54 ELECTROENCEPHALOGRAPHY	77250		77250	208000	515	51500	2575
21	60.03 RETINAL VASCULAR	45000		45000	165600	300	23885	1194
22	61.01 IFCC AGGREGATE	780634	780634					
101	TOTAL	4634148	3236068	1398080		11279	945821	47291

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6 ADMINISTRATIVE & GENERAL					94822	360387	360387
2	6 ADMINISTRATIVE & GENERAL					83994	74306	74306
3	6 ADMINISTRATIVE & GENERAL					241633		
4	33 NURSERY			CHILDRENS MEMORIAL				600000
5	17 MEDICAL RECORDS & LIBRAR			DR. KOZLOFF		32000	16000	16000
6	37 OPERATING ROOM			AGGREGATE		106685		205833
7	25 ADULTS & PEDIATRICS			DR. GANDHI		20744	21256	21256
8	31 SUBPROVIDER I					25189	25811	25811
10	31.01 SUBPROVIDER II			DR. MARINKO		21257	18793	18793
11	40 ANESTHESIOLOGY			VARIOUS				112500
12	61 EMERGENCY			VARIOUS		59393	52520	52520
13	41 RADIOLOGY-DIAGNOSTIC			DR. SANWALANI		10000		15000
14	53 ELECTROCARDIOLOGY			DR. HAMID		50000		75000
15	53.01 CARDIAC CATH LAB			AGGREGATE				343679
16	24.01 PARAMED ED PRGM-EMS			DR. HEILCSER		72600	33525	33525
17	41 RADIOLOGY-DIAGNOSTIC			VARIOUS				1103422
18	53.02 CARDIAC REHAB					35400	17673	17673
19	49 RESPIRATORY THERAPY			DE. BECK		16719	14781	14781
20	54 ELECTROENCEPHALOGRAPHY					51500	25750	25750
21	60.03 RETINAL VASCULAR					23885	21115	21115
22	61.01 IFCC			AGGREGATE				780634
101	TOTAL					945821	681917	3917985

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-	MAINTEN-	OPERATION
	FOR COST	REL COSTS	REL COSTS	BENEFITS		STRATIVE	ANCE AND	OF
	ALLOCATION	BLDG&FIXT	MOV EQUIP			& GENERAL	REPAIRS	PLANT
	0	3	4	5	5A	6	7	8
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
70 I&R SERVICES-NOT APPRVD PRGM								70
71 HOME HEALTH AGENCY	9049235	73481			9122716	2301798	40624	126923 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	2169163				2169163	547312		93
95 SUBTOTALS	247469546	8651961	10350666	21787641	247443703	49694109	3168117	8808593 95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH	67438			9390	76828	19385		97
98 PHYSICIANS' PRIVATE OFFICES	3066003				3066003	773599		98
98.01 REFERENCE LAB								98.01
98.02 O/P PHARMACY		10509			10509	2652	5810	18152 98.02
98.03 RETINAL VASCULAR GRANTS		5944			5944	1500	3286	10267 98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	250602987	8668414	10350666	21797031	250602987	50491245	3177213	8837012 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY		70218							71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE									93
95 SUBTOTALS	1745001	4782439	4690667	1368055	7018028	1449572	5890463	5472935	95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY		10043							98.02
98.03 RETINAL VASCULAR GRANTS		5680							98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1745001	4798162	4690667	1368055	7018028	1449572	5890463	5472935	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED PROGRAM EMS	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	24.01	24.02	25	26	27	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
20						20
21						21
22						22
23						23
24						24
24.01	1422879					24.01
24.02		128440				24.02
INPATIENT ROUTINE SERV COST CENTERS						
25	94859	100048	50785649		50785649	25
26	47429	2762	4471339		4471339	26
27	94859	3531	6499952		6499952	27
31		2865	2256725		2256725	31
31.01		19234	9286670		9286670	31.01
33			1925382		1925382	33
34						34
ANCILLARY SERVICE COST CENTERS						
37	47429		17482155		17482155	37
38			1584295		1584295	38
39	94859		3965007		3965007	39
40			1140366		1140366	40
41			9639268		9639268	41
41.01			2339971		2339971	41.01
41.02			2003237		2003237	41.02
41.03			2070340		2070340	41.03
41.04			4424280		4424280	41.04
43			2137599		2137599	43
44			14658092		14658092	44
46.30						46.30
47			2421262		2421262	47
49	47429		2950432		2950432	49
49.01			134038		134038	49.01
50			8424203		8424203	50
51			1520502		1520502	51
52			858663		858663	52
53	47429		2400221		2400221	53
53.01			4094304		4094304	53.01
53.02			1072507		1072507	53.02
54			373806		373806	54
54.01						54.01
54.02			207656		207656	54.02
55			399097		399097	55
55.01			13805882		13805882	55.01
56			13898972		13898972	56
56.01			773106		773106	56.01
57			1421983		1421983	57
OUTPATIENT SERVICE COST CENTERS						
60			1222321		1222321	60
60.01			583259		583259	60.01
60.02			641028		641028	60.02
60.03			1065231		1065231	60.03
61	948586		9004405		9004405	61
61.01			28271370		28271370	61.01
62						62
62.01						62.01
63.50						63.50
63.60						63.60

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED PROGRAM EMS	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	24.01	24.02	25	26	27
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
70 I&R SERVICES-NOT APPRVD PRGM					70
71 HOME HEALTH AGENCY			11662279		11662279
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE			2716475		2716475
95 SUBTOTALS	1422879	128440	246593329		246593329
NONREIMBURSABLE COST CENTERS					
97 RESEARCH			96213		96213
98 PHYSICIANS' PRIVATE OFFICES			3839602		3839602
98.01 REFERENCE LAB					98.01
98.02 O/P PHARMACY			47166		47166
98.03 RETINAL VASCULAR GRANTS			26677		26677
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL	1422879	128440	250602987		250602987

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
70 I&R SERVICES-NOT APPRVD PRGM								70
71 HOME HEALTH AGENCY		73481		73481		239179	3785	13664 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE						56871		93
95 SUBTOTALS	276724	8651961	10350666	19279351	47867	5163731	295184	948318 95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH					21	2014		97
98 PHYSICIANS' PRIVATE OFFICES						80384		98
98.01 REFERENCE LAB								98.01
98.02 O/P PHARMACY		10509		10509		276	541	1954 98.02
98.03 RETINAL VASCULAR GRANTS		5944		5944		156	306	1105 98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	276724	8668414	10350666	19295804	47888	5246561	296031	951377 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY		2681							71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE									93
95 SUBTOTALS	89841	182569	312548	121186	279809	395452	501587	279986	95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY		383							98.02
98.03 RETINAL VASCULAR GRANTS		217							98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	89841	183169	312548	121186	279809	395452	501587	279986	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED ED PROGRAM EMS	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	24.01	24.02	25	26	27	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
20						20
21						21
22						22
23						23
24						24
24.01	85833					24.01
24.02		14008				24.02
INPATIENT ROUTINE SERV COST CENTERS						
25			3557227		3557227	25
26			270661		270661	26
27			420938		420938	27
31			195447		195447	31
31.01			980006		980006	31.01
33			205082		205082	33
34						34
ANCILLARY SERVICE COST CENTERS						
37			1671373		1671373	37
38			113205		113205	38
39			277388		277388	39
40			150649		150649	40
41			1695513		1695513	41
41.01			641996		641996	41.01
41.02			293485		293485	41.02
41.03			254116		254116	41.03
41.04			265685		265685	41.04
43			268110		268110	43
44			720430		720430	44
46.30						46.30
47			64780		64780	47
49			159418		159418	49
49.01			20237		20237	49.01
50			330374		330374	50
51			55110		55110	51
52			45638		45638	52
53			340348		340348	53
53.01			818190		818190	53.01
53.02			93498		93498	53.02
54			37654		37654	54
54.01						54.01
54.02			4842		4842	54.02
55			13972		13972	55
55.01			505596		505596	55.01
56			580746		580746	56
56.01			58985		58985	56.01
57			58558		58558	57
OUTPATIENT SERVICE COST CENTERS						
60			70577		70577	60
60.01			12211		12211	60.01
60.02			80929		80929	60.02
60.03			218130		218130	60.03
61			388125		388125	61
61.01			2763263		2763263	61.01
62						62
62.01						62.01
63.50						63.50
63.60						63.60

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED ED PROGRAM EMS	PARAMED ED PROGRAM DIETETICS	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
70 I&R SERVICES-NOT APPRVD PRGM						70
71 HOME HEALTH AGENCY			332790			71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
93 HOSPICE			56871			93
95 SUBTOTALS			19092153			95
NONREIMBURSABLE COST CENTERS						
97 RESEARCH			2035			97
98 PHYSICIANS' PRIVATE OFFICES			80384			98
98.01 REFERENCE LAB						98.01
98.02 O/P PHARMACY			13663			98.02
98.03 RETINAL VASCULAR GRANTS			7728			98.03
101 CROSS FOOT ADJUSTMENTS	85833	14008	99841			101
102 NEGATIVE COST CENTER						102
103 TOTAL	85833	14008	19295804			103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA FTE'S	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)
	8	9	10	11	12	14	15	16
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
70 I&R SERVICES-NOT APPRVD PRGM								70
71 HOME HEALTH AGENCY	6181		6181					71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE								93
95 SUBTOTALS	428969	530065	420977	321214	2532896	1402672	16159481	10966752
NONREIMBURSABLE COST CENTERS								
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 REFERENCE LAB								98.01
98.02 O/P PHARMACY	884		884					98.02
98.03 RETINAL VASCULAR GRANTS	500		500					98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	8837012	1745001	4798162	4690667	1368055	7018028	1449572	5890463
104 UNIT COST MULT-WS B PT I	20.534333		11.360334		.540115		.089704	104
104 UNIT COST MULT-WS B PT I		3.292051		14.602934		5.003328		.537120
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	951377	89841	183169	312548	121186	279809	395452	501587
108 UNIT COST MULT-WS B PT III	2.210690		.433679		.047845		.024472	108
108 UNIT COST MULT-WS B PT III		.169491		.973021		.199483		.045737

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMED ED PROGRAM EMS ASSIGNED TIME	PARAMED ED PROGRAM DIETETICS PATIENT MEALS		
	17	24.01	24.02		
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT			1	
2	OLD CAP REL COSTS-MVBLE EQUIP			2	
3	NEW CAP REL COSTS-BLDG & FIXT			3	
4	NEW CAP REL COSTS-MVBLE EQUIP			4	
5	EMPLOYEE BENEFITS			5	
6	ADMINISTRATIVE & GENERAL			6	
7	MAINTENANCE & REPAIRS			7	
8	OPERATION OF PLANT			8	
9	LAUNDRY & LINEN SERVICE			9	
10	HOUSEKEEPING			10	
11	DIETARY			11	
12	CAFETERIA			12	
13	MAINTENANCE OF PERSONNEL			13	
14	NURSING ADMINISTRATION			14	
15	CENTRAL SERVICES & SUPPLY			15	
16	PHARMACY			16	
17	MEDICAL RECORDS & LIBRARY	3635846		17	
18	SOCIAL SERVICE			18	
20	NONPHYSICIAN ANESTHETISTS			20	
21	NURSING SCHOOL			21	
22	I&R SERVICES-SALARY & FRINGES			22	
23	I&R SERVICES-OTHER PRGM COSTS			23	
24	PARAMED ED PRGM-(SPECIFY)			24	
24.01	PARAMED ED PRGM-EMS	120		24.01	
24.02	PARAMED ED PRGM-DIETETICS		321214	24.02	
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	1461867	8	250208	25
26	INTENSIVE CARE UNIT	70023	4	6907	26
27	CORONARY CARE UNIT	94364	8	8831	27
31	SUBPROVIDER I	64057		7166	31
31.01	SUBPROVIDER II	267855		48102	31.01
33	NURSERY	68100			33
34	SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM	149902	4		37
38	RECOVERY ROOM	13361			38
39	DELIVERY ROOM & LABOR ROOM	11579	8		39
40	ANESTHESIOLOGY	27295			40
41	RADIOLOGY-DIAGNOSTIC	93833			41
41.01	MRI	56164			41.01
41.02	CT SCAN	115928			41.02
41.03	ULTRASOUND	35942			41.03
41.04	SPECIAL PROCEDURES	43682			41.04
43	RADIOISOTOPE	44179			43
44	LABORATORY	350579			44
46.30	BLOOD CLOTTING FACTORS ADMIN				46.30
47	BLOOD STORING, PROCESSING & T	20863			47
49	RESPIRATORY THERAPY	32316	4		49
49.01	PULMONARY FUNCTION	3806			49.01
50	PHYSICAL THERAPY	99643			50
51	OCCUPATIONAL THERAPY	27320			51
52	SPEECH PATHOLOGY	11722			52
53	ELECTROCARDIOLOGY	77414	4		53
53.01	CARDIAC CATH LAB	41727			53.01
53.02	CARDIAC REHAB	3834			53.02
54	ELECTROENCEPHALOGRAPHY	2657			54
54.01	SLEEP LAB				54.01
54.02	EMG	4895			54.02
55	MEDICAL SUPPLIES CHARGED TO P	56564			55
55.01	SUPPLY IMPLANTS				55.01
56	DRUGS CHARGED TO PATIENTS	142105			56
56.01	INFUSION THERAPY				56.01
57	RENAL DIALYSIS				57
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	LITHOTRIPSY				60.01
60.02	OUTPATIENT PSYCH	3094			60.02
60.03	RETINAL VASCULAR	4587			60.03
61	EMERGENCY	134589	80		61
61.01	IFCC				61.01
62	OBSERVATION BEDS (NON-DISTINC				62
62.01	OBSERVATION BEDS-DISTINCT				62.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMED ED PROGRAM EMS ASSIGNED TIME	PARAMED ED PROGRAM DIETETICS PATIENT MEALS	
	17	24.01	24.02	
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
70 I&R SERVICES-NOT APPRVD PRGM				70
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
93 HOSPICE				93
95 SUBTOTALS	3635846	120	321214	95
NONREIMBURSABLE COST CENTERS				
97 RESEARCH				97
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 REFERENCE LAB				98.01
98.02 O/P PHARMACY				98.02
98.03 RETINAL VASCULAR GRANTS				98.03
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	5472935	1422879	128440	103
104 UNIT COST MULT-WS B PT I	1.505271		.399858	104
104 UNIT COST MULT-WS B PT I		11857.325000		104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	279986	85833	14008	107
108 UNIT COST MULT-WS B PT III	.077007		.043610	108
108 UNIT COST MULT-WS B PT III		715.275000		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	50785649		50785649	21256	50806905	25
26 INTENSIVE CARE UNIT	4471339		4471339		4471339	26
27 CORONARY CARE UNIT	6499952		6499952		6499952	27
31 SUBPROVIDER I	2256725		2256725	25811	2282536	31
31.01 SUBPROVIDER II	9286670		9286670	18793	9305463	31.01
33 NURSERY	1925382		1925382		1925382	33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS						34
37 OPERATING ROOM	17482155		17482155		17482155	37
38 RECOVERY ROOM	1584295		1584295		1584295	38
39 DELIVERY ROOM & LABOR ROOM	3965007		3965007		3965007	39
40 ANESTHESIOLOGY	1140366		1140366		1140366	40
41 RADIOLOGY-DIAGNOSTIC	9639268		9639268		9639268	41
41.01 MRI	2339971		2339971		2339971	41.01
41.02 CT SCAN	2003237		2003237		2003237	41.02
41.03 ULTRASOUND	2070340		2070340		2070340	41.03
41.04 SPECIAL PROCEDURES	4424280		4424280		4424280	41.04
43 RADIOISOTOPE	2137599		2137599		2137599	43
44 LABORATORY	14658092		14658092		14658092	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2421262		2421262		2421262	47
49 RESPIRATORY THERAPY	2950432		2950432	14781	2965213	49
49.01 PULMONARY FUNCTION	134038		134038		134038	49.01
50 PHYSICAL THERAPY	8424203		8424203		8424203	50
51 OCCUPATIONAL THERAPY	1520502		1520502		1520502	51
52 SPEECH PATHOLOGY	858663		858663		858663	52
53 ELECTROCARDIOLOGY	2400221		2400221		2400221	53
53.01 CARDIAC CATH LAB	4094304		4094304		4094304	53.01
53.02 CARDIAC REHAB	1072507		1072507	17673	1090180	53.02
54 ELECTROENCEPHALOGRAPHY	373806		373806	25750	399556	54
54.01 SLEEP LAB						54.01
54.02 EMG	207656		207656		207656	54.02
55 MEDICAL SUPPLIES CHARGED TO	399097		399097		399097	55
55.01 SUPPLY IMPLANTS	13805882		13805882		13805882	55.01
56 DRUGS CHARGED TO PATIENTS	13898972		13898972		13898972	56
56.01 INFUSION THERAPY	773106		773106		773106	56.01
57 RENAL DIALYSIS	1421983		1421983		1421983	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1222321		1222321		1222321	60
60.01 LITHOTRIPSY	583259		583259		583259	60.01
60.02 OUTPATIENT PSYCH	641028		641028		641028	60.02
60.03 RETINAL VASCULAR	1065231		1065231	21115	1086346	60.03
61 EMERGENCY	9004405		9004405	52520	9056925	61
61.01 IFCC	28271370		28271370		28271370	61.01
62 OBSERVATION BEDS (NON-DISTI	1611333		1611333		1611333	62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	233825908		233825908	197699	234023607	101
102 LESS OBSERVATION BEDS	1611333		1611333		1611333	102
103 TOTAL	232214575		232214575	197699	232412274	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	78757797		78757797			25
26 INTENSIVE CARE UNIT	5770227		5770227			26
27 CORONARY CARE UNIT	7639033		7639033			27
31 SUBPROVIDER I	3130030		3130030			31
31.01 SUBPROVIDER II	11218268		11218268			31.01
33 NURSERY	1937114		1937114			33
34 SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	34792506	18457224	53249730	.328305	.328305	.328305 37
38 RECOVERY ROOM	2807127	1938983	4746110	.333809	.333809	.333809 38
39 DELIVERY ROOM & LABOR ROOM	3368270	745053	4113323	.963943	.963943	.963943 39
40 ANESTHESIOLOGY	5874293	3821589	9695882	.117613	.117613	.117613 40
41 RADIOLOGY-DIAGNOSTIC	7603860	18364609	25968469	.371191	.371191	.371191 41
41.01 MRI	11719485	7893929	19613414	.119305	.119305	.119305 41.01
41.02 CT SCAN	20897641	19129371	40027012	.050047	.050047	.050047 41.02
41.03 ULTRASOUND	5235226	6381820	11617046	.178216	.178216	.178216 41.03
41.04 SPECIAL PROCEDURES	8433291	6573204	15006495	.294824	.294824	.294824 41.04
43 RADIOISOTOPE	7258556	8036652	15295208	.139756	.139756	.139756 43
44 LABORATORY	54164228	70371746	124535974	.117702	.117702	.117702 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5726805	1684221	7411026	.326711	.326711	.326711 47
49 RESPIRATORY THERAPY	10796319	676891	11473210	.257158	.257158	.258447 49
49.01 PULMONARY FUNCTION	423151	928733	1351884	.099149	.099149	.099149 49.01
50 PHYSICAL THERAPY	7894894	15509131	23404025	.359947	.359947	.359947 50
51 OCCUPATIONAL THERAPY	6462759		6462759	.235271	.235271	.235271 51
52 SPEECH PATHOLOGY	2291270		2291270	.374754	.374754	.374754 52
53 ELECTROCARDIOLOGY	17859513	7297031	25156544	.095411	.095411	.095411 53
53.01 CARDIAC CATH LAB	10656555	3982707	14639262	.279680	.279680	.279680 53.01
53.02 CARDIAC REHAB	95385	1266723	1362108	.787388	.787388	.800362 53.02
54 ELECTROENCEPHALOGRAPHY	766294	177386	943680	.396115	.396115	.423402 54
54.01 SLEEP LAB						54.01
54.02 EMG	664353	1074429	1738782	.119426	.119426	.119426 54.02
55 MEDICAL SUPPLIES CHARGED TO	15508957	4590732	20099689	.019856	.019856	.019856 55
55.01 SUPPLY IMPLANTS	20558616	10505085	31063701	.444438	.444438	.444438 55.01
56 DRUGS CHARGED TO PATIENTS	40617442	9862281	50479723	.275338	.275338	.275338 56
56.01 INFUSION THERAPY	53562	4082073	4135635	.186938	.186938	.186938 56.01
57 RENAL DIALYSIS	2537152	104120	2641272	.538371	.538371	.538371 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	367486	2968252	3335738	.366432	.366432	.366432 60
60.01 LITHOTRIPSY	9834	1698705	1708539	.341379	.341379	.341379 60.01
60.02 OUTPATIENT PSYCH	6865	1092186	1099051	.583256	.583256	.583256 60.02
60.03 RETINAL VASCULAR	11301	1618209	1629510	.653712	.653712	.666670 60.03
61 EMERGENCY	14209695	33600224	47809919	.188338	.188338	.189436 61
61.01 IFCC	3603899	119928474	123532373	.228858	.228858	.228858 61.01
62 OBSERVATION BEDS (NON-DISTI		1840523	1840523	.875476	.875476	.875476 62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	431729059	386202296	817931355			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	431729059	386202296	817931355			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3557227		3557227
26 INTENSIVE CARE UNIT				270661		270661
27 CORONARY CARE UNIT				420938		420938
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				195447		195447
31.01 SUBPROVIDER II				980006		980006
33 NURSERY				205082		205082
101 TOTAL				5629361		5629361

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	74003	36447			48.07	1752007
26 INTENSIVE CARE UNIT	3081	2011			87.85	176666
27 CORONARY CARE UNIT	4174	2396			100.85	241637
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	1343	936			145.53	136216
31.01 SUBPROVIDER II	13536	10634			72.40	769902
33 NURSERY	3678				55.76	
101 TOTAL	99815	52424				3076428

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1671373	53249730	13923320			.031387	437011 37
38 RECOVERY ROOM		113205	4746110	1092680			.023852	26063 38
39 DELIVERY ROOM & LABOR ROOM		277388	4113323	930			.067436	63 39
40 ANESTHESIOLOGY		150649	9695882	2480060			.015537	38533 40
41 RADIOLOGY-DIAGNOSTIC		1695513	25968469	4348789			.065291	283937 41
41.01 MRI		641996	19613414	5950895			.032732	194785 41.01
41.02 CT SCAN		293485	40027012	10513718			.007332	77087 41.02
41.03 ULTRASOUND		254116	11617046	2747870			.021874	60107 41.03
41.04 SPECIAL PROCEDURES		265685	15006495	5383472			.017705	95314 41.04
43 RADIOISOTOPE		268110	15295208	3480248			.017529	61005 43
44 LABORATORY		720430	124535974	27877127			.005785	161269 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		64780	7411026	995013			.008741	8697 47
49 RESPIRATORY THERAPY		159418	11473210	5916449			.013895	82209 49
49.01 PULMONARY FUNCTION		20237	1351884	225905			.014969	3382 49.01
50 PHYSICAL THERAPY		330374	23404025	1774596			.014116	25050 50
51 OCCUPATIONAL THERAPY		55110	6462759	707638			.008527	6034 51
52 SPEECH PATHOLOGY		45638	2291270	349124			.019918	6954 52
53 ELECTROCARDIOLOGY		340348	25156544	9770865			.013529	132190 53
53.01 CARDIAC CATH LAB		818190	14639262	5443271			.055890	304224 53.01
53.02 CARDIAC REHAB		93498	1362108	47655			.068642	3271 53.02
54 ELECTROENCEPHALOGRAPHY		37654	943680	455825			.039901	18188 54
54.01 SLEEP LAB								54.01
54.02 EMG		4842	1738782	266434			.002785	742 54.02
55 MEDICAL SUPPLIES CHARGED TO P		13972	20099689	7826272			.000695	5439 55
55.01 SUPPLY IMPLANTS		505596	31063701	12037027			.016276	195915 55.01
56 DRUGS CHARGED TO PATIENTS		580746	50479723	18960782			.011505	218144 56
56.01 INFUSION THERAPY		58985	4135635				.014263	56.01
57 RENAL DIALYSIS		58558	2641272	1614018			.022170	35783 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		70577	3335738	153677			.021158	3251 60
60.01 LITHOTRIPSY		12211	1708539				.007147	60.01
60.02 OUTPATIENT PSYCH		80929	1099051				.073635	60.02
60.03 RETINAL VASCULAR		218130	1629510	4131			.133862	553 60.03
61 EMERGENCY		388125	47809919	9515033			.008118	77243 61
61.01 IFCC		2763263	123532373	1180801			.022369	26413 61.01
62 OBSERVATION BEDS (NON-DISTINC		112817	1840523				.061296	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13185948	709478886	155043625				2588856 101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 02/27/2009 17:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER		TOTAL COSTS 4	
					MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3		
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			194907			194907	25
26	INTENSIVE CARE UNIT			50191			50191	26
27	CORONARY CARE UNIT			98390			98390	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I			2865			2865	31
31.01	SUBPROVIDER II			19234			19234	31.01
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			365587			365587	101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 02/27/2009 17:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL	PER	INPATIENT	INPATIENT	
		PATIENT		PROGRAM	PROGRAM	
		DAYS	DIEM	DAYS	COSTS	
		5	6	7	8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	74003	2.63	36447	95856	25
26	INTENSIVE CARE UNIT	3081	16.29	2011	32759	26
27	CORONARY CARE UNIT	4174	23.57	2396	56474	27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	1343	2.13	936	1994	31
31.01	SUBPROVIDER II	13536	1.42	10634	15100	31.01
33	NURSERY	3678				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	99815		52424	202183	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH			TO		PROGRAM		
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM	CHARGES
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	47429	53249730	.000891	.000891	13923320	12406	5280247	37
38 RECOVERY ROOM		4746110			1092680		392006	38
39 DELIVERY ROOM & LABOR ROOM	94859	4113323	.023061	.023061	930	21	1538	39
40 ANESTHESIOLOGY		9695882			2480060		809579	40
41 RADIOLOGY-DIAGNOSTIC		25968469			4348789		6183112	41
41.01 MRI		19613414			5950895		2477895	41.01
41.02 CT SCAN		40027012			10513718		5232640	41.02
41.03 ULTRASOUND		11617046			2747870		1225347	41.03
41.04 SPECIAL PROCEDURES		15006495			5383472		3895440	41.04
43 RADIOISOTOPE		15295208			3480248		2472942	43
44 LABORATORY		124535974			27877127		1104817	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		7411026			995013		341480	47
49 RESPIRATORY THERAPY	47429	11473210	.004134	.004134	5916449	24459	61912	49
49.01 PULMONARY FUNCTION		1351884			225905		257857	49.01
50 PHYSICAL THERAPY		23404025			1774596			50
51 OCCUPATIONAL THERAPY		6462759			707638			51
52 SPEECH PATHOLOGY		2291270			349124			52
53 ELECTROCARDIOLOGY	47429	25156544	.001885	.001885	9770865	18418	1607383	53
53.01 CARDIAC CATH LAB		14639262			5443271		1945758	53.01
53.02 CARDIAC REHAB		1362108			47655		837383	53.02
54 ELECTROENCEPHALOGRAPHY		943680			455825		50346	54
54.01 SLEEP LAB								54.01
54.02 EMG		1738782			266434		233512	54.02
55 MEDICAL SUPPLIES CHARGED TO P		20099689			7826272		1097165	55
55.01 SUPPLY IMPLANTS		31063701			12037027		3241473	55.01
56 DRUGS CHARGED TO PATIENTS		50479723			18960782		4123132	56
56.01 INFUSION THERAPY		4135635					2392650	56.01
57 RENAL DIALYSIS		2641272			1614018		47316	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		3335738			153677		1755851	60
60.01 LITHOTRIPSY		1708539					1569242	60.01
60.02 OUTPATIENT PSYCH		1099051						60.02
60.03 RETINAL VASCULAR		1629510			4131		4343	60.03
61 EMERGENCY	948586	47809919	.019841	.019841	9515033	188788	2974612	61
61.01 IFCC		123532373			1180801		27691411	61.01
62 OBSERVATION BEDS (NON-DISTINC	6181	1840523	.003358	.003358			138327	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1191913	709478886			155043625	244092	79446716	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0191) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.328305	.328305	.328305			37
38 RECOVERY ROOM	.333809	.333809	.333809			38
39 DELIVERY ROOM & LABOR ROOM	.963943	.963943	.963943			39
40 ANESTHESIOLOGY	.117613	.117613	.117613			40
41 RADIOLOGY-DIAGNOSTIC	.371191	.371191	.371191			41
41.01 MRI	.119305	.119305	.119305			41.01
41.02 CT SCAN	.050047	.050047	.050047			41.02
41.03 ULTRASOUND	.178216	.178216	.178216			41.03
41.04 SPECIAL PROCEDURES	.294824	.294824	.294824			41.04
43 RADIOISOTOPE	.139756	.139756	.139756			43
44 LABORATORY	.117702	.117702	.117702			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.326711	.326711	.326711			47
49 RESPIRATORY THERAPY	.257158	.257158	.257158			49
49.01 PULMONARY FUNCTION	.099149	.099149	.099149			49.01
50 PHYSICAL THERAPY	.359947	.359947	.359947			50
51 OCCUPATIONAL THERAPY	.235271	.235271	.235271			51
52 SPEECH PATHOLOGY	.374754	.374754	.374754			52
53 ELECTROCARDIOLOGY	.095411	.095411	.095411			53
53.01 CARDIAC CATH LAB	.279680	.279680	.279680			53.01
53.02 CARDIAC REHAB	.787388	.787388	.787388			53.02
54 ELECTROENCEPHALOGRAPHY	.396115	.396115	.396115			54
54.01 SLEEP LAB						54.01
54.02 EMG	.119426	.119426	.119426			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856	.019856	.019856			55
55.01 SUPPLY IMPLANTS	.444438	.444438	.444438			55.01
56 DRUGS CHARGED TO PATIENTS	.275338	.275338	.275338			56
56.01 INFUSION THERAPY	.186938	.186938	.186938			56.01
57 RENAL DIALYSIS	.538371	.538371	.538371			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.366432	.366432	.366432			60
60.01 LITHOTRIPS	.341379	.341379	.341379			60.01
60.02 OUTPATIENT PSYCH	.583256	.583256	.583256			60.02
60.03 RETINAL VASCULAR	.653712	.653712	.653712			60.03
61 EMERGENCY	.188338	.188338	.188338			61
61.01 IFCC	.228858	.228858	.228858			61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.875476	.875476	.875476			62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.275338	1
2 PROGRAM VACCINE CHARGES	6018	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1657	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S191) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1671373	53249730				.031387	37
38 RECOVERY ROOM		113205	4746110				.023852	38
39 DELIVERY ROOM & LABOR ROOM		277388	4113323				.067436	39
40 ANESTHESIOLOGY		150649	9695882				.015537	40
41 RADIOLOGY-DIAGNOSTIC		1695513	25968469				.065291	1156 41
41.01 MRI		641996	19613414	17704			.032732	944 41.01
41.02 CT SCAN		293485	40027012	71624			.007332	525 41.02
41.03 ULTRASOUND		254116	11617046	13306			.021874	291 41.03
41.04 SPECIAL PROCEDURES		265685	15006495				.017705	41.04
43 RADIOISOTOPE		268110	15295208	1416			.017529	25 43
44 LABORATORY		720430	124535974	254700			.005785	1473 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		64780	7411026				.008741	47
49 RESPIRATORY THERAPY		159418	11473210	15110			.013895	210 49
49.01 PULMONARY FUNCTION		20237	1351884				.014969	49.01
50 PHYSICAL THERAPY		330374	23404025	8102			.014116	114 50
51 OCCUPATIONAL THERAPY		55110	6462759	7199			.008527	61 51
52 SPEECH PATHOLOGY		45638	2291270	4309			.019918	86 52
53 ELECTROCARDIOLOGY		340348	25156544	24286			.013529	329 53
53.01 CARDIAC CATH LAB		818190	14639262				.055890	53.01
53.02 CARDIAC REHAB		93498	1362108				.068642	53.02
54 ELECTROENCEPHALOGRAPHY		37654	943680	3983			.039901	159 54
54.01 SLEEP LAB								54.01
54.02 EMG		4842	1738782				.002785	54.02
55 MEDICAL SUPPLIES CHARGED TO P		13972	20099689	2671			.000695	2 55
55.01 SUPPLY IMPLANTS		505596	31063701				.016276	55.01
56 DRUGS CHARGED TO PATIENTS		580746	50479723	92925			.011505	1069 56
56.01 INFUSION THERAPY		58985	4135635				.014263	56.01
57 RENAL DIALYSIS		58558	2641272				.022170	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		70577	3335738	93			.021158	2 60
60.01 LITHOTRIPSY		12211	1708539				.007147	60.01
60.02 OUTPATIENT PSYCH		80929	1099051				.073635	60.02
60.03 RETINAL VASCULAR		218130	1629510				.133862	60.03
61 EMERGENCY		388125	47809919	141114			.008118	1146 61
61.01 IFCC		2763263	123532373				.022369	61.01
62 OBSERVATION BEDS (NON-DISTINC		112817	1840523				.061296	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13185948	709478886	687392				7592 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S191) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	47429	53249730	.000891	.000891			37
38 RECOVERY ROOM		4746110					38
39 DELIVERY ROOM & LABOR ROOM	94859	4113323	.023061	.023061			39
40 ANESTHESIOLOGY		9695882					40
41 RADIOLOGY-DIAGNOSTIC		25968469			17704		224 41
41.01 MRI		19613414			28850		41.01
41.02 CT SCAN		40027012			71624		41.02
41.03 ULTRASOUND		11617046			13306		41.03
41.04 SPECIAL PROCEDURES		15006495					41.04
43 RADIOISOTOPE		15295208			1416		43
44 LABORATORY		124535974			254700		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7411026					47
49 RESPIRATORY THERAPY	47429	11473210	.004134	.004134	15110	62	49
49.01 PULMONARY FUNCTION		1351884					49.01
50 PHYSICAL THERAPY		23404025			8102		50
51 OCCUPATIONAL THERAPY		6462759			7199		51
52 SPEECH PATHOLOGY		2291270			4309		52
53 ELECTROCARDIOLOGY	47429	25156544	.001885	.001885	24286	46	191 53
53.01 CARDIAC CATH LAB		14639262					53.01
53.02 CARDIAC REHAB		1362108					53.02
54 ELECTROENCEPHALOGRAPHY		943680			3983		54
54.01 SLEEP LAB							54.01
54.02 EMG		1738782					54.02
55 MEDICAL SUPPLIES CHARGED TO P		20099689			2671		55
55.01 SUPPLY IMPLANTS		31063701					55.01
56 DRUGS CHARGED TO PATIENTS		50479723			92925		36 56
56.01 INFUSION THERAPY		4135635					56.01
57 RENAL DIALYSIS		2641272					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3335738			93		60
60.01 LITHOTRIPSY		1708539					60.01
60.02 OUTPATIENT PSYCH		1099051					60.02
60.03 RETINAL VASCULAR		1629510					60.03
61 EMERGENCY	948586	47809919	.019841	.019841	141114	2800	61
61.01 IFCC		123532373					61.01
62 OBSERVATION BEDS (NON-DISTINC	6181	1840523	.003358	.003358			62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1191913	709478886			687392	2908	451 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S191)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
54.02 EMG					54.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 SUPPLY IMPLANTS					55.01
56 DRUGS CHARGED TO PATIENTS					56
56.01 INFUSION THERAPY					56.01
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 LITHOTRIPSY					60.01
60.02 OUTPATIENT PSYCH					60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY					61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S191) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC	
				2	3	4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.328305	.328305	.328305				37
38 RECOVERY ROOM	.333809	.333809	.333809				38
39 DELIVERY ROOM & LABOR ROOM	.963943	.963943	.963943				39
40 ANESTHESIOLOGY	.117613	.117613	.117613				40
41 RADIOLOGY-DIAGNOSTIC	.371191	.371191	.371191				41
41.01 MRI	.119305	.119305	.119305				41.01
41.02 CT SCAN	.050047	.050047	.050047				41.02
41.03 ULTRASOUND	.178216	.178216	.178216				41.03
41.04 SPECIAL PROCEDURES	.294824	.294824	.294824				41.04
43 RADIOISOTOPE	.139756	.139756	.139756				43
44 LABORATORY	.117702	.117702	.117702				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.326711	.326711	.326711				47
49 RESPIRATORY THERAPY	.257158	.257158	.257158				49
49.01 PULMONARY FUNCTION	.099149	.099149	.099149				49.01
50 PHYSICAL THERAPY	.359947	.359947	.359947				50
51 OCCUPATIONAL THERAPY	.235271	.235271	.235271				51
52 SPEECH PATHOLOGY	.374754	.374754	.374754				52
53 ELECTROCARDIOLOGY	.095411	.095411	.095411				53
53.01 CARDIAC CATH LAB	.279680	.279680	.279680				53.01
53.02 CARDIAC REHAB	.787388	.787388	.787388				53.02
54 ELECTROENCEPHALOGRAPHY	.396115	.396115	.396115				54
54.01 SLEEP LAB							54.01
54.02 EMG	.119426	.119426	.119426				54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856	.019856	.019856				55
55.01 SUPPLY IMPLANTS	.444438	.444438	.444438				55.01
56 DRUGS CHARGED TO PATIENTS	.275338	.275338	.275338				56
56.01 INFUSION THERAPY	.186938	.186938	.186938				56.01
57 RENAL DIALYSIS	.538371	.538371	.538371				57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.366432	.366432	.366432				60
60.01 LITHOTRIPSYS	.341379	.341379	.341379				60.01
60.02 OUTPATIENT PSYCH	.583256	.583256	.583256				60.02
60.03 RETINAL VASCULAR	.653712	.653712	.653712				60.03
61 EMERGENCY	.188338	.188338	.188338				61
61.01 IFCC	.228858	.228858	.228858				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476	.875476	.875476				62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.275338	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	SUB I (14-S191)	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OTHER
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	DIAGNOSTIC
INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER			
5	5.01	5.02	5.03	5.04	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM							37
38	RECOVERY ROOM							38
39	DELIVERY ROOM & LABOR ROOM							39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	224						41
41.01	MRI							41.01
41.02	CT SCAN							41.02
41.03	ULTRASOUND							41.03
41.04	SPECIAL PROCEDURES							41.04
43	RADIOISOTOPE							43
44	LABORATORY							44
46.30	BLOOD CLOTTING FACTORS ADMIN C							46.30
47	BLOOD STORING, PROCESSING & TR							47
49	RESPIRATORY THERAPY							49
49.01	PULMONARY FUNCTION							49.01
50	PHYSICAL THERAPY							50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY							52
53	ELECTROCARDIOLOGY	191						53
53.01	CARDIAC CATH LAB							53.01
53.02	CARDIAC REHAB							53.02
54	ELECTROENCEPHALOGRAPHY							54
54.01	SLEEP LAB							54.01
54.02	EMG							54.02
55	MEDICAL SUPPLIES CHARGED TO PA							55
55.01	SUPPLY IMPLANTS							55.01
56	DRUGS CHARGED TO PATIENTS	36						56
56.01	INFUSION THERAPY							56.01
57	RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC							60
60.01	LITHOTRIPSY							60.01
60.02	OUTPATIENT PSYCH							60.02
60.03	RETINAL VASCULAR							60.03
61	EMERGENCY							61
61.01	IFCC							61.01
62	OBSERVATION BEDS (NON-DISTINCT							62
62.01	OBSERVATION BEDS-DISTINCT							62.01
63.50	RHC							63.50
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD							65.02
65.03	AMBULANCE SERVICES (4TH PERIOD							65.03
101	SUBTOTAL	451						101
102	CRNA CHARGES							102
103	PBP CLINIC LAB							103
104	NET CHARGES	451						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T191)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1671373	53249730	30807			.031387	967 37
38 RECOVERY ROOM		113205	4746110	26197			.023852	625 38
39 DELIVERY ROOM & LABOR ROOM		277388	4113323				.067436	39
40 ANESTHESIOLOGY		150649	9695882	9259			.015537	144 40
41 RADIOLOGY-DIAGNOSTIC		1695513	25968469	30902			.065291	2018 41
41.01 MRI		641996	19613414	73277			.032732	2399 41.01
41.02 CT SCAN		293485	40027012	132693			.007332	973 41.02
41.03 ULTRASOUND		254116	11617046	70156			.021874	1535 41.03
41.04 SPECIAL PROCEDURES		265685	15006495	122050			.017705	2161 41.04
43 RADIOISOTOPE		268110	15295208	19417			.017529	340 43
44 LABORATORY		720430	124535974	1466161			.005785	8482 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		64780	7411026	86325			.008741	755 47
49 RESPIRATORY THERAPY		159418	11473210	648809			.013895	9015 49
49.01 PULMONARY FUNCTION		20237	1351884	4574			.014969	68 49.01
50 PHYSICAL THERAPY		330374	23404025	4021306			.014116	56765 50
51 OCCUPATIONAL THERAPY		55110	6462759	4253528			.008527	36270 51
52 SPEECH PATHOLOGY		45638	2291270	1015646			.019918	20230 52
53 ELECTROCARDIOLOGY		340348	25156544	6358			.013529	86 53
53.01 CARDIAC CATH LAB		818190	14639262				.055890	53.01
53.02 CARDIAC REHAB		93498	1362108				.068642	53.02
54 ELECTROENCEPHALOGRAPHY		37654	943680	98618			.039901	3935 54
54.01 SLEEP LAB								54.01
54.02 EMG		4842	1738782	3604			.002785	10 54.02
55 MEDICAL SUPPLIES CHARGED TO P		13972	20099689	485227			.000695	337 55
55.01 SUPPLY IMPLANTS		505596	31063701	29038			.016276	473 55.01
56 DRUGS CHARGED TO PATIENTS		580746	50479723	2163586			.011505	24892 56
56.01 INFUSION THERAPY		58985	4135635				.014263	56.01
57 RENAL DIALYSIS		58558	2641272	654819			.022170	14517 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		70577	3335738	184470			.021158	3903 60
60.01 LITHOTRIPSY		12211	1708539				.007147	60.01
60.02 OUTPATIENT PSYCH		80929	1099051				.073635	60.02
60.03 RETINAL VASCULAR		218130	1629510				.133862	60.03
61 EMERGENCY		388125	47809919				.008118	61
61.01 IFCC		2763263	123532373				.022369	61.01
62 OBSERVATION BEDS (NON-DISTINC		112817	1840523				.061296	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13185948	709478886	15636827				190900 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T191) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	TO	PROGRAM	PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	47429	53249730	.000891	.000891	30807	27	37
38 RECOVERY ROOM		4746110			26197		38
39 DELIVERY ROOM & LABOR ROOM	94859	4113323	.023061	.023061			39
40 ANESTHESIOLOGY		9695882			9259		40
41 RADIOLOGY-DIAGNOSTIC		25968469			30902		665 41
41.01 MRI		19613414			73277		41.01
41.02 CT SCAN		40027012			132693		2496 41.02
41.03 ULTRASOUND		11617046			70156		41.03
41.04 SPECIAL PROCEDURES		15006495			122050		41.04
43 RADIOISOTOPE		15295208			19417		43
44 LABORATORY		124535974			1466161		476 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7411026			86325		47
49 RESPIRATORY THERAPY	47429	11473210	.004134	.004134	648809	2682	49
49.01 PULMONARY FUNCTION		1351884			4574		153 49.01
50 PHYSICAL THERAPY		23404025			4021306		50
51 OCCUPATIONAL THERAPY		6462759			4253528		51
52 SPEECH PATHOLOGY		2291270			1015646		52
53 ELECTROCARDIOLOGY	47429	25156544	.001885	.001885	6358	12	53
53.01 CARDIAC CATH LAB		14639262					53.01
53.02 CARDIAC REHAB		1362108					53.02
54 ELECTROENCEPHALOGRAPHY		943680			98618		54
54.01 SLEEP LAB							54.01
54.02 EMG		1738782			3604		54.02
55 MEDICAL SUPPLIES CHARGED TO P		20099689			485227		55
55.01 SUPPLY IMPLANTS		31063701			29038		2573 55.01
56 DRUGS CHARGED TO PATIENTS		50479723			2163586		56
56.01 INFUSION THERAPY		4135635					56.01
57 RENAL DIALYSIS		2641272			654819		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3335738			184470		60
60.01 LITHOTRIPSY		1708539					60.01
60.02 OUTPATIENT PSYCH		1099051					60.02
60.03 RETINAL VASCULAR		1629510					60.03
61 EMERGENCY	948586	47809919	.019841	.019841			61
61.01 IFCC		123532373					61.01
62 OBSERVATION BEDS (NON-DISTINC	6181	1840523	.003358	.003358			62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1191913	709478886			15636827	2721	6363 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	SUB II (14-T191)	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
54.02 EMG					54.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 SUPPLY IMPLANTS					55.01
56 DRUGS CHARGED TO PATIENTS					56
56.01 INFUSION THERAPY					56.01
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 LITHOTRIPSY					60.01
60.02 OUTPATIENT PSYCH					60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY					61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T191) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.328305	.328305	.328305			37
38 RECOVERY ROOM	.333809	.333809	.333809			38
39 DELIVERY ROOM & LABOR ROOM	.963943	.963943	.963943			39
40 ANESTHESIOLOGY	.117613	.117613	.117613			40
41 RADIOLOGY-DIAGNOSTIC	.371191	.371191	.371191			41
41.01 MRI	.119305	.119305	.119305			41.01
41.02 CT SCAN	.050047	.050047	.050047			41.02
41.03 ULTRASOUND	.178216	.178216	.178216			41.03
41.04 SPECIAL PROCEDURES	.294824	.294824	.294824			41.04
43 RADIOISOTOPE	.139756	.139756	.139756			43
44 LABORATORY	.117702	.117702	.117702			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.326711	.326711	.326711			47
49 RESPIRATORY THERAPY	.257158	.257158	.257158			49
49.01 PULMONARY FUNCTION	.099149	.099149	.099149			49.01
50 PHYSICAL THERAPY	.359947	.359947	.359947			50
51 OCCUPATIONAL THERAPY	.235271	.235271	.235271			51
52 SPEECH PATHOLOGY	.374754	.374754	.374754			52
53 ELECTROCARDIOLOGY	.095411	.095411	.095411			53
53.01 CARDIAC CATH LAB	.279680	.279680	.279680			53.01
53.02 CARDIAC REHAB	.787388	.787388	.787388			53.02
54 ELECTROENCEPHALOGRAPHY	.396115	.396115	.396115			54
54.01 SLEEP LAB						54.01
54.02 EMG	.119426	.119426	.119426			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856	.019856	.019856			55
55.01 SUPPLY IMPLANTS	.444438	.444438	.444438			55.01
56 DRUGS CHARGED TO PATIENTS	.275338	.275338	.275338			56
56.01 INFUSION THERAPY	.186938	.186938	.186938			56.01
57 RENAL DIALYSIS	.538371	.538371	.538371			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.366432	.366432	.366432			60
60.01 LITHOTRIPS	.341379	.341379	.341379			60.01
60.02 OUTPATIENT PSYCH	.583256	.583256	.583256			60.02
60.03 RETINAL VASCULAR	.653712	.653712	.653712			60.03
61 EMERGENCY	.188338	.188338	.188338			61
61.01 IFCC	.228858	.228858	.228858			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476	.875476	.875476			62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.275338	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[XX]	SUB II (14-T191)	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OTHER
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	DIAGNOSTIC
INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER			
5	5.01	5.02	5.03	5.04	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM							37
38	RECOVERY ROOM							38
39	DELIVERY ROOM & LABOR ROOM							39
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC		665					41
41.01	MRI							41.01
41.02	CT SCAN		2496					41.02
41.03	ULTRASOUND							41.03
41.04	SPECIAL PROCEDURES							41.04
43	RADIOISOTOPE							43
44	LABORATORY		476					44
46.30	BLOOD CLOTTING FACTORS ADMIN C							46.30
47	BLOOD STORING, PROCESSING & TR							47
49	RESPIRATORY THERAPY							49
49.01	PULMONARY FUNCTION		153					49.01
50	PHYSICAL THERAPY							50
51	OCCUPATIONAL THERAPY							51
52	SPEECH PATHOLOGY							52
53	ELECTROCARDIOLOGY							53
53.01	CARDIAC CATH LAB							53.01
53.02	CARDIAC REHAB							53.02
54	ELECTROENCEPHALOGRAPHY							54
54.01	SLEEP LAB							54.01
54.02	EMG							54.02
55	MEDICAL SUPPLIES CHARGED TO PA							55
55.01	SUPPLY IMPLANTS		2573					55.01
56	DRUGS CHARGED TO PATIENTS							56
56.01	INFUSION THERAPY							56.01
57	RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC							60
60.01	LITHOTRIPSY							60.01
60.02	OUTPATIENT PSYCH							60.02
60.03	RETINAL VASCULAR							60.03
61	EMERGENCY							61
61.01	IFCC							61.01
62	OBSERVATION BEDS (NON-DISTINCT							62
62.01	OBSERVATION BEDS-DISTINCT							62.01
63.50	RHC							63.50
63.60	FQHC							63.60
OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE SERVICES (2ND PERIOD							65.01
65.02	AMBULANCE SERVICES (3RD PERIOD							65.02
65.03	AMBULANCE SERVICES (4TH PERIOD							65.03
101	SUBTOTAL		6363					101
102	CRNA CHARGES							102
103	PBP CLINIC LAB							103
104	NET CHARGES		6363					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[XX]	SUB II (14-T191)	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10) 10 11
----- ANCILLARY SERVICE COST CENTERS -----						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC		247				41
41.01 MRI						41.01
41.02 CT SCAN		125				41.02
41.03 ULTRASOUND						41.03
41.04 SPECIAL PROCEDURES						41.04
43 RADIOISOTOPE						43
44 LABORATORY		56				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA						47
49 RESPIRATORY THERAPY						49
49.01 PULMONARY FUNCTION		15				49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 CARDIAC CATH LAB						53.01
53.02 CARDIAC REHAB						53.02
54 ELECTROENCEPHALOGRAPHY						54
54.01 SLEEP LAB						54.01
54.02 EMG						54.02
55 MEDICAL SUPPLIES CHARGED TO PAT						55
55.01 SUPPLY IMPLANTS		1144				55.01
56 DRUGS CHARGED TO PATIENTS						56
56.01 INFUSION THERAPY						56.01
57 RENAL DIALYSIS						57
----- OUTPATIENT SERVICE COST CENTERS -----						
60 CLINIC						60
60.01 LITHOTRIPSY						60.01
60.02 OUTPATIENT PSYCH						60.02
60.03 RETINAL VASCULAR						60.03
61 EMERGENCY						61
61.01 IFCC						61.01
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
----- OTHER REIMBURSABLE COST CENTERS -----						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		1587				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		1587				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3557227		3557227
26 INTENSIVE CARE UNIT				270661		270661
27 CORONARY CARE UNIT				420938		420938
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				195447		195447
31.01 SUBPROVIDER II				980006		980006
33 NURSERY				205082		205082
101 TOTAL				5629361		5629361

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	74003	14428			48.07	693554
26 INTENSIVE CARE UNIT	3081	301			87.85	26443
27 CORONARY CARE UNIT	4174	338			100.85	34087
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	1343	152			145.53	22121
31.01 SUBPROVIDER II	13536	706			72.40	51114
33 NURSERY	3678	2458			55.76	137058
101 TOTAL	99815	18383				964377

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1671373	53249730				.031387	37
38 RECOVERY ROOM		113205	4746110				.023852	38
39 DELIVERY ROOM & LABOR ROOM		277388	4113323				.067436	39
40 ANESTHESIOLOGY		150649	9695882				.015537	40
41 RADIOLOGY-DIAGNOSTIC		1695513	25968469				.065291	41
41.01 MRI		641996	19613414				.032732	41.01
41.02 CT SCAN		293485	40027012				.007332	41.02
41.03 ULTRASOUND		254116	11617046				.021874	41.03
41.04 SPECIAL PROCEDURES		265685	15006495				.017705	41.04
43 RADIOISOTOPE		268110	15295208				.017529	43
44 LABORATORY		720430	124535974				.005785	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		64780	7411026				.008741	47
49 RESPIRATORY THERAPY		159418	11473210				.013895	49
49.01 PULMONARY FUNCTION		20237	1351884				.014969	49.01
50 PHYSICAL THERAPY		330374	23404025				.014116	50
51 OCCUPATIONAL THERAPY		55110	6462759				.008527	51
52 SPEECH PATHOLOGY		45638	2291270				.019918	52
53 ELECTROCARDIOLOGY		340348	25156544				.013529	53
53.01 CARDIAC CATH LAB		818190	14639262				.055890	53.01
53.02 CARDIAC REHAB		93498	1362108				.068642	53.02
54 ELECTROENCEPHALOGRAPHY		37654	943680				.039901	54
54.01 SLEEP LAB								54.01
54.02 EMG		4842	1738782				.002785	54.02
55 MEDICAL SUPPLIES CHARGED TO P		13972	20099689				.000695	55
55.01 SUPPLY IMPLANTS		505596	31063701				.016276	55.01
56 DRUGS CHARGED TO PATIENTS		580746	50479723				.011505	56
56.01 INFUSION THERAPY		58985	4135635				.014263	56.01
57 RENAL DIALYSIS		58558	2641272				.022170	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		70577	3335738				.021158	60
60.01 LITHOTRIPSY		12211	1708539				.007147	60.01
60.02 OUTPATIENT PSYCH		80929	1099051				.073635	60.02
60.03 RETINAL VASCULAR		218130	1629510				.133862	60.03
61 EMERGENCY		388125	47809919				.008118	61
61.01 IFCC		2763263	123532373				.022369	61.01
62 OBSERVATION BEDS (NON-DISTINC		112817	1840523				.061296	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13185948	709478886					101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 02/27/2009 17:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER	DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER		TOTAL	
		ANESTHETIST	SCHOOL	HEALTH	MEDICAL	SWING-BED		
		COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS	
		1	2	2.01	2.02	3	4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			194907			194907	25
26	INTENSIVE CARE UNIT			50191			50191	26
27	CORONARY CARE UNIT			98390			98390	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I			2865			2865	31
31.01	SUBPROVIDER II			19234			19234	31.01
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			365587			365587	101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 02/27/2009 17:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL	PER	INPATIENT	INPATIENT	
		PATIENT		PROGRAM	PROGRAM	
		DAYS	DIEM	DAYS	PASS THRU	
		5	6	7	8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	74003	2.63	14428	37946	25
26	INTENSIVE CARE UNIT	3081	16.29	301	4903	26
27	CORONARY CARE UNIT	4174	23.57	338	7967	27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT					29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I	1343	2.13	152	324	31
31.01	SUBPROVIDER II	13536	1.42	706	1003	31.01
33	NURSERY	3678		2458		33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	99815		18383	52143	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	47429	53249730	.000891	.000891			37
38 RECOVERY ROOM		4746110					38
39 DELIVERY ROOM & LABOR ROOM	94859	4113323	.023061	.023061			39
40 ANESTHESIOLOGY		9695882					40
41 RADIOLOGY-DIAGNOSTIC		25968469					41
41.01 MRI		19613414					41.01
41.02 CT SCAN		40027012					41.02
41.03 ULTRASOUND		11617046					41.03
41.04 SPECIAL PROCEDURES		15006495					41.04
43 RADIOISOTOPE		15295208					43
44 LABORATORY		124535974					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7411026					47
49 RESPIRATORY THERAPY	47429	11473210	.004134	.004134			49
49.01 PULMONARY FUNCTION		1351884					49.01
50 PHYSICAL THERAPY		23404025					50
51 OCCUPATIONAL THERAPY		6462759					51
52 SPEECH PATHOLOGY		2291270					52
53 ELECTROCARDIOLOGY	47429	25156544	.001885	.001885			53
53.01 CARDIAC CATH LAB		14639262					53.01
53.02 CARDIAC REHAB		1362108					53.02
54 ELECTROENCEPHALOGRAPHY		943680					54
54.01 SLEEP LAB							54.01
54.02 EMG		1738782					54.02
55 MEDICAL SUPPLIES CHARGED TO P		20099689					55
55.01 SUPPLY IMPLANTS		31063701					55.01
56 DRUGS CHARGED TO PATIENTS		50479723					56
56.01 INFUSION THERAPY		4135635					56.01
57 RENAL DIALYSIS		2641272					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3335738					60
60.01 LITHOTRIPSY		1708539					60.01
60.02 OUTPATIENT PSYCH		1099051					60.02
60.03 RETINAL VASCULAR		1629510					60.03
61 EMERGENCY	948586	47809919	.019841	.019841			61
61.01 IFCC		123532373					61.01
62 OBSERVATION BEDS (NON-DISTINC		1840523					62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1185732	709478886					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0191)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
54.02 EMG					54.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 SUPPLY IMPLANTS					55.01
56 DRUGS CHARGED TO PATIENTS					56
56.01 INFUSION THERAPY					56.01
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 LITHOTRIPSY					60.01
60.02 OUTPATIENT PSYCH					60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY					61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S191) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1671373	53249730				.031387	37
38 RECOVERY ROOM		113205	4746110				.023852	38
39 DELIVERY ROOM & LABOR ROOM		277388	4113323				.067436	39
40 ANESTHESIOLOGY		150649	9695882				.015537	40
41 RADIOLOGY-DIAGNOSTIC		1695513	25968469				.065291	41
41.01 MRI		641996	19613414				.032732	41.01
41.02 CT SCAN		293485	40027012				.007332	41.02
41.03 ULTRASOUND		254116	11617046				.021874	41.03
41.04 SPECIAL PROCEDURES		265685	15006495				.017705	41.04
43 RADIOISOTOPE		268110	15295208				.017529	43
44 LABORATORY		720430	124535974				.005785	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		64780	7411026				.008741	47
49 RESPIRATORY THERAPY		159418	11473210				.013895	49
49.01 PULMONARY FUNCTION		20237	1351884				.014969	49.01
50 PHYSICAL THERAPY		330374	23404025				.014116	50
51 OCCUPATIONAL THERAPY		55110	6462759				.008527	51
52 SPEECH PATHOLOGY		45638	2291270				.019918	52
53 ELECTROCARDIOLOGY		340348	25156544				.013529	53
53.01 CARDIAC CATH LAB		818190	14639262				.055890	53.01
53.02 CARDIAC REHAB		93498	1362108				.068642	53.02
54 ELECTROENCEPHALOGRAPHY		37654	943680				.039901	54
54.01 SLEEP LAB								54.01
54.02 EMG		4842	1738782				.002785	54.02
55 MEDICAL SUPPLIES CHARGED TO P		13972	20099689				.000695	55
55.01 SUPPLY IMPLANTS		505596	31063701				.016276	55.01
56 DRUGS CHARGED TO PATIENTS		580746	50479723				.011505	56
56.01 INFUSION THERAPY		58985	4135635				.014263	56.01
57 RENAL DIALYSIS		58558	2641272				.022170	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		70577	3335738				.021158	60
60.01 LITHOTRIPSY		12211	1708539				.007147	60.01
60.02 OUTPATIENT PSYCH		80929	1099051				.073635	60.02
60.03 RETINAL VASCULAR		218130	1629510				.133862	60.03
61 EMERGENCY		388125	47809919				.008118	61
61.01 IFCC		2763263	123532373				.022369	61.01
62 OBSERVATION BEDS (NON-DISTINC		112817	1840523				.061296	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13185948	709478886					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S191) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			NURSING SCHOOL COST	ALL OTHER			TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST			ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	
	1	1.01	2		2.01	2.02	2.03	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				47429				47429 37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				94859				94859 39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 MRI								41.01
41.02 CT SCAN								41.02
41.03 ULTRASOUND								41.03
41.04 SPECIAL PROCEDURES								41.04
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T								47
49 RESPIRATORY THERAPY				47429				47429 49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				47429				47429 53
53.01 CARDIAC CATH LAB								53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
54.02 EMG								54.02
55 MEDICAL SUPPLIES CHARGED TO P								55
55.01 SUPPLY IMPLANTS								55.01
56 DRUGS CHARGED TO PATIENTS								56
56.01 INFUSION THERAPY								56.01
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 LITHOTRIPSY								60.01
60.02 OUTPATIENT PSYCH								60.02
60.03 RETINAL VASCULAR								60.03
61 EMERGENCY				948586				948586 61
61.01 IFCC								61.01
62 OBSERVATION BEDS (NON-DISTINC								62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				1185732				1185732 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S191) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	47429	53249730	.000891	.000891			37
38 RECOVERY ROOM		4746110					38
39 DELIVERY ROOM & LABOR ROOM	94859	4113323	.023061	.023061			39
40 ANESTHESIOLOGY		9695882					40
41 RADIOLOGY-DIAGNOSTIC		25968469					41
41.01 MRI		19613414					41.01
41.02 CT SCAN		40027012					41.02
41.03 ULTRASOUND		11617046					41.03
41.04 SPECIAL PROCEDURES		15006495					41.04
43 RADIOISOTOPE		15295208					43
44 LABORATORY		124535974					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7411026					47
49 RESPIRATORY THERAPY	47429	11473210	.004134	.004134			49
49.01 PULMONARY FUNCTION		1351884					49.01
50 PHYSICAL THERAPY		23404025					50
51 OCCUPATIONAL THERAPY		6462759					51
52 SPEECH PATHOLOGY		2291270					52
53 ELECTROCARDIOLOGY	47429	25156544	.001885	.001885			53
53.01 CARDIAC CATH LAB		14639262					53.01
53.02 CARDIAC REHAB		1362108					53.02
54 ELECTROENCEPHALOGRAPHY		943680					54
54.01 SLEEP LAB							54.01
54.02 EMG		1738782					54.02
55 MEDICAL SUPPLIES CHARGED TO P		20099689					55
55.01 SUPPLY IMPLANTS		31063701					55.01
56 DRUGS CHARGED TO PATIENTS		50479723					56
56.01 INFUSION THERAPY		4135635					56.01
57 RENAL DIALYSIS		2641272					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3335738					60
60.01 LITHOTRIPSY		1708539					60.01
60.02 OUTPATIENT PSYCH		1099051					60.02
60.03 RETINAL VASCULAR		1629510					60.03
61 EMERGENCY	948586	47809919	.019841	.019841			61
61.01 IFCC		123532373					61.01
62 OBSERVATION BEDS (NON-DISTINC		1840523					62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1185732	709478886					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S191)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
54.02 EMG					54.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 SUPPLY IMPLANTS					55.01
56 DRUGS CHARGED TO PATIENTS					56
56.01 INFUSION THERAPY					56.01
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 LITHOTRIPSY					60.01
60.02 OUTPATIENT PSYCH					60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY					61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T191) [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1671373	53249730				.031387	37
38 RECOVERY ROOM		113205	4746110				.023852	38
39 DELIVERY ROOM & LABOR ROOM		277388	4113323				.067436	39
40 ANESTHESIOLOGY		150649	9695882				.015537	40
41 RADIOLOGY-DIAGNOSTIC		1695513	25968469				.065291	41
41.01 MRI		641996	19613414				.032732	41.01
41.02 CT SCAN		293485	40027012				.007332	41.02
41.03 ULTRASOUND		254116	11617046				.021874	41.03
41.04 SPECIAL PROCEDURES		265685	15006495				.017705	41.04
43 RADIOISOTOPE		268110	15295208				.017529	43
44 LABORATORY		720430	124535974				.005785	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		64780	7411026				.008741	47
49 RESPIRATORY THERAPY		159418	11473210				.013895	49
49.01 PULMONARY FUNCTION		20237	1351884				.014969	49.01
50 PHYSICAL THERAPY		330374	23404025				.014116	50
51 OCCUPATIONAL THERAPY		55110	6462759				.008527	51
52 SPEECH PATHOLOGY		45638	2291270				.019918	52
53 ELECTROCARDIOLOGY		340348	25156544				.013529	53
53.01 CARDIAC CATH LAB		818190	14639262				.055890	53.01
53.02 CARDIAC REHAB		93498	1362108				.068642	53.02
54 ELECTROENCEPHALOGRAPHY		37654	943680				.039901	54
54.01 SLEEP LAB								54.01
54.02 EMG		4842	1738782				.002785	54.02
55 MEDICAL SUPPLIES CHARGED TO P		13972	20099689				.000695	55
55.01 SUPPLY IMPLANTS		505596	31063701				.016276	55.01
56 DRUGS CHARGED TO PATIENTS		580746	50479723				.011505	56
56.01 INFUSION THERAPY		58985	4135635				.014263	56.01
57 RENAL DIALYSIS		58558	2641272				.022170	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		70577	3335738				.021158	60
60.01 LITHOTRIPSY		12211	1708539				.007147	60.01
60.02 OUTPATIENT PSYCH		80929	1099051				.073635	60.02
60.03 RETINAL VASCULAR		218130	1629510				.133862	60.03
61 EMERGENCY		388125	47809919				.008118	61
61.01 IFCC		2763263	123532373				.022369	61.01
62 OBSERVATION BEDS (NON-DISTINC		112817	1840523				.061296	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		13185948	709478886					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T191) [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	47429	53249730	.000891	.000891			37
38 RECOVERY ROOM		4746110					38
39 DELIVERY ROOM & LABOR ROOM	94859	4113323	.023061	.023061			39
40 ANESTHESIOLOGY		9695882					40
41 RADIOLOGY-DIAGNOSTIC		25968469					41
41.01 MRI		19613414					41.01
41.02 CT SCAN		40027012					41.02
41.03 ULTRASOUND		11617046					41.03
41.04 SPECIAL PROCEDURES		15006495					41.04
43 RADIOISOTOPE		15295208					43
44 LABORATORY		124535974					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7411026					47
49 RESPIRATORY THERAPY	47429	11473210	.004134	.004134			49
49.01 PULMONARY FUNCTION		1351884					49.01
50 PHYSICAL THERAPY		23404025					50
51 OCCUPATIONAL THERAPY		6462759					51
52 SPEECH PATHOLOGY		2291270					52
53 ELECTROCARDIOLOGY	47429	25156544	.001885	.001885			53
53.01 CARDIAC CATH LAB		14639262					53.01
53.02 CARDIAC REHAB		1362108					53.02
54 ELECTROENCEPHALOGRAPHY		943680					54
54.01 SLEEP LAB							54.01
54.02 EMG		1738782					54.02
55 MEDICAL SUPPLIES CHARGED TO P		20099689					55
55.01 SUPPLY IMPLANTS		31063701					55.01
56 DRUGS CHARGED TO PATIENTS		50479723					56
56.01 INFUSION THERAPY		4135635					56.01
57 RENAL DIALYSIS		2641272					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3335738					60
60.01 LITHOTRIPSY		1708539					60.01
60.02 OUTPATIENT PSYCH		1099051					60.02
60.03 RETINAL VASCULAR		1629510					60.03
61 EMERGENCY	948586	47809919	.019841	.019841			61
61.01 IFCC		123532373					61.01
62 OBSERVATION BEDS (NON-DISTINC		1840523					62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1185732	709478886					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	SUB II (14-T191)	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
54.02 EMG					54.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.01 SUPPLY IMPLANTS					55.01
56 DRUGS CHARGED TO PATIENTS					56
56.01 INFUSION THERAPY					56.01
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 LITHOTRIPSY					60.01
60.02 OUTPATIENT PSYCH					60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY					61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0191)	SUB I (TEFRA) (14-S191)	SUB II (PPS) (14-T191)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	74003	1343	13536				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	74003	1343	13536				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	74003	1343	13536				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							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	36447	936	10634				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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0191)	SUB I (TEFRA) (14-S191)	SUB II (PPS) (14-T191)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	50806905	2256725	9305463				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	50806905	2256725	9305463				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78757797	1158560	11305610				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78757797	1158560	11305610				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.645103	1.947871	.823084				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1064.25	862.67	835.23				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	50806905	2256725	9305463				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0191)	SUB I (TEFRA) (14-S191)	SUB II (PPS) (14-T191)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	686.55	1680.36	687.46		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25022688	1572817	7310450		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25022688	1572817	7310450		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	4471339	3081	1451.26	2011	2918484 43
44	CORONARY CARE UNIT	6499952	4174	1557.25	2396	3731171 44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0191)	SUB I (TEFRA) (14-S191)	SUB II (PPS) (14-T191)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	33179976	112403	4376900		48
49	TOTAL PROGRAM INPATIENT COSTS	64852319	1685220	11687350		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2355399	138210	785002		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2832948	10500	193621		51
52	TOTAL PROGRAM EXCLUDABLE COST	5188347	148710	978623		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	59663972	1536510	10708727		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0191)	SUB I (TEFRA) (14-S191)	SUB II (PPS) (14-T191)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54		142				54
55		12945.31				55
56		1838234				56
57		301724				57
58		36765				58
58.01		7889.18				58.01
58.02		9343.00				58.02
58.03						58.03
58.04						58.04
59		1721985				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
02/27/2009 17:23

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA) (PPS)
 (14-0191) (14-S191) (14-T191)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2347	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	686.55	84
85 OBSERVATION BED COST	1611333	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		50806905		1611333		86
87 NEW CAPITAL-RELATED COST	3557227	50806905	.070015	1611333	112817	87
88 NON PHYSICIAN ANESTHETIST		50806905		1611333		88
89 NURSING SCHOOL		50806905		1611333		89
89.01 ALLIED HEALTH	194907	50806905	.003836	1611333	6181	89.01
89.02 ALL OTHER		50806905		1611333		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0191)	(OTHER) (14-S191)	(OTHER) (14-T191)				
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	74003	1343	13536				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	74003	1343	13536				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	74003	1343	13536				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							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	14428	152	706				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							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							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	3678						15
16 TITLE V OR XIX NURSERY DAYS	2458						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0191)	SUB I (OTHER) (14-S191)	SUB II (OTHER) (14-T191)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21							21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22	50785649	2256725	9286670				22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	50785649	2256725	9286670				27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	78757797	1158560	11305610				28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	78757797	1158560	11305610				30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.644833	1.947871	.821421				31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1064.25	862.67	835.23				33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	50785649	2256725	9286670				37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0191)	SUB I (OTHER) (14-S191)	SUB II (OTHER) (14-T191)	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	686.26	1680.36	686.07			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9901359	255415	484365			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9901359	255415	484365			41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1925382	3678	523.49	2458	1286738	42
43	INTENSIVE CARE UNIT	4471339	3081	1451.26	301	436829	43
44	CORONARY CARE UNIT	6499952	4174	1557.25	338	526351	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
		HOSPITAL (OTHER) (14-0191)	SUB I (OTHER) (14-S191)	SUB II (OTHER) (14-T191)	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	12151277	255415	484365			49
PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	941958	22445	52117			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	941958	22445	52117			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
		(OTHER)	(OTHER)	(OTHER)			
		(14-0191)	(14-S191)	(14-T191)			
		1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION							
54	PROGRAM DISCHARGES		40	34			54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST							
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
02/27/2009 17:23

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
02/27/2009 17:23

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL (OTHER) (14-0191)	SUB I (OTHER) (14-S191)	SUB II (OTHER) (14-T191)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2347	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	686.55	84
85 OBSERVATION BED COST	1611333	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0191) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		41450225		25
26 INTENSIVE CARE UNIT		3738449		26
27 CORONARY CARE UNIT		4454164		27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.328305	13923320	4571096	37
38 RECOVERY ROOM	.333809	1092680	364746	38
39 DELIVERY ROOM & LABOR ROOM	.963943	930	896	39
40 ANESTHESIOLOGY	.117613	2480060	291687	40
41 RADIOLOGY-DIAGNOSTIC	.371191	4348789	1614231	41
41.01 MRI	.119305	5950895	709972	41.01
41.02 CT SCAN	.050047	10513718	526180	41.02
41.03 ULTRASOUND	.178216	2747870	489714	41.03
41.04 SPECIAL PROCEDURES	.294824	5383472	1587177	41.04
43 RADIOISOTOPE	.139756	3480248	486386	43
44 LABORATORY	.117702	27877127	3281194	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.326711	995013	325082	47
49 RESPIRATORY THERAPY	.258447	5916449	1529088	49
49.01 PULMONARY FUNCTION	.099149	225905	22398	49.01
50 PHYSICAL THERAPY	.359947	1774596	638761	50
51 OCCUPATIONAL THERAPY	.235271	707638	166487	51
52 SPEECH PATHOLOGY	.374754	349124	130836	52
53 ELECTROCARDIOLOGY	.095411	9770865	932248	53
53.01 CARDIAC CATH LAB	.279680	5443271	1522374	53.01
53.02 CARDIAC REHAB	.800362	47655	38141	53.02
54 ELECTROENCEPHALOGRAPHY	.423402	455825	192997	54
54.01 SLEEP LAB				54.01
54.02 EMG	.119426	266434	31819	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856	7826272	155398	55
55.01 SUPPLY IMPLANTS	.444438	12037027	5349712	55.01
56 DRUGS CHARGED TO PATIENTS	.275338	18960782	5220624	56
56.01 INFUSION THERAPY	.186938			56.01
57 RENAL DIALYSIS	.538371	1614018	868940	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.366432	153677	56312	60
60.01 LITHOTRIPSY	.341379			60.01
60.02 OUTPATIENT PSYCH	.583256			60.02
60.03 RETINAL VASCULAR	.666670	4131	2754	60.03
61 EMERGENCY	.189436	9515033	1802490	61
61.01 IFCC	.228858	1180801	270236	61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		155043625	33179976	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		155043625		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S191)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		1014288		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.328305			37
38 RECOVERY ROOM	.333809			38
39 DELIVERY ROOM & LABOR ROOM	.963943			39
40 ANESTHESIOLOGY	.117613			40
41 RADIOLOGY-DIAGNOSTIC	.371191	17704	6572	41
41.01 MRI	.119305	28850	3442	41.01
41.02 CT SCAN	.050047	71624	3585	41.02
41.03 ULTRASOUND	.178216	13306	2371	41.03
41.04 SPECIAL PROCEDURES	.294824			41.04
43 RADIOISOTOPE	.139756	1416	198	43
44 LABORATORY	.117702	254700	29979	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.326711			47
49 RESPIRATORY THERAPY	.257158	15110	3886	49
49.01 PULMONARY FUNCTION	.099149			49.01
50 PHYSICAL THERAPY	.359947	8102	2916	50
51 OCCUPATIONAL THERAPY	.235271	7199	1694	51
52 SPEECH PATHOLOGY	.374754	4309	1615	52
53 ELECTROCARDIOLOGY	.095411	24286	2317	53
53.01 CARDIAC CATH LAB	.279680			53.01
53.02 CARDIAC REHAB	.787388			53.02
54 ELECTROENCEPHALOGRAPHY	.396115	3983	1578	54
54.01 SLEEP LAB				54.01
54.02 EMG	.119426			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856	2671	53	55
55.01 SUPPLY IMPLANTS	.444438			55.01
56 DRUGS CHARGED TO PATIENTS	.275338	92925	25586	56
56.01 INFUSION THERAPY	.186938			56.01
57 RENAL DIALYSIS	.538371			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.366432	93	34	60
60.01 LITHOTRIPSY	.341379			60.01
60.02 OUTPATIENT PSYCH	.583256			60.02
60.03 RETINAL VASCULAR	.653712			60.03
61 EMERGENCY	.188338	141114	26577	61
61.01 IFCC	.228858			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		687392	112403	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		687392		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [] HOSPITAL [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [XX] SUB II (14-T191) [] S/B-SNF [] OTHER
 [] SUB III
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		8826220		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.328305	30807	10114	37
38 RECOVERY ROOM	.333809	26197	8745	38
39 DELIVERY ROOM & LABOR ROOM	.963943			39
40 ANESTHESIOLOGY	.117613	9259	1089	40
41 RADIOLOGY-DIAGNOSTIC	.371191	30902	11471	41
41.01 MRI	.119305	73277	8742	41.01
41.02 CT SCAN	.050047	132693	6641	41.02
41.03 ULTRASOUND	.178216	70156	12503	41.03
41.04 SPECIAL PROCEDURES	.294824	122050	35983	41.04
43 RADIOISOTOPE	.139756	19417	2714	43
44 LABORATORY	.117702	1466161	172570	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.326711	86325	28203	47
49 RESPIRATORY THERAPY	.258447	648809	167683	49
49.01 PULMONARY FUNCTION	.099149	4574	454	49.01
50 PHYSICAL THERAPY	.359947	4021306	1447457	50
51 OCCUPATIONAL THERAPY	.235271	4253528	1000732	51
52 SPEECH PATHOLOGY	.374754	1015646	380617	52
53 ELECTROCARDIOLOGY	.095411	6358	607	53
53.01 CARDIAC CATH LAB	.279680			53.01
53.02 CARDIAC REHAB	.800362			53.02
54 ELECTROENCEPHALOGRAPHY	.423402	98618	41755	54
54.01 SLEEP LAB				54.01
54.02 EMG	.119426	3604	430	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856	485227	9635	55
55.01 SUPPLY IMPLANTS	.444438	29038	12906	55.01
56 DRUGS CHARGED TO PATIENTS	.275338	2163586	595717	56
56.01 INFUSION THERAPY	.186938			56.01
57 RENAL DIALYSIS	.538371	654819	352536	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.366432	184470	67596	60
60.01 LITHOTRIPSY	.341379			60.01
60.02 OUTPATIENT PSYCH	.583256			60.02
60.03 RETINAL VASCULAR	.666670			60.03
61 EMERGENCY	.189436			61
61.01 IFCC	.228858			61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		15636827	4376900	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		15636827		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0191)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.328305		37
38 RECOVERY ROOM	.333809		38
39 DELIVERY ROOM & LABOR ROOM	.963943		39
40 ANESTHESIOLOGY	.117613		40
41 RADIOLOGY-DIAGNOSTIC	.371191		41
41.01 MRI	.119305		41.01
41.02 CT SCAN	.050047		41.02
41.03 ULTRASOUND	.178216		41.03
41.04 SPECIAL PROCEDURES	.294824		41.04
43 RADIOISOTOPE	.139756		43
44 LABORATORY	.117702		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.326711		47
49 RESPIRATORY THERAPY	.257158		49
49.01 PULMONARY FUNCTION	.099149		49.01
50 PHYSICAL THERAPY	.359947		50
51 OCCUPATIONAL THERAPY	.235271		51
52 SPEECH PATHOLOGY	.374754		52
53 ELECTROCARDIOLOGY	.095411		53
53.01 CARDIAC CATH LAB	.279680		53.01
53.02 CARDIAC REHAB	.787388		53.02
54 ELECTROENCEPHALOGRAPHY	.396115		54
54.01 SLEEP LAB			54.01
54.02 EMG	.119426		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856		55
55.01 SUPPLY IMPLANTS	.444438		55.01
56 DRUGS CHARGED TO PATIENTS	.275338		56
56.01 INFUSION THERAPY	.186938		56.01
57 RENAL DIALYSIS	.538371		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.366432		60
60.01 LITHOTRIPSY	.341379		60.01
60.02 OUTPATIENT PSYCH	.583256		60.02
60.03 RETINAL VASCULAR	.653712		60.03
61 EMERGENCY	.188338		61
61.01 IFCC	.228858		61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476		62
62.01 OBSERVATION BEDS-DISTINCT			62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S191)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.328305		37
38 RECOVERY ROOM	.333809		38
39 DELIVERY ROOM & LABOR ROOM	.963943		39
40 ANESTHESIOLOGY	.117613		40
41 RADIOLOGY-DIAGNOSTIC	.371191		41
41.01 MRI	.119305		41.01
41.02 CT SCAN	.050047		41.02
41.03 ULTRASOUND	.178216		41.03
41.04 SPECIAL PROCEDURES	.294824		41.04
43 RADIOISOTOPE	.139756		43
44 LABORATORY	.117702		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.326711		47
49 RESPIRATORY THERAPY	.257158		49
49.01 PULMONARY FUNCTION	.099149		49.01
50 PHYSICAL THERAPY	.359947		50
51 OCCUPATIONAL THERAPY	.235271		51
52 SPEECH PATHOLOGY	.374754		52
53 ELECTROCARDIOLOGY	.095411		53
53.01 CARDIAC CATH LAB	.279680		53.01
53.02 CARDIAC REHAB	.787388		53.02
54 ELECTROENCEPHALOGRAPHY	.396115		54
54.01 SLEEP LAB			54.01
54.02 EMG	.119426		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856		55
55.01 SUPPLY IMPLANTS	.444438		55.01
56 DRUGS CHARGED TO PATIENTS	.275338		56
56.01 INFUSION THERAPY	.186938		56.01
57 RENAL DIALYSIS	.538371		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.366432		60
60.01 LITHOTRIPSY	.341379		60.01
60.02 OUTPATIENT PSYCH	.583256		60.02
60.03 RETINAL VASCULAR	.653712		60.03
61 EMERGENCY	.188338		61
61.01 IFCC	.228858		61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476		62
62.01 OBSERVATION BEDS-DISTINCT			62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T191)	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.328305		37
38 RECOVERY ROOM	.333809		38
39 DELIVERY ROOM & LABOR ROOM	.963943		39
40 ANESTHESIOLOGY	.117613		40
41 RADIOLOGY-DIAGNOSTIC	.371191		41
41.01 MRI	.119305		41.01
41.02 CT SCAN	.050047		41.02
41.03 ULTRASOUND	.178216		41.03
41.04 SPECIAL PROCEDURES	.294824		41.04
43 RADIOISOTOPE	.139756		43
44 LABORATORY	.117702		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.326711		47
49 RESPIRATORY THERAPY	.257158		49
49.01 PULMONARY FUNCTION	.099149		49.01
50 PHYSICAL THERAPY	.359947		50
51 OCCUPATIONAL THERAPY	.235271		51
52 SPEECH PATHOLOGY	.374754		52
53 ELECTROCARDIOLOGY	.095411		53
53.01 CARDIAC CATH LAB	.279680		53.01
53.02 CARDIAC REHAB	.787388		53.02
54 ELECTROENCEPHALOGRAPHY	.396115		54
54.01 SLEEP LAB			54.01
54.02 EMG	.119426		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.019856		55
55.01 SUPPLY IMPLANTS	.444438		55.01
56 DRUGS CHARGED TO PATIENTS	.275338		56
56.01 INFUSION THERAPY	.186938		56.01
57 RENAL DIALYSIS	.538371		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.366432		60
60.01 LITHOTRIPSY	.341379		60.01
60.02 OUTPATIENT PSYCH	.583256		60.02
60.03 RETINAL VASCULAR	.653712		60.03
61 EMERGENCY	.188338		61
61.01 IFCC	.228858		61.01
62 OBSERVATION BEDS (NON-DISTINCT	.875476		62
62.01 OBSERVATION BEDS-DISTINCT			62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0191)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13335669					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	40007007					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	444315					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	261.63					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO			0.00			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0191)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0191)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	61097373				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	61250965				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-153592				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	732735				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0191) 1	HOSPITAL (14-0191) 1.01	HOSPITAL (14-0191) 1.02
1 MEDICAL AND OTHER SERVICES	86179		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19417571		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	17400999		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.803		1.03
1.04 LINE 1.01 TIMES LINE 1.03	15592310		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	67510		1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	86179		5
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	123899		6
7 INTERNS AND RESIDENTS SERVICE CHARGES			7
8 ORGAN ACQUISITION CHARGES			8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS			9
10 TOTAL REASONABLE CHARGES	123899		10
CUSTOMARY CHARGES			
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			11
12 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)			12
13 RATIO OF LINE 11 TO LINE 12			13
14 TOTAL CUSTOMARY CHARGES	123899		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	37720		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	86179		17
17.01 TOTAL PPS PAYMENTS	17468509		17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0191) 1	HOSPITAL (14-0191) 1.01	HOSPITAL (14-0191) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	22596		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4709041		18.01
19 SUBTOTAL	12823051		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	12823051		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	12823051		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	487951		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	341566		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	487951		27.02
28 SUBTOTAL	13164617		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	13164617		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	13215894		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-51277		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	6553		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S191) 1	SUB I (14-S191) 1.01	SUB I (14-S191) 1.02	
1				1
1.01	111			1.01
1.02		70		1.02
1.03	0.937	0.937		1.03
1.04	104			1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	70			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S191) 1	SUB I (14-S191) 1.01	SUB I (14-S191) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T191) 1	SUB II (14-T191) 1.01	SUB II (14-T191) 1.02	
1				1
1.01	1587			1.01
1.02	811			1.02
1.03	0.938			1.03
1.04	1489			1.04
1.05	54.47			1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	811			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T191) 1	SUB II (14-T191) 1.01	SUB II (14-T191) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0191)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	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)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0191)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0191)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0191)

WORKSHEET E-1

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		61404697		13432586	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02	11/11/2008			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03			NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	PROVIDER .05				3.05
	TO .50	09/22/2008			3.50
	PROVIDER .51		09/22/2008	216692	3.51
	TO .52				3.52
	PROGRAM .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	-153732		-216692	3.99
4 TOTAL INTERIM PAYMENTS		61250965		13215894	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02			NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51			NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM	-153592		-51277	
7 TOTAL MEDICARE PROGRAM LIABILITY		61097373		13164617	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S191)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		784463		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		784463		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER TO .01 PROVIDER TO .02 PROGRAM	463385	56	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1247848	56	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T191)

WORKSHEET E-1

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		11715681		541	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		11715681		541	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER TO PROGRAM	.01 .02	36015	1	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		11751696		542	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S191)	SUB II (14-T191)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1721985				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	430496				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		11216791			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0414			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		642610			1.04
1.05	OUTLIER PAYMENTS		87170			1.05
1.06	TOTAL PPS PAYMENTS		11946571			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	546218				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	13323				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.669399				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	559541				1.19
1.20	STOP LESS PAYMENT FLOOR	1205390				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	904043				1.21
1.22	STOP LOSS ADJUSTMENT	344502				1.22
1.23	TOTAL IPF PPS PAYMENTS	1334539				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		36.983607			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1334539	11946571			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1334539	11946571			6
7	DEDUCTIBLES	78976	36736			7
8	SUBTOTAL	1255563	11909835			8
9	COINSURANCE	11392	175960			9
10	SUBTOTAL	1244171	11733875			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	1244171	11733875			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S191)	SUB II (14-T191)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		3677		17821	13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1247848	11751696			17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	784463	11715681			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	463385	36015			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	115590	904			21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0191) (OTHER)	SUB I (14-S191) (OTHER)	SUB II (14-T191) (OTHER)	SUB III SUB IV NF I
	1	1	1	1 1 1
1	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	12151277	255415	484365
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL	12151277	255415	484365
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL	12151277	255415	484365
	COMPUTATION OF LESSER OF COST OR CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	12151277	255415	484365
23	COST OF COVERED SERVICES	12151277	255415	484365
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL	12151277	255415	484365
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)			
32	LESSER OF LINES 30 OR 31	12151277	255415	484365
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0191) (OTHER)	SUB I (14-S191) (OTHER)	SUB II (14-T191) (OTHER)	SUB III SUB IV NF I
	1	1	1	1 1 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
	EXCESS OF REASONABLE COST			34
35	12151277	255415	484365	35
36	SUBTOTAL			36
37	COINSURANCE			37
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,			38
38.01	REIMBURSABLE BAD DEBTS			38.01
38.02	REDUCED REIMBURSABLE BAD DEBTS			38.02
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			
	BENEFICIARIES (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			39
40	SUBTOTAL			40
41	INPATIENT ROUTINE SERVICE COST			41
42	MEDICARE INPATIENT ROUTINE CHARGES			42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
	ACCORDANCE WITH 42 CFR 413.13(E)			
45	RATIO OF LINE 43 TO LINE 44			45
46	TOTAL CUSTOMARY CHARGES			46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM			49
	UTILIZATION			
50	OTHER ADJUSTMENTS			50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING			51
	DEPRECIABLE ASSETS			
52	SUBTOTAL			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT			53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			55
56	SEQUESTRATION ADJUSTMENT			56
57	INTERIM PAYMENTS			57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			57.01
58	BALANCE DUE PROVIDER/PROGRAM			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT			59
	SECTION 115.2			

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2651762			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	103402994			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-62914287			6
7 INVENTORY	4573220			7
8 PREPAID EXPENSES	2620135			8
9 OTHER CURRENT ASSETS	2850497			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	53184321			11
FIXED ASSETS				
12 LAND	16214055			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	10740019			13
13.01 ACCUMULATED DEPRECIATION	-6886727			13.01
14 BUILDINGS	205662285			14
14.01 ACCUMULATED DEPRECIATION	-107276805			14.01
15 LEASEHOLD IMPROVEMENTS	1352732			15
15.01 ACCUMULATED AMORTIZATION	-1352732			15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	154834880			18
18.01 ACCUMULATED DEPRECIATION	-103697411			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	169590296			21
OTHER ASSETS				
22 INVESTMENTS	2191020			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	149306454			25
26 TOTAL OTHER ASSETS	151497474			26
27 TOTAL ASSETS	374272091			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	16820648			28
29 SALARIES, WAGES & FEES PAYABLE	10499640			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	14346301			35
36 TOTAL CURRENT LIABILITIES	41666589			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE				38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	139799713			41
42 TOTAL LONG TERM LIABILITIES	139799713			42
43 TOTAL LIABILITIES	181466302			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	192805789			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	192805789			51
52 TOTAL LIABILITIES AND FUND BALANCES	374272091			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	231805762			1
2 NET INCOME (LOSS)	-38709911			2
3 TOTAL	193095851			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM IHV				5
6 TRANSFER FROM IDF	328000			6
7 RESTRICTED CONTRIBUTIONS	1091314			7
8 CONTRIBUTIONS RECEIVED FROM DONORS	1387053			8
9 ROUNDING				9
10 TOTAL ADDITIONS	2806367			10
11 SUBTOTAL	195902218			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13	734086			13
14 TRANSFERS TO IHS	1500000			14
15	862343			15
16 CONTRIBUTIONS PAID OT IMH				16
17 VALUATION OF INVESTMENTS				17
18 TOTAL DEDUCTIONS	3096429			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	192805789			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	78757797		78757797	1
2 SUBPROVIDER I	3130030		3130030	2
2.01 SUBPROVIDER II	11218268		11218268	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	93106095		93106095	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	5770227		5770227	10
11 CORONARY CARE UNIT	7639033		7639033	11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	13409260		13409260	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	106515355		106515355	16
17 ANCILLARY SERVICES	325706062	386632647	712338709	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 ROUNDING				24
25 TOTAL PATIENT REVENUES	432221417	386632647	818854064	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		262000688	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	18979166		28
29 AUDIT ADJUSTMENT	52436		29
30 ROUNDING	-704		30
31			31
32			32
33 TOTAL ADDITIONS		19030898	33
34 DEDUCT (SPECIFY)			34
35 HOME HEALTH	-12503972		35
36 HOSPICE			36
37			37
38			38
39 TOTAL DEDUCTIONS	-12503972		39
40 TOTAL OPERATING EXPENSES		268527614	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	818854064	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	557278141	2
3	NET PATIENT REVENUES	261575923	3
4	LESS - TOTAL OPERATING EXPENSES	268527614	4
5	NET INCOME FROM SERVICE TO PATIENTS	-6951691	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-1743338	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	OTHER OPERATING REVENUE- SEE SCH. ENCLOS	9342028	24.01
24.02	CHANGE IN UNREALIZED ASSTS	-31141429	24.02
24.03	SWAP VALUATION	-4333469	24.03
24.04	OTHER NON OPERATING		24.04
25	TOTAL OTHER INCOME	-27876208	25
26	TOTAL	-34827899	26
27	NONOPERATING	3882012	27
28			28
29			29
30	TOTAL OTHER EXPENSES	3882012	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-38709911	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO. : 14-7435

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	2140861	348337	4951		1913213	4407362
6 HHA REIMBURSABLE SERVICES						5
6 SKILLED NURSING CARE	1894760	323728	98949		240	2317677
7 PHYSICAL THERAPY	631026	88650	7132		243339	970147
8 OCCUPATIONAL THERAPY	161779	24160		11233		197172
9 SPEECH PATHOLOGY	65395	12386	1773	405		79959
10 MEDICAL SOCIAL SERVICES	47856	7787	111			55754
11 HOME HEALTH AIDE	16211	2173	4129			22513
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	2005051	211077	2706		65391	2284225
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	6962939	1018298	119751	11638	2222183	10334809

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO. : 14-7435

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5	-784062	3623300	-501512	3121788	5
6		2317677		2317677	6
7		970147		970147	7
8		197172		197172	8
9		79959		79959	9
10		55754		55754	10
11		22513		22513	11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17		2284225		2284225	17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-784062	9550747	-501512	9049235	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO. : 14-7435

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	3121788					3121788	3121788	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2317677					2317677	1220641	3538318
7 PHYSICAL THERAPY	970147					970147	510944	1481091
8 OCCUPATIONAL THERAPY	197172					197172	103844	301016
9 SPEECH PATHOLOGY	79959					79959	42112	122071
10 MEDICAL SOCIAL SERVICES	55754					55754	29364	85118
11 HOME HEALTH AIDE	22513					22513	11857	34370
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING	2284225					2284225	1203026	3487251
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	9049235					9049235		9049235

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2008.05
 02/27/2009 17:23

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDG & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP						3
4	PLANT OPERATION & MAINTENANCE						4
5	TRANSPORTATION						5
6	ADMINISTRATIVE AND GENERAL				-3121788	5927447	5
7	HHA REIMBURSABLE SERVICES						6
8	SKILLED NURSING CARE					2317677	7
9	PHYSICAL THERAPY					970147	8
10	OCCUPATIONAL THERAPY					197172	9
11	SPEECH PATHOLOGY					79959	10
12	MEDICAL SOCIAL SERVICES					55754	11
13	HOME HEALTH AIDE					22513	12
14	SUPPLIES						13
15	DRUGS						13.20
16	COST OF ADMINISTERING VACCINES						14
17	DME						15
18	HHA NONREIMBURSABLE SERVICES						16
19	HOME DIALYSIS AIDE SERVICES						17
20	RESPIRATORY THERAPY						18
21	PRIVATE DUTY NURSING					2284225	19
22	CLINIC						20
23	HEALTH PROMOTION ACTIVITIES						21
24	DAY CARE PROGRAM						22
25	HOME DELIVERED MEALS PROGRAM						23
26	HOMEMAKER SERVICE						23.50
27	ALL OTHERS						24
28	TELEMEDICINE						25
29	TOTAL				-3121788	5927447	26
30	COST TO BE ALLOC (PER W/S H)					3121788	
31	UNIT COST MULTIPLIER					.526667	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7435

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED	PARAMED ED PROGRAM EMS	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	24.01	24.02	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL				329786		329786			1
2 SKILLED NURSING CARE				4431089		4431089	128948	4560037	2
3 PHYSICAL THERAPY				1854792		1854792	53976	1908768	3
4 OCCUPATIONAL THERAPY				376967		376967	10970	387937	4
5 SPEECH PATHOLOGY				152871		152871	4449	157320	5
6 MEDICAL SOCIAL SERVICES				106595		106595	3102	109697	6
7 HOME HEALTH AIDE				43042		43042	1253	44295	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING				4367137		4367137	127088	4494225	13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS				11662279		11662279	329786	11662279	20
21 UNIT COST MULTIPLIER							.029101		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP EQUIPMENT COST	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	6181		6181				73481	6181	1
2 SKILLED NURSING CARE							3538318		2
3 PHYSICAL THERAPY							1481091		3
4 OCCUPATIONAL THERAPY							301016		4
5 SPEECH PATHOLOGY							122071		5
6 MEDICAL SOCIAL SERVICES							85118		6
7 HOME HEALTH AIDE							34370		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING							3487251		13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	6181		6181				9122716	6181	20
21 TOTAL COST TO BE ALLOCATED							2301798	40624	21
22 UNIT COST MULTIPLIER			11.888206				.252315		22
22 UNIT COST MULTIPLIER								6.572399	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO. : 14-7435

WORKSHEET H-5
 PART II

HHA COST CENTER	PARAMED ED	PARAMED ED	
	PROGRAM	PROGRAM	
	EMS	DIETETICS	
	ASSIGNED	PATIENT	
	TIME	MEALS	
	24.01	24.02	
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
9.20	COST OF ADMINISTERING VACC		9.20
10	DME		10
11	HOME DIALYSIS AIDE SERVICE		11
12	RESPIRATORY THERAPY		12
13	PRIVATE DUTY NURSING		13
14	CLINIC		14
15	HEALTH PROMOTION ACTIVITIE		15
16	DAY CARE PROGRAM		16
17	HOME DELIVERED MEALS PROGR		17
18	HOMEMAKER SERVICE		18
19	ALL OTHERS		19
19.50	TELEMEDICINE		19.50
20	TOTALS		20
21	TOTAL COST TO BE ALLOCATED		21
22	UNIT COST MULTIPLIER		22
22	UNIT COST MULTIPLIER		22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7435

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	4560037		4560037	25150	181.31	1
2	PHYSICAL THERAPY	3	1908768		1908768	12528	152.36	2
3	OCCUPATIONAL THERAPY	4	387937		387937	2933	132.27	3
4	SPEECH PATHOLOGY	5	157320		157320	284	553.94	4
5	MEDICAL SOCIAL SERV	6	109697		109697	384	285.67	5
6	HOME HEALTH AIDE SERV	7	44295		44295	844	52.48	6
7	TOTAL		7168054		7168054	42123		7

LIMITATION COST COMPUTATION		MSA				PROGRAM		
PATIENT SERVICES		NO.				COST LIMITS		
			1	2	3	4	5	
8	SKILLED NURSING CARE		1600					8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8				320469		15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4		1600	17
18	PER BENEFICIARY COST LIMITATION		1600	18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7435

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	1	2	3	4	
1	PHYSICAL THERAPY	50	.359947		COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51	.235271		COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.374754		COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.019856		COL 2, LINE 15	4
4.01	SUPPLY IMPLANTS	55.01	.444438		COL 2, LINE 15	4.01
5	DRUGS CHARGED TO PATIENTS	56	.275338		COL 2, LINE 16	5
5.01	INFUSION THERAPY	56.01	.186938		COL 2, LINE 16	5.01

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	1	2	3	4	5	
1	PHYSICAL THERAPY	2	152.36	2.01	3	3.01	4	1
2	OCCUPATIONAL THERAPY	3	132.27					2
3	SPEECH PATHOLOGY	4	553.94					3
4	TOTAL							4

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7435

WORKSHEET H-7
 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 B -----		
	PART A 1	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
2 TOTAL CHARGES	3849503	1612411	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			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	3849503	1612411	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	3849503	1612411	7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A	PART B	
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3663090	1528341	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	64712	48095	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	43537	14971	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	78162	21003	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	3849501	1612410	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	3849501	1612410	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	3849501	1612410	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3849501	1612410	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	3849501	1612410	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	3849501	1612410	24
25 TOTAL INTERIM PAYMENTS	3849501	1612410	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7435

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3849501		1612410	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		3849501		1612410	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3849501		1612410	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1535

WORKSHEET K

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED	OTHER	TOTAL
	1	BENEFITS	PORTATION	SERVICES	5	6
		2	3	4		
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	431366	70740	4327	43667	543759	1093859
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES						9
10 NURSING CARE	737690	124452	20054			882196
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY						11
12 OCCUPATIONAL THERAPY						12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES				104758		104758
15 SPIRITUAL COUNSELING						15
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER						18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY						20
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES					88350	88350
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	1169056	195192	24381	148425	632109	2169163

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1535

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL		1093859		1093859	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		882196		882196	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		104758		104758	14
15 SPIRITUAL COUNSELING					15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER					18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		88350		88350	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL		2169163		2169163	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1535

WORKSHEET K-1

	ADMINI- STRATOR	DIRECTOR	SOCIAL SERVICES	SUPER- VISORS	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL
	1	2	3	4	5	6	7	8	9
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL				431366					431366 6
INPATIENT CARE SERVICE									
7 INPATIENT - GENERAL CARE									7
8 INPATIENT - RESPITE CARE									8
VISITING SERVICES									
9 PHYSICIAN SERVICES									9
10 NURSING CARE					737690				737690 10
10.20 NURSING CARE-CONT.HOME CARE									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES									14
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER									17
18 HH AIDE AND HOMEMAKER									18
18.20 HH AIDE & HMKR-CONT.HME CARE									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.									20
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERVICE									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTAL				431366	737690				1169056 34

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1535

WORKSHEET K-2

	ADMINI- STRATOR	DIRECTOR	SOCIAL SERVICES	SUPER- VISORS	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL
	1	2	3	4	5	6	7	8	9
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL								70740	70740
INPATIENT CARE SERVICE									
7 INPATIENT - GENERAL CARE									7
8 INPATIENT - RESPITE CARE									8
VISITING SERVICES									
9 PHYSICIAN SERVICES									9
10 NURSING CARE					124452				124452
10.20 NURSING CARE-CONT.HOME CARE									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES									14
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER									17
18 HH AIDE AND HOMEMAKER									18
18.20 HH AIDE & HMKR-CONT.HME CARE									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.									20
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERVICE									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTAL					124452			70740	195192

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1535 WORKSHEET K-3

	ADMINI- STRATOR	DIRECTOR	SOCIAL SERVICES	SUPER- VISORS	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL
	1	2	3	4	5	6	7	8	9
1									1
2									2
3									3
4									4
5									5
6								43667	43667 6
7									7
8									8
9									9
10									10
10.20									10.20
11									11
12									12
13									13
14								104758	104758 14
15									15
16									16
17									17
18									18
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34								148425	148425 34

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2008.05
02/27/2009 17:23

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

HOSPICE NO.: 14-1535

WORKSHEET K-5
PART II

HOSPICE COST CENTER	PARAMED ED PROGRAM EMS ASSIGNED TIME	PARAMED ED PROGRAM DIETETICS PATIENT MEALS	
1			1
2			2
3			3
4			4
5			5
5.20			5.20
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
13.20			13.20
14			14
15			15
15.30			15.30
15.31			15.31
15.32			15.32
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
31			31

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1535

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.359947		1
2	OCCUPATIONAL THERAPY	51	0.235271		2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.374754		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.275338		4
4.01	INFUSION THERAPY	56.01	0.186938		4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.117702		6
7	MEDICAL SUPPLIES	55	0.019856		7
7.01	SUPPLY IMPLANTS	55.01	0.444438		7.01
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.188338		8
8.01	IFCC	61.01	0.228858		8.01
9	RADIATION THERAPY	41	0.371191		9
9.01	MRI	41.01	0.119305		9.01
9.02	CT SCAN	41.02	0.050047		9.02
9.03	ULTRASOUND	41.03	0.178216		9.03
9.04	SPECIAL PROCEDURES	41.04	0.294824		9.04
10	OTHER ANCILLARY (SPECIFY)	59			10
11	TOTALS				11

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2007 TO 09/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2008.05
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1535

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	TOTAL COST				2716475	1
2	TOTAL UNDUPLICATED DAYS				15537	2
3	AGGREGATE COST PER DIEM				174.84	3
4	UNDUPLICATED MEDICARE DAYS	13224				4
5	AGGREGATE MEDICARE COST	2312084				5
6	UNDUPLICATED MEDICAID DAYS					6
7	AGGREGATE MEDICAID COST					7
8	UNDUPLICATED SNF DAYS					8
9	AGGREGATE SNF COST					9
10	UNDUPLICATED NF DAYS					10
11	AGGREGATE NF COST					11
12	OTHER UNDUPLICATED DAYS			2313		12
13	AGGREGATE COST FOR OTHER DAYS			404405		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0191)	SUB I	SUB II (14-T191)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	4550082				2
3					CAPITAL DRG OTHER THAN OUTLIER
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED
					PRIOR TO OCTOBER 1, 1997
3.01	37349				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED
					ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	0.00		0.00		4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0736				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.2149				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2885				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0602				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	273915				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4861346				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR
					EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL
					TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL
					OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL
					OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT
					(SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
6	ADMINISTRATIVE & GENERAL				6
7	MAINTENANCE & REPAIRS				7
8	OPERATION OF PLANT				8
9	LAUNDRY & LINEN SERVICE				9
10	HOUSEKEEPING				10
11	DIETARY				11
12	CAFETERIA				12
13	MAINTENANCE OF PERSONNEL				13
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
20	NONPHYSICIAN ANESTHETISTS				20
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24	PARAMED ED PRGM-(SPECIFY)				24
24.01	PARAMED ED PRGM-EMS				24.01
24.02	PARAMED ED PRGM-DIETETICS				24.02
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
26	INTENSIVE CARE UNIT				26
27	CORONARY CARE UNIT				27
31	SUBPROVIDER I				31
31.01	SUBPROVIDER II				31.01
33	NURSERY				33
34	SKILLED NURSING FACILITY				34
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
38	RECOVERY ROOM				38
39	DELIVERY ROOM & LABOR ROOM				39
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC				41
41.01	MRI				41.01
41.02	CT SCAN				41.02
41.03	ULTRASOUND				41.03
41.04	SPECIAL PROCEDURES				41.04
43	RADIOISOTOPE				43
44	LABORATORY				44
46.30	BLOOD CLOTTING FACTORS ADMIN CO				46.30
47	BLOOD STORING, PROCESSING & TRA				47
49	RESPIRATORY THERAPY				49
49.01	PULMONARY FUNCTION				49.01
50	PHYSICAL THERAPY				50
51	OCCUPATIONAL THERAPY				51
52	SPEECH PATHOLOGY				52
53	ELECTROCARDIOLOGY				53
53.01	CARDIAC CATH LAB				53.01
53.02	CARDIAC REHAB				53.02
54	ELECTROENCEPHALOGRAPHY				54
54.01	SLEEP LAB				54.01
54.02	EMG				54.02
55	MEDICAL SUPPLIES CHARGED TO PAT				55
55.01	SUPPLY IMPLANTS				55.01
56	DRUGS CHARGED TO PATIENTS				56
56.01	INFUSION THERAPY				56.01
57	RENAL DIALYSIS				57
OUTPATIENT SERVICE COST CENTERS					
60	CLINIC				60
60.01	LITHOTRIPSY				60.01
60.02	OUTPATIENT PSYCH				60.02
60.03	RETINAL VASCULAR				60.03
61	EMERGENCY				61
61.01	IFCC				61.01
62	OBSERVATION BEDS (NON-DISTINCT)				62
62.01	OBSERVATION BEDS-DISTINCT				62.01
63.50	RHC				63.50
63.60	FQHC				63.60

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
OTHER REIMBURSABLE COST CENTERS					
69.10	CMHC				69.10
69.20	OUTPATIENT PHYSICAL THERAPY				69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40	OUTPATIENT SPEECH PATHOLOGY				69.40
70	I&R SERVICES-NOT APPRVD PRGM				70
71	HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS					
85.01	PANCREAS ACQUISITION				85.01
85.02	INTESTINAL ACQUISITION				85.02
85.03	ISLET CELL ACQUISITION				85.03
93	HOSPICE				93
95	SUBTOTALS				95
NONREIMBURSABLE COST CENTERS					
97	RESEARCH				97
98	PHYSICIANS' PRIVATE OFFICES				98
98.01	REFERENCE LAB				98.01
98.02	O/P PHARMACY				98.02
98.03	RETINAL VASCULAR GRANTS				98.03
101	CROSS FOOT ADJUSTMENTS				101
102	NEGATIVE COST CENTER				102
103	TOTAL				103
104	TOTAL STATISTICAL BASIS				104
105	UNIT COST MULTIPLIER				105
105	UNIT COST MULTIPLIER				105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	49.25		19.50				68.75 25
26 INTENSIVE CARE UNIT	65.27		9.77				75.04 26
27 CORONARY CARE UNIT	57.40		8.10				65.50 27
33 NURSERY			66.83				66.83 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	26.15	9.92					36.07 37
38 RECOVERY ROOM	23.02	8.26					31.28 38
39 DELIVERY ROOM & LABOR ROOM	0.02	0.04					0.06 39
40 ANESTHESIOLOGY	25.58	8.35					33.93 40
41 RADIOLOGY-DIAGNOSTIC	16.75	23.81					40.56 41
41.01 MRI	30.34	12.63					42.97 41.01
41.02 CT SCAN	26.27	13.07					39.34 41.02
41.03 ULTRASOUND	23.65	10.55					34.20 41.03
41.04 SPECIAL PROCEDURES	35.87	25.96					61.83 41.04
43 RADIOISOTOPE	22.75	16.17					38.92 43
44 LABORATORY	22.38	0.89					23.27 44
47 BLOOD STORING, PROCESSING & TRA	13.43	4.61					18.04 47
49 RESPIRATORY THERAPY	51.57	0.54					52.11 49
49.01 PULMONARY FUNCTION	16.71	19.07					35.78 49.01
50 PHYSICAL THERAPY	7.58						7.58 50
51 OCCUPATIONAL THERAPY	10.95						10.95 51
52 SPEECH PATHOLOGY	15.24						15.24 52
53 ELECTROCARDIOLOGY	38.84	6.39					45.23 53
53.01 CARDIAC CATH LAB	37.18	13.29					50.47 53.01
53.02 CARDIAC REHAB	3.50	61.48					64.98 53.02
54 ELECTROENCEPHALOGRAPHY	48.30	5.34					53.64 54
54.02 EMG	15.32	13.43					28.75 54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	38.94	5.46					44.40 55
55.01 SUPPLY IMPLANTS	38.75	10.43					49.18 55.01
56 DRUGS CHARGED TO PATIENTS	37.56	8.17					45.73 56
56.01 INFUSION THERAPY		57.85					57.85 56.01
57 RENAL DIALYSIS	61.11	1.79					62.90 57
60 CLINIC	4.61	52.64					57.25 60
60.01 LITHOTRIPSY		91.85					91.85 60.01
60.03 RETINAL VASCULAR	0.25	0.27					0.52 60.03
61 EMERGENCY	19.90	6.22					26.12 61
61.01 IFCC	0.96	22.42					23.38 61.01
62 OBSERVATION BEDS (NON-DISTINCT)		7.52					7.52 62
101 TOTAL CHARGES	18.96	9.71					28.67 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	69.69		11.32				81.01 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.07						0.07 41
41.01 MRI	0.15						0.15 41.01
41.02 CT SCAN	0.18						0.18 41.02
41.03 ULTRASOUND	0.11						0.11 41.03
43 RADIOISOTOPE	0.01						0.01 43
44 LABORATORY	0.20						0.20 44
49 RESPIRATORY THERAPY	0.13						0.13 49
50 PHYSICAL THERAPY	0.03						0.03 50
51 OCCUPATIONAL THERAPY	0.11						0.11 51
52 SPEECH PATHOLOGY	0.19						0.19 52
53 ELECTROCARDIOLOGY	0.10						0.10 53
54 ELECTROENCEPHALOGRAPHY	0.42						0.42 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.18						0.18 56
61 EMERGENCY	0.30						0.30 61
101 TOTAL CHARGES	0.08						0.08 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	78.56		5.22				83.78 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.06						0.06 37
38 RECOVERY ROOM	0.55						0.55 38
40 ANESTHESIOLOGY	0.10						0.10 40
41 RADIOLOGY-DIAGNOSTIC	0.12						0.12 41
41.01 MRI	0.37						0.37 41.01
41.02 CT SCAN	0.33	0.01					0.34 41.02
41.03 ULTRASOUND	0.60						0.60 41.03
41.04 SPECIAL PROCEDURES	0.81						0.81 41.04
43 RADIOISOTOPE	0.13						0.13 43
44 LABORATORY	1.18						1.18 44
47 BLOOD STORING, PROCESSING & TRA	1.16						1.16 47
49 RESPIRATORY THERAPY	5.65						5.65 49
49.01 PULMONARY FUNCTION	0.34	0.01					0.35 49.01
50 PHYSICAL THERAPY	17.18						17.18 50
51 OCCUPATIONAL THERAPY	65.82						65.82 51
52 SPEECH PATHOLOGY	44.33						44.33 52
53 ELECTROCARDIOLOGY	0.03						0.03 53
54 ELECTROENCEPHALOGRAPHY	10.45						10.45 54
54.02 EMG	0.21						0.21 54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	2.41						2.41 55
55.01 SUPPLY IMPLANTS	0.09	0.01					0.10 55.01
56 DRUGS CHARGED TO PATIENTS	4.29						4.29 56
57 RENAL DIALYSIS	24.79						24.79 57
60 CLINIC	5.53						5.53 60
101 TOTAL CHARGES	1.91						1.91 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	8668414	3.46	-8668414	-7.75		3
4	NEW CAP REL COSTS-MVBLE EQUIP	10350666	4.13	-10350666	-9.25		4
5	EMPLOYEE BENEFITS	21749143	8.68	-21749143	-19.44		5
6	ADMINISTRATIVE & GENERAL	42675452	17.03	-42675452	-38.15		6
7	MAINTENANCE & REPAIRS	2027071	.81	-2027071	-1.81		7
8	OPERATION OF PLANT	5678034	2.27	-5678034	-5.08		8
9	LAUNDRY & LINEN SERVICE	1243253	.50	-1243253	-1.11		9
10	HOUSEKEEPING	3225996	1.29	-3225996	-2.88		10
11	DIETARY	2891383	1.15	-2891383	-2.58		11
12	CAFETERIA	631261	.25	-631261	-.56		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	4461947	1.78	-4461947	-3.99		14
15	CENTRAL SERVICES & SUPPLY	865759	.35	-865759	-.77		15
16	PHARMACY	3541012	1.41	-3541012	-3.17		16
17	MEDICAL RECORDS & LIBRARY	3328722	1.33	-3328722	-2.98		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
24.01	PARAMED ED PRGM-EMS	488370	.19	-488370	-.44		24.01
24.02	PARAMED ED PRGM-DIETETICS	49785	.02	-49785	-.04		24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	21962192	8.76	28823457	25.76	50785649	20.27
26	INTENSIVE CARE UNIT	2374683	.95	2096656	1.87	4471339	1.78
27	CORONARY CARE UNIT	3371250	1.35	3128702	2.80	6499952	2.59
31	SUBPROVIDER I	844924	.34	1411801	1.26	2256725	.90
31.01	SUBPROVIDER II	3480717	1.39	5805953	5.19	9286670	3.71
33	NURSERY	863595	.34	1061787	.95	1925382	.77
34	SKILLED NURSING FACILITY						34
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	9397602	3.75	8084553	7.23	17482155	6.98
38	RECOVERY ROOM	829040	.33	755255	.68	1584295	.63
39	DELIVERY ROOM & LABOR ROOM	2131204	.85	1833803	1.64	3965007	1.58
40	ANESTHESIOLOGY	523396	.21	616970	.55	1140366	.46
41	RADIOLOGY-DIAGNOSTIC	4475056	1.79	5164212	4.62	9639268	3.85
41.01	MRI	932773	.37	1407198	1.26	2339971	.93
41.02	CT SCAN	1010145	.40	993092	.89	2003237	.80
41.03	ULTRASOUND	1072611	.43	997729	.89	2070340	.83
41.04	SPECIAL PROCEDURES	3055535	1.22	1368745	1.22	4424280	1.77
43	RADIOISOTOPE	1042103	.42	1095496	.98	2137599	.85
44	LABORATORY	8668052	3.46	5990040	5.35	14658092	5.85
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
47 BLOOD STORING, PROCESSING & TRA	1791919	.72	629343	.56	2421262	.97	47
49 RESPIRATORY THERAPY	1812969	.72	1137463	1.02	2950432	1.18	49
49.01 PULMONARY FUNCTION	51401	.02	82637	.07	134038	.05	49.01
50 PHYSICAL THERAPY	5399093	2.15	3025110	2.70	8424203	3.36	50
51 OCCUPATIONAL THERAPY	963339	.38	557163	.50	1520502	.61	51
52 SPEECH PATHOLOGY	521945	.21	336718	.30	858663	.34	52
53 ELECTROCARDIOLOGY	1164749	.46	1235472	1.10	2400221	.96	53
53.01 CARDIAC CATH LAB	2220096	.89	1874208	1.68	4094304	1.63	53.01
53.02 CARDIAC REHAB	586701	.23	485806	.43	1072507	.43	53.02
54 ELECTROENCEPHALOGRAPHY	176096	.07	197710	.18	373806	.15	54
54.01 SLEEP LAB							54.01
54.02 EMG	129404	.05	78252	.07	207656	.08	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	241045	.10	158052	.14	399097	.16	55
55.01 SUPPLY IMPLANTS	10337703	4.13	3468179	3.10	13805882	5.51	55.01
56 DRUGS CHARGED TO PATIENTS	7462794	2.98	6436178	5.75	13898972	5.55	56
56.01 INFUSION THERAPY	459809	.18	313297	.28	773106	.31	56.01
57 RENAL DIALYSIS	1049147	.42	372836	.33	1421983	.57	57
60 CLINIC	759934	.30	462387	.41	1222321	.49	60
60.01 LITHOTRIPSY	465745	.19	117514	.11	583259	.23	60.01
60.02 OUTPATIENT PSYCH	252295	.10	388733	.35	641028	.26	60.02
60.03 RETINAL VASCULAR	290596	.12	774635	.69	1065231	.43	60.03
61 EMERGENCY	4446625	1.77	4557780	4.07	9004405	3.59	61
61.01 IFCC	17756597	7.09	10514773	9.40	28271370	11.28	61.01
62 OBSERVATION BEDS (NON-DISTINCT)							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
70 I&R SERVICES-NOT APPRVD PRGM							70
71 HOME HEALTH AGENCY	9049235	3.61	2613044	2.34	11662279	4.65	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	2169163	.87	547312	.49	2716475	1.08	93
NONREIMBURSABLE COST CENTERS							
97 RESEARCH	67438	.03	28775	.03	96213	.04	97
98 PHYSICIANS' PRIVATE OFFICES	3066003	1.22	773599	.69	3839602	1.53	98
98.01 REFERENCE LAB							98.01
98.02 O/P PHARMACY			47166	.04	47166	.02	98.02
98.03 RETINAL VASCULAR GRANTS			26677	.02	26677	.01	98.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	250602987	100.00	0	.00	250602987	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1671373	53249730	.031387	13923320	437011	37
38 RECOVERY ROOM	113205	4746110	.023852	1092680	26063	38
39 DELIVERY ROOM & LABOR ROOM	277388	4113323	.067436	930	63	39
40 ANESTHESIOLOGY	150649	9695882	.015537	2480060	38533	40
41 RADIOLOGY-DIAGNOSTIC	1695513	25968469	.065291	4348789	283937	41
41.01 MRI	641996	19613414	.032732	5950895	194785	41.01
41.02 CT SCAN	293485	40027012	.007332	10513718	77087	41.02
41.03 ULTRASOUND	254116	11617046	.021874	2747870	60107	41.03
41.04 SPECIAL PROCEDURES	265685	15006495	.017705	5383472	95314	41.04
43 RADIOISOTOPE	268110	15295208	.017529	3480248	61005	43
44 LABORATORY	720430	124535974	.005785	27877127	161269	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	64780	7411026	.008741	995013	8697	47
49 RESPIRATORY THERAPY	159418	11473210	.013895	5916449	82209	49
49.01 PULMONARY FUNCTION	20237	1351884	.014969	225905	3382	49.01
50 PHYSICAL THERAPY	330374	23404025	.014116	1774596	25050	50
51 OCCUPATIONAL THERAPY	55110	6462759	.008527	707638	6034	51
52 SPEECH PATHOLOGY	45638	2291270	.019918	349124	6954	52
53 ELECTROCARDIOLOGY	340348	25156544	.013529	9770865	132190	53
53.01 CARDIAC CATH LAB	818190	14639262	.055890	5443271	304224	53.01
53.02 CARDIAC REHAB	93498	1362108	.068642	47655	3271	53.02
54 ELECTROENCEPHALOGRAPHY	37654	943680	.039901	455825	18188	54
54.01 SLEEP LAB						54.01
54.02 EMG	4842	1738782	.002785	266434	742	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	13972	20099689	.000695	7826272	5439	55
55.01 SUPPLY IMPLANTS	505596	31063701	.016276	12037027	195915	55.01
56 DRUGS CHARGED TO PATIENTS	580746	50479723	.011505	18960782	218144	56
56.01 INFUSION THERAPY	58985	4135635	.014263			56.01
57 RENAL DIALYSIS	58558	2641272	.022170	1614018	35783	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	70577	3335738	.021158	153677	3251	60
60.01 LITHOTRIPSY	12211	1708539	.007147			60.01
60.02 OUTPATIENT PSYCH	80929	1099051	.073635			60.02
60.03 RETINAL VASCULAR	218130	1629510	.133862	4131	553	60.03
61 EMERGENCY	388125	47809919	.008118	9515033	77243	61
61.01 IFCC	2763263	123532373	.022369	1180801	26413	61.01
62 OBSERVATION BEDS (NON-DISTINCT)	112817	1840523	.061296			62
62.01 OBSERVATION BEDS-DISTINCT						62.01
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	13185948	709478886		155043625	2588856	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	3557227		3557227	74003	48.07	36447	1752007 25
26 INTENSIVE CARE UNIT	270661		270661	3081	87.85	2011	176666 26
27 CORONARY CARE UNIT	420938		420938	4174	100.85	2396	241637 27
101 TOTAL	4248826		4248826			40854	2170310 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2170310

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2588856

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 4759166

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	59663972
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	204686463
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.291

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	11669529
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	24467825
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.477

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1680318
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1701680
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.987

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	4759166
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	19392562
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	79399400
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.244