

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 _____ (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, 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	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	1		4	1
2	SUBPROVIDER I	1896631	571430		2
2.01	SUBPROVIDER II	3090			3
3	SWING BED - SNF	-168986	2		2.01
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	1730735	571432		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
 1.01 CITY: HARVEY STATE: IL P.O.BOX: 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 4	XVIII 5	XIX 6	
2	HOSPITAL	14-0191	07/01/1966	N	P	O	2
3	SUBPROVIDER I	14-S191	01/01/1984	N	P	O	3
3.01	SUBPROVIDER II	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	14-7435	07/24/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED 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: 10/01/2008 TO: 09/30/2009				17
18	TYPE OF CONTROL		1 2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I		4				20
20.01	SUBPROVIDER II		5				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 16974	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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).		NO				21.07
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
	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)			
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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		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?				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 NHCQM 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)?					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.					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.					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.					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				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	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		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE V	TITLE XVIII	TITLE XIX		
	12	13	14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7440	3683	17312	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
6.01 PEDIATRICS					6.01
6.02 SPECIAL CARE NURSERY					6.02
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		7440	3683	17312	12
13 RPCH VISITS					13
14 SUBPROVIDER I		112	40	191	14
14.01 SUBPROVIDER II		697	34	871	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)		
	1	2	3	4	5	6	
1 TOTAL SALARIES	114741429	-12289277	102452152	4150190.00	24.69		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	14001574	-8196222	5805352	195350.00	29.72		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3069648		3069648	50222.00	61.12		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	790035		790035	5267.00	150.00		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	4189459		4189459	25431.00	164.74	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)	20804536		20804536			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	940155		940155			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	1093403	159528	1252931	36389.00	34.43		21
22 ADMINISTRATIVE & GENERAL	11693738	608356	12302094	556403.00	22.11		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1745207		1745207	9166.00	190.40		22.01
23 MAINTENANCE & REPAIRS	399852		399852	13640.00	29.31		23
24 OPERATION OF PLANT	2556778	-1080	2555698	110455.00	23.14		24
25 LAUNDRY & LINEN SERVICE	83407		83407	6569.00	12.70		25
26 HOUSEKEEPING	2004868		2004868	172236.00	11.64		26
26.01 HOUSEKEEPING UNDER CONTRACT	604610		604610	11470.00	52.71		26.01
27 DIETARY	1802441	-823653	978788	40216.00	24.34		27
27.01 DIETARY UNDER CONTRACT	380503		380503	8347.00	45.59		27.01
28 CAFETERIA	232320	847903	1080223	119053.00	9.07		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	3964164	-116042	3848122	136834.00	28.12		30
31 CENTRAL SERVICES AND SUPPLY	207601		207601	14976.00	13.86		31
32 PHARMACY	2870367	-48262	2822105	83414.00	33.83		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2539745		2539745	107402.00	23.65		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	117471749	-12289277	105182472	4179173.00	25.17	1
2 EXCLUDED AREA SALARIES	14001574	-8196222	5805352	195350.00	29.72	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	103470175	-4093055	99377120	3983823.00	24.95	3
4 SUBTOTAL OTHER WAGES & REL COSTS	8049142		8049142	80920.00	99.47	4
5 SUBTOTAL WAGE-RELATED COSTS	20804536		20804536		20.93%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	132323853	-4093055	128230798	4064743.00	31.55	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	32179004	626750	32805754	1426570.00	23.00	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		973		169	1142	1
2 UNDUPLICATED CENSUS COUNT		1375.00		1077.00	2452.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
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	17.73		17.73	5
6 DIRECT NURSING SERVICE	34.49		34.49	6
7 NURSING SUPERVISOR	4.30		4.30	7
8 PHYSICAL THERAPY SERVICE	16.89		16.89	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	3.82	.10	3.92	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.41		.41	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.62		.62	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.42		1.42	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				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	1.01	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	14561	1043	771	254			16629	21
22	2329616	166880	123360	40640			2660496	22
23	8674	16	67	280			9037	23
24	1474580	2720	11390	47600			1536290	24
25	2212		22	78			2312	25
26	376040		3740	13260			393040	26
27	201		1	5			207	27
28	34170		170	850			35190	28
29	312	3	4	9			328	29
30	62400	600	800	1800			65600	30
31	932	12	2	27			973	31
32	116500	1500	250	3375			121625	32
33	26892	1074	867	653			29486	33
34								34
35	4393306	171700	139710	107525			4812241	35
36	1696		339	49			2084	36
37		22		3			25	37
38	234380	25322	15857	1495			277054	38

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (4/2005)

VERSION: 2009.08
 03/03/2010 15:13

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 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 03/03/2010 15:13

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	2				2	4 1
2 ROUTINE HOME CARE	9705				1230	10935 2
3 INPATIENT RESPITE CARE	23					23 3
4 GENERAL INPATIENT CARE	1568				439	2007 4
5 TOTAL HOSPICE DAYS	11298				1671	12969 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	337				50	387 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	33.53				33.42	33.51 8
9 UNDUPLICATED CENSUS COUNT	82				12	94 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	47164122 17
17.01	GROSS MEDICAID REVENUES	21246260 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	68410382 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.278185 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	124801978 28
29	TOTAL GROSS MEDICAID COST	34718038 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	34718038 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	
63.60	6320 FQHC								63.60
	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	250261	818350	1068611	-1068610	1		1	70
71	7100 HOME HEALTH AGENCY	8000991	3022866	11023857	-1047637	9976220	-474003	9502217	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		3262510	3262510	-3262510				88
93	9300 HOSPICE	1270601	887125	2157726		2157726	-18000	2139726	93
95	SUBTOTALS	114741429	160518857	275260286	-2002229	273258057	-12489479	260768578	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES				2002229	2002229		2002229	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	114741429	160518857	275260286		275260286	-12489479	262770807	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		256916	1
2	A	EMPLOYEE BENEFITS	5		103366	2
3						3
4	B	PARAMED ED PRGM-DIETETICS	24.02	11330	15462	4
5 CAFETERIA EXPENSE RECLASS	B	CAFETERIA	12	847903	644912	5
6						6
7 EMPLOYEE VACATION ACCRUAL	C	EMPLOYEE BENEFITS	5	159528		7
8						8
9 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO P	55		224520	9
10	D	SUPPLY IMPLANTS	55.01		10068159	10
11	D					11
12	D					12
13						13
14 RECLASS DRUGS CHARGES TO PTS	E	DRUGS CHARGED TO PATIENTS	56		7295656	14
15						15
16 POB COST OFFSET	F	PHYSICIANS' PRIVATE OFFICES	98		481632	16
17	F					17
18	F					18
19	F					19
20						20
21 LAB ADMIN	G	BLOOD STORING, PROCESSING & T	47	27323	27534	21
22						22
23 ALLOC ONE DAY SURGERY	H	OPERATING ROOM	37	211937	20532	23
24						24
25 EMT NURSE PRECEPTORS	I	PARAMED ED PRGM-EMS	24.01	539183		25
26	I					26
27	I					27
28	I					28
29	I					29
30	I					30
31	I					31
32	I					32
33						33
34 HMC CLINIC COST RECLASS	J	OUTPATIENT PSYCH	60.02	134959	9093	34
35 HMC CLINIC COST RECLASS	J	OUTPATIENT PSYCH	60.02	41963	2910	35
36 SUBTOTAL				1974126	19150692	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE	SALARY	OTHER	WKST A-7
				LINE #			REF.
				7	8	9	10
1	RECLASS NON CAP INS	A	ADMINISTRATIVE & GENERAL	6		360282	11 1
2		A					2
3							3
4	CAFETERIA EXPENSE RECLASS	B	DIETARY	11	859233	660374	4
5		B					5
6							6
7	EMPLOYEE VACATION ACCRUAL	C	ADMINISTRATIVE & GENERAL	6		159528	7
8							8
9	RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		224520	9
10		D	OPERATING ROOM	37		9106410	10
11		D	CARDIAC CATH LAB	53.01		884437	11
12		D	EMERGENCY	61		77312	12
13							13
14	RECLASS DRUGS CHARGES TO PTS	E	PHARMACY	16		7295656	14
15							15
16	POB COST OFFSET	F	HOUSEKEEPING	10		200390	16
17		F	OPERATION OF PLANT	8		36848	17
18		F	OPERATION OF PLANT	8		235551	18
19		F	EMPLOYEE BENEFITS	5		8843	19
20							20
21	LAB ADMIN	G	LABORATORY	44	27323	27534	21
22							22
23	ALLOC ONE DAY SURGERY	H	ADULTS & PEDIATRICS	25	211937	20532	23
24							24
25	EMT NURSE PRECEPTORS	I	ADULTS & PEDIATRICS	25	23434		25
26		I	INTENSIVE CARE UNIT	26	12498		26
27		I	CORONARY CARE UNIT	27	23434		27
28		I	OPERATING ROOM	37	12498		28
29		I	DELIVERY ROOM & LABOR ROOM	39	23434		29
30		I	RESPIRATORY THERAPY	49	10267		30
31		I	CARDIAC CATH LAB	53.01	11801		31
32		I	EMERGENCY	61	421817		32
33							33
34	HMC CLINIC COST RECLASS	J	ADULTS & PEDIATRICS	25	134959	9093	34
35	HMC CLINIC COST RECLASS	J	SUBPROVIDER I	31	41963	2910	35
36	SUBTOTAL				1814598	19310220	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		OTHER		
			COST CENTER	LINE #			SALARY
	1	2	3	4	5		
1	HMC SUPPORT	J	SUBPROVIDER I	31	75838	225	1
2	HMC SUPPORT	J	OUTPATIENT PSYCH	60.02	29858	89	2
3							3
4	INTEREST	K	NEW CAP REL COSTS-BLDG & FIXT	3		3262510	4
5							5
6							6
7							7
8							8
9	FCC PHYSICIANS OFFICES	M	PHYSICIANS' PRIVATE OFFICES	98		937786	9
10							10
11	HOME HEALTH PARENT	N	ADMINISTRATIVE & GENERAL	6		185956	11
12							12
13	IFCC DEPR EXPENSE	O	IFCC	61.01		1057789	13
14		O	PHYSICIANS' PRIVATE OFFICES	98		582811	14
15							15
16							16
17							17
18	EMS MEDICAL DIRECTOR	Q	PARAMED ED PRGM-EMS	24.01		101925	18
19							19
20	HOME HEALTH INDIRECT COSTS	R	NEW CAP REL COSTS-BLDG & FIXT	3		122417	20
21		R	ADMINISTRATIVE & GENERAL	6		739264	21
22							22
23							23
24	OFF-SITE LOCATIONS	S	PHYSICAL THERAPY	50		89657	24
25							25
26	AGENCY SALARIES	T	ADMINISTRATIVE & GENERAL	6		401487	26
27		T	OPERATION OF PLANT	8		1080	27
28		T	NURSING ADMINISTRATION	14		54	28
29		T	ADULTS & PEDIATRICS	25		233383	29
30		T	INTENSIVE CARE UNIT	26		94196	30
31		T	CORONARY CARE UNIT	27		81760	31
32		T	SUBPROVIDER I	31		660	32
33		T	SUBPROVIDER II	31.01		3072	33
34		T	NURSERY	33		33810	34
35		T	OPERATING ROOM	37		124013	35
36	SUBTOTAL				2079822	27204636	36

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	75838	225	1
2 HMC SUPPORT	J	ADULTS & PEDIATRICS	25	29858	89	2
3						3
4 INTEREST	K	INTEREST EXPENSE	88		3262510	11 4
5						5
6						6
7						7
8						8
9 FCC PHYSICIANS OFFICES	M	IFCC	61.01		937786	9
10						10
11 HOME HEALTH PARENT	N	HOME HEALTH AGENCY	71		185956	11
12						12
13 IFCC DEPR EXPENSE	O	NEW CAP REL COSTS-BLDG & FIXT	3		1640600	11 13
14	O					14
15						15
16						16
17						17
18 EMS MEDICAL DIRECTOR	Q	EMERGENCY	61		101925	18
19						19
20 HOME HEALTH INDIRECT COSTS	R	HOME HEALTH AGENCY	71		861681	11 20
21	R					21
22						22
23						23
24 OFF-SITE LOCATIONS	S	NEW CAP REL COSTS-MVBLE EQUIP	4		89657	11 24
25						25
26 AGENCY SALARIES	T	ADMINISTRATIVE & GENERAL	6	401487		26
27	T	OPERATION OF PLANT	8	1080		27
28	T	NURSING ADMINISTRATION	14	54		28
29	T	ADULTS & PEDIATRICS	25	233383		29
30	T	INTENSIVE CARE UNIT	26	94196		30
31	T	CORONARY CARE UNIT	27	81760		31
32	T	SUBPROVIDER I	31	660		32
33	T	SUBPROVIDER II	31.01	3072		33
34	T	NURSERY	33	33810		34
35	T	OPERATING ROOM	37	124013		35
36 SUBTOTAL				2893809	26390649	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE # 3			
1	T	DELIVERY ROOM & LABOR ROOM	39			46055 1
2	T	ANESTHESIOLOGY	40			21743 2
3	T	ANESTHESIOLOGY	40			755998 3
4	T	ULTRASOUND	41.03			2440 4
5	T	LABORATORY	44			71307 5
6	T	BLOOD STORING, PROCESSING & T	47			3436 6
7	T	PHYSICAL THERAPY	50			232679 7
8	T	OCCUPATIONAL THERAPY	51			253762 8
9	T	ELECTROCARDIOLOGY	53			2422 9
10	T	CARDIAC CATH LAB	53.01			13257 10
11	T	CARDIAC REHAB	53.02			1918 11
12	T	INFUSION THERAPY	56.01			54319 12
13	T	EMERGENCY	61			258164 13
14	T	IFCC	61.01			486198 14
15						15
16	U	HOME HEALTH AGENCY	71			8000991 16
17	U	HOSPICE	93			1270601 17
18						18
19	V	ADMINISTRATIVE & GENERAL	6		1009843	19
20	V	DIETARY	11		35580	20
21	V					21
22	V					22
23	V					23
24	V					24
25	V					25
26						26
27	W	ADULTS & PEDIATRICS	25		250261	16 27
28	W	ELECTROCARDIOLOGY	53			818333 28
29						29
30	X	PEDIATRICS	26.01		328756	24896 30
31						31
32	Y	SPECIAL CARE NURSERY	26.02		490638	35520 32
33						33
34	Z	SUBPROVIDER I	31		852801	57456 34
35						35
36		TOTAL RECLASSIFICATIONS			5047701	39616147 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	T	DELIVERY ROOM & LABOR ROOM	39	46055		1
2	T	ANESTHESIOLOGY	40	21743		2
3	T	ANESTHESIOLOGY	40	755998		3
4	T	ULTRASOUND	41.03	2440		4
5	T	LABORATORY	44	71307		5
6	T	BLOOD STORING, PROCESSING & T	47	3436		6
7	T	PHYSICAL THERAPY	50	232679		7
8	T	OCCUPATIONAL THERAPY	51	253762		8
9	T	ELECTROCARDIOLOGY	53	2422		9
10	T	CARDIAC CATH LAB	53.01	13257		10
11	T	CARDIAC REHAB	53.02	1918		11
12	T	INFUSION THERAPY	56.01	54319		12
13	T	EMERGENCY	61	258164		13
14	T	IFCC	61.01	486198		14
15						15
16	RECLASS SALARIES	U HOME HEALTH AGENCY	71	8000991		16
17		U HOSPICE	93	1270601		17
18						18
19	DATA AND ADMIN FUNCTIONS	V NURSING ADMINISTRATION	14	115988		19
20		V PHARMACY	16	48262		20
21		V SUBPROVIDER II	31.01	107826		21
22		V LABORATORY	44	48241		22
23		V PHYSICAL THERAPY	50	404929		23
24		V SPEECH PATHOLOGY	52	133520		24
25		V IFCC	61.01	186657		25
26						26
27	OB HOUSE STAFF	W I&R SERVICES-NOT APPRVD PRGM	70	250261	16	27
28		W I&R SERVICES-NOT APPRVD PRGM	70		818333	28
29						29
30	PEDIATRICS	X ADULTS & PEDIATRICS	25	328756	24896	30
31						31
32	SPECIAL CARE NURSERY	Y NURSERY	33	490638	35520	32
33						33
34	NON GERO PSYCH	Z ADULTS & PEDIATRICS	25	852801	57456	34
35						35
36	TOTAL RECLASSIFICATIONS			17336978	27326870	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	4568880	2
3 BUILDINGS AND FIXTURES	58045809					58045809	26513112	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	14115450					14115450	14115450	6
7 SUBTOTAL	82564422					82564422	45197442	7
8 RECONCILING ITEMS								8
9 TOTAL	82564422					82564422	45197442	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	7417523		7417523		12519967		1
2 LAND IMPROVEMENTS	5387821	186142		186142		5573963	976670	2
3 BUILDINGS AND FIXTURES	139838962	9076959		9076959		148915921	53832897	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	140719431	11661185		11661185	1410258	150970358	55286911	6
7 SUBTOTAL	291048658	28341809		28341809	1410258	317980209	110096478	7
8 RECONCILING ITEMS								8
9 TOTAL	291048658	28341809		28341809	1410258	317980209	110096478	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	CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
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						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	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	8281368		1538564				9819932 3
4 NEW CAP REL COSTS-MVBLE EQUIP	10996151		103014				11099165 4
5 TOTAL	19277519		1641578				20919097 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	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	8289221						8289221 3
4 NEW CAP REL COSTS-MVBLE EQUIP	10996151						10996151 4
5 TOTAL	19285372						19285372 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
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-7853	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	-193360	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-129881	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-4354943			12
13 SALE OF SCRAP, WASTE, ETC.	B	-7288	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	257303			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-974963	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	-1844	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	A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			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 A-8-4				
	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37					37
38 MISCELLANEOUS INCOME	B	-202110	ADMINISTRATIVE & GENERAL	6	38
38.06 DAY CARE CENTER	B	-466532	ADMINISTRATIVE & GENERAL	6	38.06
38.08 EMS FEES	B	-252750	PARAMED ED PRGM-EMS	24.01	38.08
38.09 DIETARY TUITION REVENUE	B	-46875	PARAMED ED PRGM-DIETETICS	24.02	38.09
38.26 LAMAZE CLASSES	B	-2730	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	-105734	ADMINISTRATIVE & GENERAL	6	39.21
39.22 CRNA SALARIES	A	-755998	ANESTHESIOLOGY	40	39.22
39.23 PATIENT PHONE BENEFITS	A	-11534	EMPLOYEE BENEFITS	5	39.23
39.24 POB DEPARTMENTAL RENTAL	A	-24633	INFUSION THERAPY	56.01	39.24
39.25 POB RENTAL	A	-20079	RADIOLOGY-DIAGNOSTIC	41	39.25
39.41 OTHER INCOME	B	-11642	NURSING ADMINISTRATION	14	39.41
39.43 OTHER INCOME	B	-6525	SPEECH PATHOLOGY	52	39.43
39.44 OTHER INCOME	B	-942347	LABORATORY	44	39.44
39.47 OTHER INCOME	B	-155559	IFCC	61.01	39.47
39.48 OTHER INCOME	B	-411111	CARDIAC REHAB	53.02	39.48
39.49 OTHER INCOME	B	-349	SUBPROVIDER I	31	39.49
39.50 OTHER INCOME	B	-150580	ANESTHESIOLOGY	40	39.50
39.51 OTHER INCOME	B	-422500	RADIOLOGY-DIAGNOSTIC	41	39.51
39.52 OTHER INCOME	B	-631984	MEDICAL RECORDS & LIBRARY	17	39.52
40 NON-ALLOWABLE DUES	A	-15702	ADMINISTRATIVE & GENERAL	6	40
41 NON ALLOWABLE EXPENSES	A	-1046064	ADMINISTRATIVE & GENERAL	6	41
41.02 NON ALLOWABLE EXPENSES	A	-27600	PHYSICAL THERAPY	50	41.02
41.03 NON ALLOWABLE EXPENSES	A	-2118	PHYSICAL THERAPY	50	41.03
41.04 NON ALLOWABLE EXPENSES	A	-3426	IFCC	61.01	41.04
42 ICOR PROPERTY TAX	A	-27600	PHYSICAL THERAPY	50	42
43 NON-ALLOWABLE INTEREST EXPENSE-	A	-64245	NEW CAP REL COSTS-MVBLE EQUIP	4	11 43

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 03/03/2010 15:13

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
44 UNNECESSARY BORROWING OFFSET	A	-463066	NEW CAP REL COSTS-BLDG & FIXT		3	11 44
45 IFCC REAL ESTATE TAXES	A	-930400	IFCC		61.01	45
46 INVESTMENT FEES IN NONOPERATING	A	704165	ADMINISTRATIVE & GENERAL		6	46
47						47
47.01 HHA RENTAL	A	-66000	HOME HEALTH AGENCY		71	47.01
48 INTER CO RENTAL	A	-18000	HOSPICE		93	48
49						49
50 TOTAL		-12489479				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 ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	3	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	257303		11
2						
3	6	ADMINISTRATIVE & GENERAL	MANAGEMENT SERVICES	4284071	4284071	
4						
5		TOTALS		4541374	4284071	257303

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	NAME	PERCENT OF OWNERSHIP		
		3	4	5	6	
1						
2	B INGALLS HLTH SYS	100.00				ACUTE CARE
3	C		INGALLS HOME CARE	100.00		HOME CARE
4						
5						

- (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
1	2		3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL AGGREGATE	1290713	929903	360810	165600	2405	191475	9574
2	17	MEDICAL RECORDS & LIBRAR	48000		48000	165600	320	25477	1274
3	24.01	PARAMED ED PRGM-EMS	101925		101925	208000	680	68000	3400
4	25	ADULTS & PEDIATRICS	56250		56250	165600	375	29856	1493
5	31	SUBPROVIDER I	26250		26250	165600	175	13933	697
6	31.01	SUBPROVIDER II	40050		40050	208000	267	26700	1335
7	33	NURSERY CHILDRENS	490667	490667		208000			
8	37	OPERATING ROOM AGGREGATE	196800	196800					
9	41	RADIOLOGY-DIAGNOSTIC AGGREGATE	1181456	1181456		208000			
10	49	RESPIRATORY THERAPY	31500		31500	165600	210	16719	836
11	53	ELECTROCARDIOLOGY VARIOUS	75000	75000					
12	53.01	CARDIAC CATH LAB VARIOUS	63885	63885		165600			
13	53.02	CARDIAC REHAB AGGREGATE	57458	57458		208000			
14	54	ELECTROENCEPHALOGRAPHY	77250		77250	208000	515	51500	2575
15	56.01	INFUSION THERAPY	3000		3000	208000	20	2000	100
16	60.03	RETINAL VASCULAR	45000		45000	208000	300	30000	1500
17	61	EMERGENCY VARIOUS	1025400	1025400		225300			
101		TOTAL	4810604	4020569	790035		5267	455660	22784

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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	
10	11	12	13	14	15	16	17	18	
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE		2	1	191476	169334	1099237
2	17	MEDICAL RECORDS & LIBRAR					25477	22523	22523
3	24.01	PARAMED ED PRGM-EMS					68000	33925	33925
4	25	ADULTS & PEDIATRICS					29856	26394	26394
5	31	SUBPROVIDER I					13933	12317	12317
6	31.01	SUBPROVIDER II					26700	13350	13350
7	33	NURSERY	CHILDRENS						490667
8	37	OPERATING ROOM	AGGREGATE						196800
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						1181456
10	49	RESPIRATORY THERAPY					16719	14781	14781
11	53	ELECTROCARDIOLOGY	VARIOUS						75000
12	53.01	CARDIAC CATH LAB	VARIOUS						63885
13	53.02	CARDIAC REHAB	AGGREGATE						57458
14	54	ELECTROENCEPHALOGRAPHY					51500	25750	25750
15	56.01	INFUSION THERAPY					2000	1000	1000
16	60.03	RETINAL VASCULAR					30000	15000	15000
17	61	EMERGENCY	VARIOUS						1025400
101		TOTAL			2	1	455661	334374	4354943

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINI- STRATIVE & GENERAL	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	
	0	3	4	5	5A	6	7	8	
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 THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
70 I&R SERVICES-NOT APPRVD PRGM	1				1				70
71 HOME HEALTH AGENCY	9502217	83173	93537		9678927	2729661	32993	164063	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	2139726				2139726	603448			93
95 SUBTOTALS	260768578	9801309	11078221	23238906	260729011	57228833	2595903	11499850	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	2002229				2002229	564671			98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY		11895	13378		25273	7128	4719	23464	98.02
98.03 RETINAL VASCULAR GRANTS		6728	7566		14294	4031	2669	13272	98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	262770807	9819932	11099165	23238906	262770807	57804663	2603291	11536586	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	
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 THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY		72114							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	1997491	4961517	4107901	2378443	6636474	1363904	7487329	5237999	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY		10314							98.02
98.03 RETINAL VASCULAR GRANTS		5834							98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1997491	4977665	4107901	2378443	6636474	1363904	7487329	5237999	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 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	1593611					24.01
24.02 PARAMED ED PRGM-DIETETICS		178538				24.02
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	106241	143037	50481394		50481394	25
26 INTENSIVE CARE UNIT	53120	5563	4286821		4286821	26
26.01 PEDIATRICS			1150312		1150312	26.01
26.02 SPECIAL CARE NURESRY			1096885		1096885	26.02
27 CORONARY CARE UNIT	106241	6452	6063075		6063075	27
31 SUBPROVIDER I		2021	6283470		6283470	31
31.01 SUBPROVIDER II		21465	11359480		11359480	31.01
33 NURSERY			1061988		1061988	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	53120		18628936		18628936	37
38 RECOVERY ROOM			1755114		1755114	38
39 DELIVERY ROOM & LABOR ROOM	106241		4145059		4145059	39
40 ANESTHESIOLOGY			782448		782448	40
41 RADIOLOGY-DIAGNOSTIC			8821576		8821576	41
41.01 MRI			1926800		1926800	41.01
41.02 CT SCAN			1925542		1925542	41.02
41.03 ULTRASOUND			2018583		2018583	41.03
41.04 SPECIAL PROCEDURES			5294280		5294280	41.04
43 RADIOISOTOPE			1892515		1892515	43
44 LABORATORY			15577494		15577494	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			2887002		2887002	47
49 RESPIRATORY THERAPY	53120		3214668		3214668	49
49.01 PULMONARY FUNCTION			173750		173750	49.01
50 PHYSICAL THERAPY			7786965		7786965	50
51 OCCUPATIONAL THERAPY			1641519		1641519	51
52 SPEECH PATHOLOGY			681357		681357	52
53 ELECTROCARDIOLOGY	53120		2864847		2864847	53
53.01 CARDIAC CATH LAB			5484463		5484463	53.01
53.02 CARDIAC REHAB			1164208		1164208	53.02
54 ELECTROENCEPHALOGRAPHY			378854		378854	54
54.01 SLEEP LAB						54.01
54.02 EMG			186485		186485	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT			387312		387312	55
55.01 SUPPLY IMPLANTS			13713526		13713526	55.01
56 DRUGS CHARGED TO PATIENTS			14926838		14926838	56
56.01 INFUSION THERAPY			867751		867751	56.01
57 RENAL DIALYSIS			1800833		1800833	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			1264455		1264455	60
60.01 LITHOTRIPSY			595910		595910	60.01
60.02 OUTPATIENT PSYCH			809421		809421	60.02
60.03 RETINAL VASCULAR			1242750		1242750	60.03
61 EMERGENCY	1062408		8354169		8354169	61
61.01 IFCC			29693121		29693121	61.01
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50

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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	
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 THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
70 I&R SERVICES-NOT APPRVD PRGM			1		1	70
71 HOME HEALTH AGENCY			12677758		12677758	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			2743174		2743174	93
95 SUBTOTALS	1593611	178538	260092909		260092909	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES			2566900		2566900	98
98.01 REFERENCE LAB						98.01
98.02 O/P PHARMACY			70898		70898	98.02
98.03 RETINAL VASCULAR GRANTS			40100		40100	98.03
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	1593611	178538	262770807		262770807	103

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	
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 THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY		83173	93537	176710		301905	7563	26434	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						66742			93
95 SUBTOTALS	276724	9801309	11078221	21156254	112870	6329694	595049	1852858	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES						62454			98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY		11895	13378	25273		788	1082	3781	98.02
98.03 RETINAL VASCULAR GRANTS		6728	7566	14294		446	612	2138	98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	276724	9819932	11099165	21195821	112870	6393382	596743	1858777	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	
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 THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
70 I&R SERVICES-NOT APPRVD PRGM									70
71 HOME HEALTH AGENCY		3880							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	170487	266921	548851	272798	264827	463774	425406	482601	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY		555							98.02
98.03 RETINAL VASCULAR GRANTS		314							98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	170487	267790	548851	272798	264827	463774	425406	482601	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 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	131683					24.01
24.02 PARAMED ED PRGM-DIETETICS		30356				24.02
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS			6026663		6026663	25
26 INTENSIVE CARE UNIT			290336		290336	26
26.01 PEDIATRICS			195693		195693	26.01
26.02 SPECIAL CARE NURESRY			102421		102421	26.02
27 CORONARY CARE UNIT			475269		475269	27
31 SUBPROVIDER I			703887		703887	31
31.01 SUBPROVIDER II			2087222		2087222	31.01
33 NURSERY			163827		163827	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			2073777		2073777	37
38 RECOVERY ROOM			161932		161932	38
39 DELIVERY ROOM & LABOR ROOM			225853		225853	39
40 ANESTHESIOLOGY			42911		42911	40
41 RADIOLOGY-DIAGNOSTIC			1130224		1130224	41
41.01 MRI			237995		237995	41.01
41.02 CT SCAN			131631		131631	41.02
41.03 ULTRASOUND			154699		154699	41.03
41.04 SPECIAL PROCEDURES			204161		204161	41.04
43 RADIOISOTOPE			128999		128999	43
44 LABORATORY			945923		945923	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA			93042		93042	47
49 RESPIRATORY THERAPY			149418		149418	49
49.01 PULMONARY FUNCTION			31583		31583	49.01
50 PHYSICAL THERAPY			421727		421727	50
51 OCCUPATIONAL THERAPY			79022		79022	51
52 SPEECH PATHOLOGY			42492		42492	52
53 ELECTROCARDIOLOGY			209158		209158	53
53.01 CARDIAC CATH LAB			265813		265813	53.01
53.02 CARDIAC REHAB			100163		100163	53.02
54 ELECTROENCEPHALOGRAPHY			78875		78875	54
54.01 SLEEP LAB						54.01
54.02 EMG			5528		5528	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT			20623		20623	55
55.01 SUPPLY IMPLANTS			588091		588091	55.01
56 DRUGS CHARGED TO PATIENTS			551475		551475	56
56.01 INFUSION THERAPY			74653		74653	56.01
57 RENAL DIALYSIS			104947		104947	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			132306		132306	60
60.01 LITHOTRIPSY			15600		15600	60.01
60.02 OUTPATIENT PSYCH			178209		178209	60.02
60.03 RETINAL VASCULAR			396911		396911	60.03
61 EMERGENCY			553849		553849	61
61.01 IFCC			761903		761903	61.01
62 OBSERVATION BEDS (NON-DISTINCT)						62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50

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	
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 THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
70 I&R SERVICES-NOT APPRVD PRGM						70
71 HOME HEALTH AGENCY			516492		516492	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			66742		66742	93
95 SUBTOTALS			20922045		20922045	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES			62454		62454	98
98.01 REFERENCE LAB						98.01
98.02 O/P PHARMACY			31479		31479	98.02
98.03 RETINAL VASCULAR GRANTS			17804		17804	98.03
101 CROSS FOOT ADJUSTMENTS	131683	30356	162039		162039	101
102 NEGATIVE COST CENTER						102
103 TOTAL	131683	30356	21195821		21195821	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	
62.01 OBSERVATION BEDS-DISTINCT									62.01
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	433252	1785381	425260	355027	2239616	1196070	17038619	10174272	95
NONREIMBURSABLE COST CENTERS									
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	11536586	1997491	4977665	4107901	2378443	6636474	1363904	7487329	103
104 UNIT COST MULT-WS B PT I	26.543098		11.667022		1.061987		.080048		104
104 UNIT COST MULT-WS B PT I		1.118804		11.570672		5.548567		.735908	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	1858777	170487	267790	548851	272798	264827	463774	425406	107
108 UNIT COST MULT-WS B PT III	4.276629		.627666		.121806		.027219		108
108 UNIT COST MULT-WS B PT III		.095491		1.545942		.221414		.041812	108

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	
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	3635918			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			356127	24.02
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	1406380	8	285313	25
26 INTENSIVE CARE UNIT	70023	4	11096	26
26.01 PEDIATRICS	55559			26.01
26.02 SPECIAL CARE NURESRY	29137			26.02
27 CORONARY CARE UNIT	94364	8	12870	27
31 SUBPROVIDER I	64057		4032	31
31.01 SUBPROVIDER II	267855		42816	31.01
33 NURSERY	38963			33
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

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	
62.01 OBSERVATION BEDS-DISTINCT	17	24.01	24.02	62.01
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	3635918	120	356127	95
NONREIMBURSABLE COST CENTERS				
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	5237999	1593611	178538	103
104 UNIT COST MULT-WS B PT I	1.440626		.501332	104
104 UNIT COST MULT-WS B PT I		13280.091667		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	482601	131683	30356	107
108 UNIT COST MULT-WS B PT III	.132732		.085239	108
108 UNIT COST MULT-WS B PT III		1097.358333		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	50481394		50481394	26394	50507788	25
26 INTENSIVE CARE UNIT	4286821		4286821		4286821	26
26.01 PEDIATRICS	1150312		1150312		1150312	26.01
26.02 SPECIAL CARE NURESRY	1096885		1096885		1096885	26.02
27 CORONARY CARE UNIT	6063075		6063075		6063075	27
31 SUBPROVIDER I	6283470		6283470	12317	6295787	31
31.01 SUBPROVIDER II	11359480		11359480	13350	11372830	31.01
33 NURSERY	1061988		1061988		1061988	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	18628936		18628936		18628936	37
38 RECOVERY ROOM	1755114		1755114		1755114	38
39 DELIVERY ROOM & LABOR ROOM	4145059		4145059		4145059	39
40 ANESTHESIOLOGY	782448		782448		782448	40
41 RADIOLOGY-DIAGNOSTIC	8821576		8821576		8821576	41
41.01 MRI	1926800		1926800		1926800	41.01
41.02 CT SCAN	1925542		1925542		1925542	41.02
41.03 ULTRASOUND	2018583		2018583		2018583	41.03
41.04 SPECIAL PROCEDURES	5294280		5294280		5294280	41.04
43 RADIOISOTOPE	1892515		1892515		1892515	43
44 LABORATORY	15577494		15577494		15577494	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2887002		2887002		2887002	47
49 RESPIRATORY THERAPY	3214668		3214668	14781	3229449	49
49.01 PULMONARY FUNCTION	173750		173750		173750	49.01
50 PHYSICAL THERAPY	7786965		7786965		7786965	50
51 OCCUPATIONAL THERAPY	1641519		1641519		1641519	51
52 SPEECH PATHOLOGY	681357		681357		681357	52
53 ELECTROCARDIOLOGY	2864847		2864847		2864847	53
53.01 CARDIAC CATH LAB	5484463		5484463		5484463	53.01
53.02 CARDIAC REHAB	1164208		1164208		1164208	53.02
54 ELECTROENCEPHALOGRAPHY	378854		378854	25750	404604	54
54.01 SLEEP LAB						54.01
54.02 EMG	186485		186485		186485	54.02
55 MEDICAL SUPPLIES CHARGED TO	387312		387312		387312	55
55.01 SUPPLY IMPLANTS	13713526		13713526		13713526	55.01
56 DRUGS CHARGED TO PATIENTS	14926838		14926838		14926838	56
56.01 INFUSION THERAPY	867751		867751	1000	868751	56.01
57 RENAL DIALYSIS	1800833		1800833		1800833	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1264455		1264455		1264455	60
60.01 LITHOTRIPSY	595910		595910		595910	60.01
60.02 OUTPATIENT PSYCH	809421		809421		809421	60.02
60.03 RETINAL VASCULAR	1242750		1242750	15000	1257750	60.03
61 EMERGENCY	8354169		8354169		8354169	61
61.01 IFCC	29693121		29693121		29693121	61.01
62 OBSERVATION BEDS (NON-DISTI	3281932		3281932		3281932	62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	247953908		247953908	108592	248062500	101
102 LESS OBSERVATION BEDS	3281932		3281932		3281932	102
103 TOTAL	244671976		244671976	108592	244780568	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	74073217		74073217			25
26 INTENSIVE CARE UNIT	5396059		5396059			26
26.01 PEDIATRICS	661967		661967			26.01
26.02 SPECIAL CARE NURSERY	1365164		1365164			26.02
27 CORONARY CARE UNIT	6768389		6768389			27
31 SUBPROVIDER I	3055331		3055331			31
31.01 SUBPROVIDER II	11082316		11082316			31.01
33 NURSERY	1020900		1020900			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	30352838	25328072	55680910	.334566	.334566	.334566 37
38 RECOVERY ROOM	2522764	2333650	4856414	.361401	.361401	.361401 38
39 DELIVERY ROOM & LABOR ROOM	4015779	722603	4738382	.874784	.874784	.874784 39
40 ANESTHESIOLOGY	5172480	4441438	9613918	.081387	.081387	.081387 40
41 RADIOLOGY-DIAGNOSTIC	7961561	20567268	28528829	.309216	.309216	.309216 41
41.01 MRI	10644581	7906996	18551577	.103862	.103862	.103862 41.01
41.02 CT SCAN	21234458	26637047	47871505	.040223	.040223	.040223 41.02
41.03 ULTRASOUND	5059153	6895347	11954500	.168855	.168855	.168855 41.03
41.04 SPECIAL PROCEDURES	9321587	6613782	15935369	.332235	.332235	.332235 41.04
43 RADIOISOTOPE	5978400	8290052	14268452	.132636	.132636	.132636 43
44 LABORATORY	56968220	82060272	139028492	.112045	.112045	.112045 44
46.30 BLOOD CLOTTING FACTORS ADMINISTRATION						46.30
47 BLOOD STORING, PROCESSING & DELIVERY	6309297	1734686	8043983	.358902	.358902	.358902 47
49 RESPIRATORY THERAPY	11573931	942008	12515939	.256846	.256846	.256846 49
49.01 PULMONARY FUNCTION	472773	965948	1438721	.120767	.120767	.120767 49.01
50 PHYSICAL THERAPY	8061116	15707476	23768592	.327616	.327616	.327616 50
51 OCCUPATIONAL THERAPY	6350198		6350198	.258499	.258499	.258499 51
52 SPEECH PATHOLOGY	2645344		2645344	.257568	.257568	.257568 52
53 ELECTROCARDIOLOGY	14394851	7735180	22130031	.129455	.129455	.129455 53
53.01 CARDIAC CATH LAB	11810101	4307446	16117547	.340279	.340279	.340279 53.01
53.02 CARDIAC REHAB	87437	1557272	1644709	.707850	.707850	.707850 53.02
54 ELECTROENCEPHALOGRAPHY	808917	211552	1020469	.371255	.371255	.396488 54
54.01 SLEEP LAB						54.01
54.02 EMG	613499	996533	1610032	.115827	.115827	.115827 54.02
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	5662219	2172279	7834498	.049437	.049437	.049437 55
55.01 SUPPLY IMPLANTS	29174056	13836927	43010983	.318838	.318838	.318838 55.01
56 DRUGS CHARGED TO PATIENTS	43882505	17508983	61391488	.243142	.243142	.243142 56
56.01 INFUSION THERAPY	54567	4972394	5026961	.172619	.172619	.172818 56.01
57 RENAL DIALYSIS	2441309	199806	2641115	.681846	.681846	.681846 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	382366	2606687	2989053	.423029	.423029	.423029 60
60.01 LITHOTRIPSY	10192	1808061	1818253	.327738	.327738	.327738 60.01
60.02 OUTPATIENT PSYCH	4811	511215	516026	1.568566	1.568566	1.568566 60.02
60.03 RETINAL VASCULAR	16746	2009165	2025911	.613428	.613428	.620832 60.03
61 EMERGENCY	14270762	40888471	55159233	.151455	.151455	.151455 61
61.01 IFCC	4586693	136171948	140758641	.210951	.210951	.210951 61.01
62 OBSERVATION BEDS (NON-DISTINCT)		4620612	4620612	.710281	.710281	.710281 62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	426268854	453261176	879530030			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	426268854	453261176	879530030			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				6026663		6026663	25
26 INTENSIVE CARE UNIT				290336		290336	26
26.01 PEDIATRICS				195693		195693	26.01
26.02 SPECIAL CARE NURSERY				102421		102421	26.02
27 CORONARY CARE UNIT				475269		475269	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				703887		703887	31
31.01 SUBPROVIDER II				2087222		2087222	31.01
33 NURSERY				163827		163827	33
101 TOTAL				10045318		10045318	101

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	67838	35301			88.84	3136141	25
26 INTENSIVE CARE UNIT	2907	1836			99.87	183361	26
26.01 PEDIATRICS	729				268.44		26.01
26.02 SPECIAL CARE NURSERY	2066				49.57		26.02
27 CORONARY CARE UNIT	3621	1957			131.25	256856	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4311	779			163.28	127195	31
31.01 SUBPROVIDER II	13319	10862			156.71	1702184	31.01
33 NURSERY	1545				106.04		33
101 TOTAL	96336	50735				5405737	101

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		2073777	55680910	15684099			.037244	584139
38 RECOVERY ROOM		161932	4856414	1044430			.033344	34825
39 DELIVERY ROOM & LABOR ROOM		225853	4738382	18464			.047665	880
40 ANESTHESIOLOGY		42911	9613918	2372563			.004463	10589
41 RADIOLOGY-DIAGNOSTIC		1130224	28528829	4721769			.039617	187062
41.01 MRI		237995	18551577	5655058			.012829	72549
41.02 CT SCAN		131631	47871505	11664874			.002750	32078
41.03 ULTRASOUND		154699	11954500	2687035			.012941	34773
41.04 SPECIAL PROCEDURES		204161	15935369	6364782			.012812	81546
43 RADIOISOTOPE		128999	14268452	3156424			.009041	28537
44 LABORATORY		945923	139028492	30114277			.006804	204898
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		93042	8043983	3550303			.011567	41066
49 RESPIRATORY THERAPY		149418	12515939	7799897			.011938	93115
49.01 PULMONARY FUNCTION		31583	1438721	274975			.021952	6036
50 PHYSICAL THERAPY		421727	23768592	2073027			.017743	36782
51 OCCUPATIONAL THERAPY		79022	6350198	977658			.012444	12166
52 SPEECH PATHOLOGY		42492	2645344	430477			.016063	6915
53 ELECTROCARDIOLOGY		209158	22130031	8016610			.009451	75765
53.01 CARDIAC CATH LAB		265813	16117547	6263172			.016492	103292
53.02 CARDIAC REHAB		100163	1644709	47125			.060900	2870
54 ELECTROENCEPHALOGRAPHY		78875	1020469	468099			.077293	36181
54.01 SLEEP LAB								54.01
54.02 EMG		5528	1610032	243205			.003433	835
55 MEDICAL SUPPLIES CHARGED TO P		20623	7834498	2734610			.002632	7197
55.01 SUPPLY IMPLANTS		588091	43010983	11879294			.013673	162426
56 DRUGS CHARGED TO PATIENTS		551475	61391488	20907012			.008983	187808
56.01 INFUSION THERAPY		74653	5026961	44820			.014851	666
57 RENAL DIALYSIS		104947	2641115	1474789			.039736	58602
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		132306	2989053	213357			.044264	9444
60.01 LITHOTRIPSY		15600	1818253	10158			.008580	87
60.02 OUTPATIENT PSYCH		178209	516026	3808			.345349	1315
60.03 RETINAL VASCULAR		396911	2025911	6237			.195917	1222
61 EMERGENCY		553849	55159233	9713384			.010041	97532
61.01 IFCC		761903	140758641	2011853			.005413	10890
62 OBSERVATION BEDS (NON-DISTINC		391603	4620612				.084751	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10685096	776106687	162627645				2224088

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 03/03/2010 15:13

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
		ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
		COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS	
		1	2	2.01	2.02	3	4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			249278			249278	25
26	INTENSIVE CARE UNIT			58683			58683	26
26.01	PEDIATRICS							26.01
26.02	SPECIAL CARE NURESRY							26.02
27	CORONARY CARE UNIT			112693			112693	27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I			2021			2021	31
31.01	SUBPROVIDER II			21465			21465	31.01
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			444140			444140	101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 03/03/2010 15:13

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	67838	3.67	35301	129555	25
26 INTENSIVE CARE UNIT	2907	20.19	1836	37069	26
26.01 PEDIATRICS	729				26.01
26.02 SPECIAL CARE NURESRY	2066				26.02
27 CORONARY CARE UNIT	3621	31.12	1957	60902	27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	4311	.47	779	366	31
31.01 SUBPROVIDER II	13319	1.61	10862	17488	31.01
33 NURSERY	1545				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	96336		50735	245380	101

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 [XX] SUB I (14-S191) [] 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
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2073777	55680910	1201			.037244	45 37
38 RECOVERY ROOM		161932	4856414				.033344	38
39 DELIVERY ROOM & LABOR ROOM		225853	4738382				.047665	39
40 ANESTHESIOLOGY		42911	9613918				.004463	40
41 RADIOLOGY-DIAGNOSTIC		1130224	28528829	10330			.039617	409 41
41.01 MRI		237995	18551577	26377			.012829	338 41.01
41.02 CT SCAN		131631	47871505	43825			.002750	121 41.02
41.03 ULTRASOUND		154699	11954500	5371			.012941	70 41.03
41.04 SPECIAL PROCEDURES		204161	15935369				.012812	41.04
43 RADIOISOTOPE		128999	14268452	1406			.009041	13 43
44 LABORATORY		945923	139028492	188681			.006804	1284 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		93042	8043983				.011567	47
49 RESPIRATORY THERAPY		149418	12515939	12944			.011938	155 49
49.01 PULMONARY FUNCTION		31583	1438721				.021952	49.01
50 PHYSICAL THERAPY		421727	23768592	2205			.017743	39 50
51 OCCUPATIONAL THERAPY		79022	6350198				.012444	51
52 SPEECH PATHOLOGY		42492	2645344				.016063	52
53 ELECTROCARDIOLOGY		209158	22130031	12033			.009451	114 53
53.01 CARDIAC CATH LAB		265813	16117547				.016492	53.01
53.02 CARDIAC REHAB		100163	1644709				.060900	53.02
54 ELECTROENCEPHALOGRAPHY		78875	1020469	5881			.077293	455 54
54.01 SLEEP LAB								54.01
54.02 EMG		5528	1610032				.003433	54.02
55 MEDICAL SUPPLIES CHARGED TO P		20623	7834498	593			.002632	2 55
55.01 SUPPLY IMPLANTS		588091	43010983				.013673	55.01
56 DRUGS CHARGED TO PATIENTS		551475	61391488	83302			.008983	748 56
56.01 INFUSION THERAPY		74653	5026961				.014851	56.01
57 RENAL DIALYSIS		104947	26411115	696			.039736	28 57
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		132306	2989053	84			.044264	4 60
60.01 LITHOTRIPSY		15600	1818253				.008580	60.01
60.02 OUTPATIENT PSYCH		178209	516026	875			.345349	302 60.02
60.03 RETINAL VASCULAR		396911	2025911				.195917	60.03
61 EMERGENCY		553849	55159233	137031			.010041	1376 61
61.01 IFCC		761903	140758641	1502			.005413	8 61.01
62 OBSERVATION BEDS (NON-DISTINC		391603	4620612				.084751	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
101 OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10685096	776106687	534337				5511 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	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 [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 CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	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		2073777	55680910	83968			.037244	3127	37
38 RECOVERY ROOM		161932	4856414	5855			.033344	195	38
39 DELIVERY ROOM & LABOR ROOM		225853	4738382				.047665		39
40 ANESTHESIOLOGY		42911	9613918	7413			.004463	33	40
41 RADIOLOGY-DIAGNOSTIC		1130224	28528829	169885			.039617	6730	41
41.01 MRI		237995	18551577	36914			.012829	474	41.01
41.02 CT SCAN		131631	47871505	172668			.002750	475	41.02
41.03 ULTRASOUND		154699	11954500	69075			.012941	894	41.03
41.04 SPECIAL PROCEDURES		204161	15935369	229711			.012812	2943	41.04
43 RADIOISOTOPE		128999	14268452	44660			.009041	404	43
44 LABORATORY		945923	139028492	2297695			.006804	15634	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		93042	8043983	179209			.011567	2073	47
49 RESPIRATORY THERAPY		149418	12515939	740496			.011938	8840	49
49.01 PULMONARY FUNCTION		31583	1438721	1675			.021952	37	49.01
50 PHYSICAL THERAPY		421727	23768592	3920613			.017743	69563	50
51 OCCUPATIONAL THERAPY		79022	6350198	3950640			.012444	49162	51
52 SPEECH PATHOLOGY		42492	2645344	1240622			.016063	19928	52
53 ELECTROCARDIOLOGY		209158	22130031	58740			.009451	555	53
53.01 CARDIAC CATH LAB		265813	16117547				.016492		53.01
53.02 CARDIAC REHAB		100163	1644709				.060900		53.02
54 ELECTROENCEPHALOGRAPHY		78875	1020469	6618			.077293	512	54
54.01 SLEEP LAB									54.01
54.02 EMG		5528	1610032	1348			.003433	5	54.02
55 MEDICAL SUPPLIES CHARGED TO P		20623	7834498	157303			.002632	414	55
55.01 SUPPLY IMPLANTS		588091	43010983				.013673		55.01
56 DRUGS CHARGED TO PATIENTS		551475	61391488	2498983			.008983	22448	56
56.01 INFUSION THERAPY		74653	5026961				.014851		56.01
57 RENAL DIALYSIS		104947	26411115	240580			.039736	9560	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		132306	2989053	33889			.044264	1500	60
60.01 LITHOTRIPSY		15600	1818253				.008580		60.01
60.02 OUTPATIENT PSYCH		178209	516026				.345349		60.02
60.03 RETINAL VASCULAR		396911	2025911	735			.195917	144	60.03
61 EMERGENCY		553849	55159233	12928			.010041	130	61
61.01 IFCC		761903	140758641	4915			.005413	27	61.01
62 OBSERVATION BEDS (NON-DISTINC		391603	4620612				.084751		62
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		10685096	776106687	16167138				215807	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 COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.334566	.334566	.334566			37
38 RECOVERY ROOM	.361401	.361401	.361401			38
39 DELIVERY ROOM & LABOR ROOM	.874784	.874784	.874784			39
40 ANESTHESIOLOGY	.081387	.081387	.081387			40
41 RADIOLOGY-DIAGNOSTIC	.309216	.309216	.309216			41
41.01 MRI	.103862	.103862	.103862			41.01
41.02 CT SCAN	.040223	.040223	.040223			41.02
41.03 ULTRASOUND	.168855	.168855	.168855			41.03
41.04 SPECIAL PROCEDURES	.332235	.332235	.332235			41.04
43 RADIOISOTOPE	.132636	.132636	.132636			43
44 LABORATORY	.112045	.112045	.112045			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.358902	.358902	.358902			47
49 RESPIRATORY THERAPY	.256846	.256846	.256846			49
49.01 PULMONARY FUNCTION	.120767	.120767	.120767			49.01
50 PHYSICAL THERAPY	.327616	.327616	.327616			50
51 OCCUPATIONAL THERAPY	.258499	.258499	.258499			51
52 SPEECH PATHOLOGY	.257568	.257568	.257568			52
53 ELECTROCARDIOLOGY	.129455	.129455	.129455			53
53.01 CARDIAC CATH LAB	.340279	.340279	.340279			53.01
53.02 CARDIAC REHAB	.707850	.707850	.707850			53.02
54 ELECTROENCEPHALOGRAPHY	.371255	.371255	.371255			54
54.01 SLEEP LAB						54.01
54.02 EMG	.115827	.115827	.115827			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.049437	.049437	.049437			55
55.01 SUPPLY IMPLANTS	.318838	.318838	.318838			55.01
56 DRUGS CHARGED TO PATIENTS	.243142	.243142	.243142			56
56.01 INFUSION THERAPY	.172619	.172619	.172619			56.01
57 RENAL DIALYSIS	.681846	.681846	.681846			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.423029	.423029	.423029			60
60.01 LITHOTRIPSY	.327738	.327738	.327738			60.01
60.02 OUTPATIENT PSYCH	1.568566	1.568566	1.568566			60.02
60.03 RETINAL VASCULAR	.613428	.613428	.613428			60.03
61 EMERGENCY	.151455	.151455	.151455			61
61.01 IFCC	.210951	.210951	.210951			61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.710281	.710281	.710281			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	.243142	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 OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES (SEE)	PPS SER- VICES (SEE)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	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		708						41
41.01 MRI								41.01
41.02 CT SCAN		1508						41.02
41.03 ULTRASOUND								41.03
41.04 SPECIAL PROCEDURES								41.04
43 RADIOISOTOPE								43
44 LABORATORY		1350						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								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		3468						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
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		7034						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		7034						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 CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	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			219				41
41.01 MRI							41.01
41.02 CT SCAN			61				41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
43 RADIOISOTOPE							43
44 LABORATORY			151				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			171				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
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			602				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			602				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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	
	1	2	3	4	
25 INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS				6026663	25
26 INTENSIVE CARE UNIT				290336	26
26.01 PEDIATRICS				195693	26.01
26.02 SPECIAL CARE NURSERY				102421	26.02
27 CORONARY CARE UNIT				475269	27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I				703887	31
31.01 SUBPROVIDER II				2087222	31.01
33 NURSERY				163827	33
101 TOTAL				10045318	101

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
25 INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	67838	14428			88.84	1281784	25
26 INTENSIVE CARE UNIT	2907	301			99.87	30061	26
26.01 PEDIATRICS	729	376			268.44	100933	26.01
26.02 SPECIAL CARE NURSERY	2066	1657			49.57	82137	26.02
27 CORONARY CARE UNIT	3621	338			131.25	44363	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4311	1706			163.28	278556	31
31.01 SUBPROVIDER II	13319	454			156.71	71146	31.01
33 NURSERY	1545	1060			106.04	112402	33
101 TOTAL	96336	20320				2001382	101

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 CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	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		2073777	55680910				.037244	37
38 RECOVERY ROOM		161932	4856414				.033344	38
39 DELIVERY ROOM & LABOR ROOM		225853	4738382				.047665	39
40 ANESTHESIOLOGY		42911	9613918				.004463	40
41 RADIOLOGY-DIAGNOSTIC		1130224	28528829				.039617	41
41.01 MRI		237995	18551577				.012829	41.01
41.02 CT SCAN		131631	47871505				.002750	41.02
41.03 ULTRASOUND		154699	11954500				.012941	41.03
41.04 SPECIAL PROCEDURES		204161	15935369				.012812	41.04
43 RADIOISOTOPE		128999	14268452				.009041	43
44 LABORATORY		945923	139028492				.006804	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		93042	8043983				.011567	47
49 RESPIRATORY THERAPY		149418	12515939				.011938	49
49.01 PULMONARY FUNCTION		31583	1438721				.021952	49.01
50 PHYSICAL THERAPY		421727	23768592				.017743	50
51 OCCUPATIONAL THERAPY		79022	6350198				.012444	51
52 SPEECH PATHOLOGY		42492	2645344				.016063	52
53 ELECTROCARDIOLOGY		209158	22130031				.009451	53
53.01 CARDIAC CATH LAB		265813	16117547				.016492	53.01
53.02 CARDIAC REHAB		100163	1644709				.060900	53.02
54 ELECTROENCEPHALOGRAPHY		78875	1020469				.077293	54
54.01 SLEEP LAB								54.01
54.02 EMG		5528	1610032				.003433	54.02
55 MEDICAL SUPPLIES CHARGED TO P		20623	7834498				.002632	55
55.01 SUPPLY IMPLANTS		588091	43010983				.013673	55.01
56 DRUGS CHARGED TO PATIENTS		551475	61391488				.008983	56
56.01 INFUSION THERAPY		74653	5026961				.014851	56.01
57 RENAL DIALYSIS		104947	2641115				.039736	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		132306	2989053				.044264	60
60.01 LITHOTRIPSY		15600	1818253				.008580	60.01
60.02 OUTPATIENT PSYCH		178209	516026				.345349	60.02
60.03 RETINAL VASCULAR		396911	2025911				.195917	60.03
61 EMERGENCY		553849	55159233				.010041	61
61.01 IFCC		761903	140758641				.005413	61.01
62 OBSERVATION BEDS (NON-DISTINC		391603	4620612				.084751	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10685096	776106687					101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 03/03/2010 15:13

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	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			249278			249278	25
26 INTENSIVE CARE UNIT			58683			58683	26
26.01 PEDIATRICS							26.01
26.02 SPECIAL CARE NURESRY							26.02
27 CORONARY CARE UNIT			112693			112693	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I			2021			2021	31
31.01 SUBPROVIDER II			21465			21465	31.01
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			444140			444140	101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 03/03/2010 15:13

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	67838	3.67	14428	52951	25
26 INTENSIVE CARE UNIT	2907	20.19	301	6077	26
26.01 PEDIATRICS	729		376		26.01
26.02 SPECIAL CARE NURESRY	2066		1657		26.02
27 CORONARY CARE UNIT	3621	31.12	338	10519	27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	4311	.47	1706	802	31
31.01 SUBPROVIDER II	13319	1.61	454	731	31.01
33 NURSERY	1545		1060		33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	96336		20320	71080	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
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2073777	55680910				.037244	37
38 RECOVERY ROOM		161932	4856414				.033344	38
39 DELIVERY ROOM & LABOR ROOM		225853	4738382				.047665	39
40 ANESTHESIOLOGY		42911	9613918				.004463	40
41 RADIOLOGY-DIAGNOSTIC		1130224	28528829				.039617	41
41.01 MRI		237995	18551577				.012829	41.01
41.02 CT SCAN		131631	47871505				.002750	41.02
41.03 ULTRASOUND		154699	11954500				.012941	41.03
41.04 SPECIAL PROCEDURES		204161	15935369				.012812	41.04
43 RADIOISOTOPE		128999	14268452				.009041	43
44 LABORATORY		945923	139028492				.006804	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		93042	8043983				.011567	47
49 RESPIRATORY THERAPY		149418	12515939				.011938	49
49.01 PULMONARY FUNCTION		31583	1438721				.021952	49.01
50 PHYSICAL THERAPY		421727	23768592				.017743	50
51 OCCUPATIONAL THERAPY		79022	6350198				.012444	51
52 SPEECH PATHOLOGY		42492	2645344				.016063	52
53 ELECTROCARDIOLOGY		209158	22130031				.009451	53
53.01 CARDIAC CATH LAB		265813	16117547				.016492	53.01
53.02 CARDIAC REHAB		100163	1644709				.060900	53.02
54 ELECTROENCEPHALOGRAPHY		78875	1020469				.077293	54
54.01 SLEEP LAB								54.01
54.02 EMG		5528	1610032				.003433	54.02
55 MEDICAL SUPPLIES CHARGED TO P		20623	7834498				.002632	55
55.01 SUPPLY IMPLANTS		588091	43010983				.013673	55.01
56 DRUGS CHARGED TO PATIENTS		551475	61391488				.008983	56
56.01 INFUSION THERAPY		74653	5026961				.014851	56.01
57 RENAL DIALYSIS		104947	2641115				.039736	57
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		132306	2989053				.044264	60
60.01 LITHOTRIPS		15600	1818253				.008580	60.01
60.02 OUTPATIENT PSYCH		178209	516026				.345349	60.02
60.03 RETINAL VASCULAR		396911	2025911				.195917	60.03
61 EMERGENCY		553849	55159233				.010041	61
61.01 IFCC		761903	140758641				.005413	61.01
62 OBSERVATION BEDS (NON-DISTINC		391603	4620612				.084751	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
101 OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10685096	776106687					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		PROGRAM	
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	53120	55680910	.000954	.000954			37
38 RECOVERY ROOM		4856414					38
39 DELIVERY ROOM & LABOR ROOM	106241	4738382	.022421	.022421			39
40 ANESTHESIOLOGY		9613918					40
41 RADIOLOGY-DIAGNOSTIC		28528829					41
41.01 MRI		18551577					41.01
41.02 CT SCAN		47871505					41.02
41.03 ULTRASOUND		11954500					41.03
41.04 SPECIAL PROCEDURES		15935369					41.04
43 RADIOISOTOPE		14268452					43
44 LABORATORY		139028492					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		8043983					47
49 RESPIRATORY THERAPY	53120	12515939	.004244	.004244			49
49.01 PULMONARY FUNCTION		1438721					49.01
50 PHYSICAL THERAPY		23768592					50
51 OCCUPATIONAL THERAPY		6350198					51
52 SPEECH PATHOLOGY		2645344					52
53 ELECTROCARDIOLOGY	53120	22130031	.002400	.002400			53
53.01 CARDIAC CATH LAB		16117547					53.01
53.02 CARDIAC REHAB		1644709					53.02
54 ELECTROENCEPHALOGRAPHY		1020469					54
54.01 SLEEP LAB							54.01
54.02 EMG		1610032					54.02
55 MEDICAL SUPPLIES CHARGED TO P		7834498					55
55.01 SUPPLY IMPLANTS		43010983					55.01
56 DRUGS CHARGED TO PATIENTS		61391488					56
56.01 INFUSION THERAPY		5026961					56.01
57 RENAL DIALYSIS		2641115					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2989053					60
60.01 LITHOTRIPSY		1818253					60.01
60.02 OUTPATIENT PSYCH		516026					60.02
60.03 RETINAL VASCULAR		2025911					60.03
61 EMERGENCY	1062408	55159233	.019261	.019261			61
61.01 IFCC		140758641					61.01
62 OBSERVATION BEDS (NON-DISTINC		4620612					62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1328009	776106687					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	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 [] 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		2073777	55680910				.037244	37
38 RECOVERY ROOM		161932	4856414				.033344	38
39 DELIVERY ROOM & LABOR ROOM		225853	4738382				.047665	39
40 ANESTHESIOLOGY		42911	9613918				.004463	40
41 RADIOLOGY-DIAGNOSTIC		1130224	28528829				.039617	41
41.01 MRI		237995	18551577				.012829	41.01
41.02 CT SCAN		131631	47871505				.002750	41.02
41.03 ULTRASOUND		154699	11954500				.012941	41.03
41.04 SPECIAL PROCEDURES		204161	15935369				.012812	41.04
43 RADIOISOTOPE		128999	14268452				.009041	43
44 LABORATORY		945923	139028492				.006804	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		93042	8043983				.011567	47
49 RESPIRATORY THERAPY		149418	12515939				.011938	49
49.01 PULMONARY FUNCTION		31583	1438721				.021952	49.01
50 PHYSICAL THERAPY		421727	23768592				.017743	50
51 OCCUPATIONAL THERAPY		79022	6350198				.012444	51
52 SPEECH PATHOLOGY		42492	2645344				.016063	52
53 ELECTROCARDIOLOGY		209158	22130031				.009451	53
53.01 CARDIAC CATH LAB		265813	16117547				.016492	53.01
53.02 CARDIAC REHAB		100163	1644709				.060900	53.02
54 ELECTROENCEPHALOGRAPHY		78875	1020469				.077293	54
54.01 SLEEP LAB								54.01
54.02 EMG		5528	1610032				.003433	54.02
55 MEDICAL SUPPLIES CHARGED TO P		20623	7834498				.002632	55
55.01 SUPPLY IMPLANTS		588091	43010983				.013673	55.01
56 DRUGS CHARGED TO PATIENTS		551475	61391488				.008983	56
56.01 INFUSION THERAPY		74653	5026961				.014851	56.01
57 RENAL DIALYSIS		104947	2641115				.039736	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		132306	2989053				.044264	60
60.01 LITHOTRIPS		15600	1818253				.008580	60.01
60.02 OUTPATIENT PSYCH		178209	516026				.345349	60.02
60.03 RETINAL VASCULAR		396911	2025911				.195917	60.03
61 EMERGENCY		553849	55159233				.010041	61
61.01 IFCC		761903	140758641				.005413	61.01
62 OBSERVATION BEDS (NON-DISTINC		391603	4620612				.084751	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10685096	776106687					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 (PPS) (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)	67838	4311	13319				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	67838	4311	13319				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67838	4311	13319				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)	35301	779	10862				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 (PPS) (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	50507788	6295787	11372830				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	50507788	6295787	11372830				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	74073217	8288061	11082316				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	74073217	8288061	11082316				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.681863	.759621	1.026214				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1091.91	1922.54	832.07				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	50507788	6295787	11372830				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 (PPS) (14-S191)	SUB II (PPS) (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	744.54	1460.40	853.88			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	26283007	1137652	9274845			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	26283007	1137652	9274845			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	4286821	2907	1474.65	1836	2707457	43
43.01 PEDIATRICS	1150312	729	1577.93			43.01
43.02 SPECIAL CARE NURSERY	1096885	2066	530.92			43.02
44 CORONARY CARE UNIT	6063075	3621	1674.42	1957	3276840	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 (PPS) (14-S191)	SUB II (PPS) (14-T191)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	34509124	81522	4133893			48
49 TOTAL PROGRAM INPATIENT COSTS	66776428	1219174	13408738			49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3803884	127561	1719672			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2478897	8235	219420			51
52 TOTAL PROGRAM EXCLUDABLE COST	6282781	135796	1939092			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	60493647	1083378	11469646			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 (PPS) (14-S191)	SUB II (PPS) (14-T191)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						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 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
03/03/2010 15:13

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

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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 IN LIEU OF FORM CMS-2552-96 (11/98)

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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) (PPS) (PPS)
 (14-0191) (14-S191) (14-T191)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4408	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.54	84
85 OBSERVATION BED COST	3281932	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		50507788		3281932		86
87 NEW CAPITAL-RELATED COST	6026663	50507788	.119321	3281932	391603	87
88 NON PHYSICIAN ANESTHETIST		50507788		3281932		88
89 NURSING SCHOOL		50507788		3281932		89
89.01 ALLIED HEALTH	249278	50507788	.004935	3281932	16196	89.01
89.02 ALL OTHER		50507788		3281932		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 (OTHER) (14-0191)	SUB I (OTHER) (14-S191)	SUB II (OTHER) (14-T191)	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	67838	4311	13319			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	67838	4311	13319			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67838	4311	13319			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	1706	454			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	1545					15
16 TITLE V OR XIX NURSERY DAYS	1060					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 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	50481394	6283470	11359480				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	50481394	6283470	11359480				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	74073217	8288061	11082316				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	74073217	8288061	11082316				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.681507	.758135	1.025010				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1091.91	1922.54	832.07				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	50481394	6283470	11359480				37

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	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	744.15	1457.54	852.88		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10736596	2486563	387208		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10736596	2486563	387208		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)	1061988	1545	687.37	1060	728612 42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	4286821	2907	1474.65	301	443870 43
43.01	PEDIATRICS	1150312	729	1577.93	376	593302 43.01
43.02	SPECIAL CARE NURESRY	1096885	2066	530.92	1657	879734 43.02
44	CORONARY CARE UNIT	6063075	3621	1674.42	338	565954 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	13948068	2486563	387208		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1721227	279358	71877		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	1721227	279358	71877		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 (OTHER) (14-0191)	SUB I (OTHER) (14-S191)	SUB II (OTHER) (14-T191)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1		1	1	54
55		40	34			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						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 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
03/03/2010 15:13

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
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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	4408	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.54	84
85 OBSERVATION BED COST	3281932	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S191)	<input type="checkbox"/> NF	<input 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
26.01 PEDIATRICS				26.01
26.02 SPECIAL CARE NURSERY				26.02
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		937877		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.334566	1201	402	37
38 RECOVERY ROOM	.361401			38
39 DELIVERY ROOM & LABOR ROOM	.874784			39
40 ANESTHESIOLOGY	.081387			40
41 RADIOLOGY-DIAGNOSTIC	.309216	10330	3194	41
41.01 MRI	.103862	26377	2740	41.01
41.02 CT SCAN	.040223	43825	1763	41.02
41.03 ULTRASOUND	.168855	5371	907	41.03
41.04 SPECIAL PROCEDURES	.332235			41.04
43 RADIOISOTOPE	.132636	1406	186	43
44 LABORATORY	.112045	188681	21141	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.358902			47
49 RESPIRATORY THERAPY	.258027	12944	3340	49
49.01 PULMONARY FUNCTION	.120767			49.01
50 PHYSICAL THERAPY	.327616	2205	722	50
51 OCCUPATIONAL THERAPY	.258499			51
52 SPEECH PATHOLOGY	.257568			52
53 ELECTROCARDIOLOGY	.129455	12033	1558	53
53.01 CARDIAC CATH LAB	.340279			53.01
53.02 CARDIAC REHAB	.707850			53.02
54 ELECTROENCEPHALOGRAPHY	.396488	5881	2332	54
54.01 SLEEP LAB				54.01
54.02 EMG	.115827			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.049437	593	29	55
55.01 SUPPLY IMPLANTS	.318838			55.01
56 DRUGS CHARGED TO PATIENTS	.243142	83302	20254	56
56.01 INFUSION THERAPY	.172818			56.01
57 RENAL DIALYSIS	.681846	696	475	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.423029	84	36	60
60.01 LITHOTRIPSY	.327738			60.01
60.02 OUTPATIENT PSYCH	1.568566	875	1372	60.02
60.03 RETINAL VASCULAR	.620832			60.03
61 EMERGENCY	.151455	137031	20754	61
61.01 IFCC	.210951	1502	317	61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.710281			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		534337	81522	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		534337		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T191)	<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
26.01 PEDIATRICS				26.01
26.02 SPECIAL CARE NURSERY				26.02
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		9010121		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.334566	83968	28093	37
38 RECOVERY ROOM	.361401	5855	2116	38
39 DELIVERY ROOM & LABOR ROOM	.874784			39
40 ANESTHESIOLOGY	.081387	7413	603	40
41 RADIOLOGY-DIAGNOSTIC	.309216	169885	52531	41
41.01 MRI	.103862	36914	3834	41.01
41.02 CT SCAN	.040223	172668	6945	41.02
41.03 ULTRASOUND	.168855	69075	11664	41.03
41.04 SPECIAL PROCEDURES	.332235	229711	76318	41.04
43 RADIOISOTOPE	.132636	44660	5924	43
44 LABORATORY	.112045	2297695	257445	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.358902	179209	64318	47
49 RESPIRATORY THERAPY	.258027	740496	191068	49
49.01 PULMONARY FUNCTION	.120767	1675	202	49.01
50 PHYSICAL THERAPY	.327616	3920613	1284456	50
51 OCCUPATIONAL THERAPY	.258499	3950640	1021236	51
52 SPEECH PATHOLOGY	.257568	1240622	319545	52
53 ELECTROCARDIOLOGY	.129455	58740	7604	53
53.01 CARDIAC CATH LAB	.340279			53.01
53.02 CARDIAC REHAB	.707850			53.02
54 ELECTROENCEPHALOGRAPHY	.396488	6618	2624	54
54.01 SLEEP LAB				54.01
54.02 EMG	.115827	1348	156	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.049437	157303	7777	55
55.01 SUPPLY IMPLANTS	.318838			55.01
56 DRUGS CHARGED TO PATIENTS	.243142	2498983	607608	56
56.01 INFUSION THERAPY	.172818			56.01
57 RENAL DIALYSIS	.681846	240580	164039	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.423029	33889	14336	60
60.01 LITHOTRIPSY	.327738			60.01
60.02 OUTPATIENT PSYCH	1.568566			60.02
60.03 RETINAL VASCULAR	.620832	735	456	60.03
61 EMERGENCY	.151455	12928	1958	61
61.01 IFCC	.210951	4915	1037	61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.710281			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		16167138	4133893	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		16167138		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
26.01 PEDIATRICS			26.01
26.02 SPECIAL CARE NURSERY			26.02
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.334566		37
38 RECOVERY ROOM	.361401		38
39 DELIVERY ROOM & LABOR ROOM	.874784		39
40 ANESTHESIOLOGY	.081387		40
41 RADIOLOGY-DIAGNOSTIC	.309216		41
41.01 MRI	.103862		41.01
41.02 CT SCAN	.040223		41.02
41.03 ULTRASOUND	.168855		41.03
41.04 SPECIAL PROCEDURES	.332235		41.04
43 RADIOISOTOPE	.132636		43
44 LABORATORY	.112045		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.358902		47
49 RESPIRATORY THERAPY	.256846		49
49.01 PULMONARY FUNCTION	.120767		49.01
50 PHYSICAL THERAPY	.327616		50
51 OCCUPATIONAL THERAPY	.258499		51
52 SPEECH PATHOLOGY	.257568		52
53 ELECTROCARDIOLOGY	.129455		53
53.01 CARDIAC CATH LAB	.340279		53.01
53.02 CARDIAC REHAB	.707850		53.02
54 ELECTROENCEPHALOGRAPHY	.371255		54
54.01 SLEEP LAB			54.01
54.02 EMG	.115827		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.049437		55
55.01 SUPPLY IMPLANTS	.318838		55.01
56 DRUGS CHARGED TO PATIENTS	.243142		56
56.01 INFUSION THERAPY	.172619		56.01
57 RENAL DIALYSIS	.681846		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.423029		60
60.01 LITHOTRIPSY	.327738		60.01
60.02 OUTPATIENT PSYCH	1.568566		60.02
60.03 RETINAL VASCULAR	.613428		60.03
61 EMERGENCY	.151455		61
61.01 IFCC	.210951		61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.710281		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

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S191)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] 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
26.01 PEDIATRICS			26.01
26.02 SPECIAL CARE NURSERY			26.02
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.334566		37
38 RECOVERY ROOM	.361401		38
39 DELIVERY ROOM & LABOR ROOM	.874784		39
40 ANESTHESIOLOGY	.081387		40
41 RADIOLOGY-DIAGNOSTIC	.309216		41
41.01 MRI	.103862		41.01
41.02 CT SCAN	.040223		41.02
41.03 ULTRASOUND	.168855		41.03
41.04 SPECIAL PROCEDURES	.332235		41.04
43 RADIOISOTOPE	.132636		43
44 LABORATORY	.112045		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.358902		47
49 RESPIRATORY THERAPY	.256846		49
49.01 PULMONARY FUNCTION	.120767		49.01
50 PHYSICAL THERAPY	.327616		50
51 OCCUPATIONAL THERAPY	.258499		51
52 SPEECH PATHOLOGY	.257568		52
53 ELECTROCARDIOLOGY	.129455		53
53.01 CARDIAC CATH LAB	.340279		53.01
53.02 CARDIAC REHAB	.707850		53.02
54 ELECTROENCEPHALOGRAPHY	.371255		54
54.01 SLEEP LAB			54.01
54.02 EMG	.115827		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.049437		55
55.01 SUPPLY IMPLANTS	.318838		55.01
56 DRUGS CHARGED TO PATIENTS	.243142		56
56.01 INFUSION THERAPY	.172619		56.01
57 RENAL DIALYSIS	.681846		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.423029		60
60.01 LITHOTRIPSY	.327738		60.01
60.02 OUTPATIENT PSYCH	1.568566		60.02
60.03 RETINAL VASCULAR	.613428		60.03
61 EMERGENCY	.151455		61
61.01 IFCC	.210951		61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.710281		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
26.01 PEDIATRICS			26.01
26.02 SPECIAL CARE NURSERY			26.02
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.334566		37
38 RECOVERY ROOM	.361401		38
39 DELIVERY ROOM & LABOR ROOM	.874784		39
40 ANESTHESIOLOGY	.081387		40
41 RADIOLOGY-DIAGNOSTIC	.309216		41
41.01 MRI	.103862		41.01
41.02 CT SCAN	.040223		41.02
41.03 ULTRASOUND	.168855		41.03
41.04 SPECIAL PROCEDURES	.332235		41.04
43 RADIOISOTOPE	.132636		43
44 LABORATORY	.112045		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.358902		47
49 RESPIRATORY THERAPY	.256846		49
49.01 PULMONARY FUNCTION	.120767		49.01
50 PHYSICAL THERAPY	.327616		50
51 OCCUPATIONAL THERAPY	.258499		51
52 SPEECH PATHOLOGY	.257568		52
53 ELECTROCARDIOLOGY	.129455		53
53.01 CARDIAC CATH LAB	.340279		53.01
53.02 CARDIAC REHAB	.707850		53.02
54 ELECTROENCEPHALOGRAPHY	.371255		54
54.01 SLEEP LAB			54.01
54.02 EMG	.115827		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.049437		55
55.01 SUPPLY IMPLANTS	.318838		55.01
56 DRUGS CHARGED TO PATIENTS	.243142		56
56.01 INFUSION THERAPY	.172619		56.01
57 RENAL DIALYSIS	.681846		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.423029		60
60.01 LITHOTRIPSY	.327738		60.01
60.02 OUTPATIENT PSYCH	1.568566		60.02
60.03 RETINAL VASCULAR	.613428		60.03
61 EMERGENCY	.151455		61
61.01 IFCC	.210951		61.01
62 OBSERVATION BEDS (NON-DISTINCT)	.710281		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

	HOSPITAL (14-0191)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1						1
1.01	13448466					1.01
1.02	40345397					1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
2						2
2.01	717987					2.01
3	256.66					3
3.01						3.01
3.02						3.02
3.03						3.03
3.04						3.04
3.05						3.05
3.06						3.06
3.07		0.00		0.00		3.07
3.08						3.08
3.09						3.09
3.10						3.10
3.11						3.11
3.12						3.12
3.13						3.13
3.14						3.14
3.15						3.15
3.16						3.16
3.17					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	0.0721					4
4.01	0.2444					4.01
4.02	0.3165					4.02
4.03	0.1357					4.03
4.04	7299827					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	61811677					6
7						7
7.01						7.01
8	61811677					8
9	4803583					9
10						10
11						11
11.01	9187					11.01
11.02						11.02
12						12
13						13
14	227526					14
15	254809					15
16	67106782					16
17	9870					17
18	67096912					18
19	4962892					19
20	614600					20
21	2372710					21
21.01	1660897					21.01
21.02	1383954					21.02
22	63180317					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						23
24						24
25						25
26	63180317					26
27						27
28	61283686					28
28.01						28.01
29	1896631					29
30	747735					30
50						50
51						51
52						52
53						53
54						54
55						55
56						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	49566			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	21677315			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	18424106			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.803			1.03
1.04 LINE 1.01 TIMES LINE 1.03	17406884			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	88364			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	49566			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	62742			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	62742			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	62742			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	13176			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	49566			17
17.01 TOTAL PPS PAYMENTS	18512470			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	6914		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4621018		18.01
19 SUBTOTAL	13934104		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	13934104		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	13934104		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1253581		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	877507		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	789645		27.02
28 SUBTOTAL	14811611		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	14811611		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14240181		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	571430		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.937	0.937		1.03
1.04 LINE 1.01 TIMES LINE 1.03				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				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				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
				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
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

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 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	602			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	523			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.938			1.03
1.04 LINE 1.01 TIMES LINE 1.03	565			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	92.57			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				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				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				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	523			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
	169		
19	354		19
20			20
21			21
22			22
23	354		23
24			24
25	354		25
			26
27			27
27.01			27.01
27.02			27.02
28	354		28
29			29
30			30
30.99			30.99
31			31
32	354		32
33			33
34	352		34
34.01			34.01
35	2		35
36			36
			50
50			50
51			51
52			52
53			53
54			54

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	PREVALLING 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	PREVALLING 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		61570923		14240181
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	.05			3.50
	.50	05/01/2009		287237
	PROVIDER .51			3.51
	TO .52			NONE
	PROGRAM .53			3.52
	.54			3.53
				3.54
SUBTOTAL	.99	-287237		3.99
4 TOTAL INTERIM PAYMENTS		61283686		14240181
				4
	TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01				5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02		NONE		5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. 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 PROGRAM TO				
(BALANCE DUE) BASED ON THE COST PROVIDER .01		1896631		571430
REPORT. PROVIDER TO .02				6.01
	PROGRAM			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		63180317		14811611
				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	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		652873		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		652873		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	3090		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		655963		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		12331530		352	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	05/01/2009			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03			NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52		NONE		3.52
	PROGRAM .53			NONE	3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		12369779		352	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02			NONE		5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03				NONE	5.03
	PROVIDER .50				5.50
	TO .51		NONE		5.51
	PROGRAM .52			NONE	5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO					
(BALANCE DUE) BASED ON THE COST PROVIDER .01				2	6.01
REPORT. PROVIDER TO .02		-168986			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		12200793		354	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						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16						1.16
1.17						1.17
1.18						1.18
1.19						1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23						1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2009.08
 03/03/2010 15:13

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)		3090	21101			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		655963	12200793			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		652873	12369779			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		3090	-168986			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						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	13948068	2486563	387208	1
2				2
3				3
4				4
5				5
6	13948068	2486563	387208	6
7				7
8				8
9	13948068	2486563	387208	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	13948068	2486563	387208	22
23	13948068	2486563	387208	23
24				24
25				25
26				26
27				27
28				28
29				29
30	13948068	2486563	387208	30
31				31
32	13948068	2486563	387208	32
33				33

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				
35	EXCESS OF REASONABLE COST	13948068	2486563	387208	34
36	COINSURANCE				35
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				36
38	REIMBURSABLE BAD DEBTS				37
38.01	REDUCED REIMBURSABLE BAD DEBTS				38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE				38.01
	BENEFICIARIES (SEE INSTRUCTIONS)				38.02
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 A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				44
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 UTILIZATION				49
50	OTHER ADJUSTMENTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS				51
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 SECTION 115.2)				59

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	15927237			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	104391733			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-66396238			6
7	INVENTORY	5228659			7
8	PREPAID EXPENSES	2505552			8
9	OTHER CURRENT ASSETS	422687			9
10	DUE FROM OTHER FUNDS	3019923			10
11	TOTAL CURRENT ASSETS	65099553			11
FIXED ASSETS					
12	LAND	16214055			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	10930306			13
13.01	ACCUMULATED DEPRECIATION	-7414698			13.01
14	BUILDINGS	205662285			14
14.01	ACCUMULATED DEPRECIATION	-116145554			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	166990719			18
18.01	ACCUMULATED DEPRECIATION	-111549710			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	164687403			21
OTHER ASSETS					
22	INVESTMENTS	136177317			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2774796			25
26	TOTAL OTHER ASSETS	138952113			26
27	TOTAL ASSETS	368739069			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	13534501			28
29	SALARIES, WAGES & FEES PAYABLE	10467135			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	15067299			35
36	TOTAL CURRENT LIABILITIES	39068935			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	130974956			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	7002943			41
42	TOTAL LONG TERM LIABILITIES	137977899			42
43	TOTAL LIABILITIES	177046834			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	191692235			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	191692235			51
52	TOTAL LIABILITIES AND FUND BALANCES	368739069			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	193808399			1
2 NET INCOME (LOSS)	-2116166			2
3 TOTAL	191692233			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM IHV				5
6 TRANSFER FROM IDF				6
7 RESTRICTED CONTRIBUTIONS				7
8 CONTRIBUTIONS RECEIVED FROM DONORS				8
9 ROUNDING				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	191692233			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 TRANSFERS TO IHS				14
15				15
16 CONTRIBUTIONS PAID OT IMH				16
17 VALUATION OF INVESTMENTS				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	191692233			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	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	74735184		74735184	1
2 SUBPROVIDER I	3055331		3055331	2
2.01 SUBPROVIDER II	11082316		11082316	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	88872831		88872831	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	5396059		5396059	10
10.01 PEDIATRICS				10.01
10.02 SPECIAL CARE NURSERY				10.02
11 CORONARY CARE UNIT	6768389		6768389	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	12164448		12164448	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	101037279		101037279	16
17 ANCILLARY SERVICES	325231574	453261176	778492750	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	355119	364089	719208	24
24.01		62374	62374	24.01
25 TOTAL PATIENT REVENUES	426623972	453687639	880311611	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		275260286	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	18282535		28
29 AUDIT ADJUSTMENT			29
30 ROUNDING			30
31			31
32			32
33 TOTAL ADDITIONS		18282535	33
34 DEDUCT (SPECIFY)			34
35 HOME HEALTH	-11023857		35
36 HOSPICE	-2157726		36
37 ROUNDING	-706		37
38			38
39 TOTAL DEDUCTIONS	-13182289		39
40 TOTAL OPERATING EXPENSES		280360532	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	880311611	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	608391356	2
3	NET PATIENT REVENUES	271920255	3
4	LESS - TOTAL OPERATING EXPENSES	280360532	4
5	NET INCOME FROM SERVICE TO PATIENTS	-8440277	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		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	129881	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	974963	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	1844	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	2750	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	252750	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	2096644	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	OTHER OPERATING REVENUE- SEE SCH. ENCLOS	1747163	24.01
24.02	CHANGE IN UNREALIZED ASSTS	1118116	24.02
24.03	SWAP VALUATION		24.03
24.04	OTHER NON OPERATING		24.04
25	TOTAL OTHER INCOME	6324111	25
26	TOTAL	-2116166	26
27	NONOPERATING		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2116166	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	2332175	435394	7368		1105079	3880016
HHA REIMBURSABLE SERVICES						5
6 SKILLED NURSING CARE	2056142	341359	116045		24	2513570
7 PHYSICAL THERAPY	919661	95623	7144			1022428
8 OCCUPATIONAL THERAPY	182056	24395				206451
9 SPEECH PATHOLOGY	71739	13247	2181			87167
10 MEDICAL SOCIAL SERVICES				24375		24375
11 HOME HEALTH AIDE	24520	2289	5232			32041
12 SUPPLIES					570262	570262
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	2411409	222427	3905	2719	47087	2687547
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	7997702	1134734	141875	27094	1722452	11023857

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	-1047637	2832379	-474003	2358376	5
6		2513570		2513570	6
7		1022428		1022428	7
8		206451		206451	8
9		87167		87167	9
10		24375		24375	10
11		32041		32041	11
12		570262		570262	12
13					13
13.20					13.20
14					14
15					15
16					16
17		2687547		2687547	17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24	-1047637	9976220	-474003	9502217	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO. : 14-7435

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
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	2358376					2358376	2358376	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2513570					2513570	829797	3343367 6
7 PHYSICAL THERAPY	1022428					1022428	337531	1359959 7
8 OCCUPATIONAL THERAPY	206451					206451	68155	274606 8
9 SPEECH PATHOLOGY	87167					87167	28776	115943 9
10 MEDICAL SOCIAL SERVICES	24375					24375	8047	32422 10
11 HOME HEALTH AIDE	32041					32041	10578	42619 11
12 SUPPLIES	570262					570262	188259	758521 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	2687547					2687547	887233	3574780 17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	9502217					9502217		9502217 24

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO. : 14-7435

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
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 HHA REIMBURSABLE SERVICES					-2358376	7143841	5
6 SKILLED NURSING CARE						2513570	6
7 PHYSICAL THERAPY						1022428	7
8 OCCUPATIONAL THERAPY						206451	8
9 SPEECH PATHOLOGY						87167	9
10 MEDICAL SOCIAL SERVICES						24375	10
11 HOME HEALTH AIDE						32041	11
12 SUPPLIES						570262	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						2687547	17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-2358376	7143841	24
25 COST TO BE ALLOC (PER W/S H)						2358376	25
26 UNIT COST MULTIPLIER						.330127	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO. : 14-7435

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED	PARAMED PROGRAM EMS	ED PARAMED 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				495716		495716			1
2 SKILLED NURSING CARE				4286267		4286267	174417	4460684	2
3 PHYSICAL THERAPY				1743496		1743496	70946	1814442	3
4 OCCUPATIONAL THERAPY				352051		352051	14326	366377	4
5 SPEECH PATHOLOGY				148641		148641	6048	154689	5
6 MEDICAL SOCIAL SERVICES				41566		41566	1691	43257	6
7 HOME HEALTH AIDE				54638		54638	2223	56861	7
8 SUPPLIES				972440		972440	39571	1012011	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				4582943		4582943	186494	4769437	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				12677758		12677758	495716	12677758	20
21 UNIT COST MULTIPLIER							.040692		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 SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILATION	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	6181			176710	6181	1
2 SKILLED NURSING CARE							3343367		2
3 PHYSICAL THERAPY							1359959		3
4 OCCUPATIONAL THERAPY							274606		4
5 SPEECH PATHOLOGY							115943		5
6 MEDICAL SOCIAL SERVICES							32422		6
7 HOME HEALTH AIDE							42619		7
8 SUPPLIES							758521		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							3574780		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	6181			9678927	6181	20
21 TOTAL COST TO BE ALLOCATED			83173	93537			2729661	32993	21
22 UNIT COST MULTIPLIER			13.456237				.282021		22
22 UNIT COST MULTIPLIER				15.132988				5.337809	22

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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 PROGRAM EMS ASSIGNED TIME	PARAMED ED PROGRAM DIETETICS PATIENT 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 [] 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	4460684		4460684	27551	161.91	1
2	PHYSICAL THERAPY	3	1814442		1814442	13518	134.22	2
3	OCCUPATIONAL THERAPY	4	366377		366377	3061	119.69	3
4	SPEECH PATHOLOGY	5	154689		154689	333	464.53	4
5	MEDICAL SOCIAL SERV	6	43257		43257	496	87.21	5
6	HOME HEALTH AIDE SERV	7	56861		56861	1142	49.79	6
7	TOTAL		6896310		6896310	46101		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
				2	3	4	LIMITS	
8	SKILLED NURSING CARE		1				5	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	1012011		1012011	1059600	.955088	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
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 I & II
 (CONTINUED)

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		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART A		PART B		PART A		PART B		
PATIENT SERVICES		NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11	12		
1	SKILLED NURSING CARE	8769	7860		1419789	1272613		2692402	1	
2	PHYSICAL THERAPY	5827	3210		782100	430846		1212946	2	
3	OCCUPATIONAL THERAPY	1602	710		191743	84980		276723	3	
4	SPEECH PATHOLOGY	155	52		72002	24156		96158	4	
5	MEDICAL SOCIAL SERV	219	109		19099	9506		28605	5	
6	HOME HEALTH AIDE SERV	548	425		27285	21161		48446	6	
7	TOTAL	17120	12366		2512018	1843262		4355280	7	

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART A		PART B		PART A		PART B		
PATIENT SERVICES		NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	NOT DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		6	7	8	9	10	11	12		
8	SKILLED NURSING CARE								8	
9	PHYSICAL THERAPY								9	
10	OCCUPATIONAL THERAPY								10	
11	SPEECH PATHOLOGY								11	
12	MEDICAL SOCIAL SERV								12	
13	HOME HEALTH AIDE SERV								13	
14	TOTAL								14	

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES				TOTAL
		PART A		PART B		PART A		PART B		
OTHER PATIENT SERVICES		REIMBURSED FEE	SUBJECT TO DEDUCT. & COINSUR. NOT SUBJECT TO DEDUCT. & COINSUR.	REIMBURSED FEE	SUBJECT TO DEDUCT. & COINSUR. NOT SUBJECT TO DEDUCT. & COINSUR.	REIMBURSED FEE	SUBJECT TO DEDUCT. & COINSUR. NOT SUBJECT TO DEDUCT. & COINSUR.	REIMBURSED FEE	SUBJECT TO DEDUCT. & COINSUR. NOT SUBJECT TO DEDUCT. & COINSUR.	
		6	7	8	9	10	11	12		
15	COST OF MEDICAL SUPPLIES	134057	142997	7.01	128036	136575	10.01	15	15	
16	COST OF DRUGS							16	16	
16.20	COST OF ADMINISTERING VA							16.20	16.20	

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	2	3	4		
1	PHYSICAL THERAPY	50	.327616		COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51	.258499		COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.257568		COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.049437		COL 2, LINE 15	4
4.01	SUPPLY IMPLANTS	55.01	.318838		COL 2, LINE 15	4.01
5	DRUGS CHARGED TO PATIENTS	56	.243142		COL 2, LINE 16	5
5.01	INFUSION THERAPY	56.01	.172619		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	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	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	3	4	5			
1	PHYSICAL THERAPY	2	134.22					1
2	OCCUPATIONAL THERAPY	3	119.69					2
3	SPEECH PATHOLOGY	4	464.53					3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7435

WORKSHEET H-7
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				
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 SERVICES 1	PART B 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

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2009.08
 03/03/2010 15:13

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 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
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	806771	207678	4327		339400	1358176
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE				225167		225167
9 VISITING SERVICES						9
PHYSICIAN SERVICES						
10 NURSING CARE	467120	68420	20054			555594
10.20 NURSING CARE-CONTINUOUS HOME CARE				18789		18789
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 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						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	1273891	276098	24381	243956	339400	2157726

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		1358176	-18000	1340176	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE		225167		225167	8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		555594		555594	10
10.20 NURSING CARE-CONTINUOUS HOME CARE		18789		18789	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 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					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		2157726	-18000	2139726	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1535

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								806771
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								467120
14	NURSING CARE-CONT.HOME CARE								467120
15	PHYSICAL THERAPY								10.20
16	OCCUPATIONAL THERAPY								11
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES								13
19	SPIRITUAL COUNSELING								14
20	DIETARY COUNSELING								15
21	COUNSELING - OTHER								16
22	HH AIDE AND HOME MAKER								17
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								806771 467120 1273891

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED) HOSPICE NO.: 14-1535 WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								70740
9	INPATIENT - GENERAL CARE								207678
10	INPATIENT - RESPITE CARE								7
11	VISITING SERVICES								8
12	PHYSICIAN SERVICES								9
13	NURSING CARE								68420
14	NURSING CARE-CONT.HOME CARE								68420
15	PHYSICAL THERAPY								10.20
16	OCCUPATIONAL THERAPY								11
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES								13
19	SPIRITUAL COUNSELING								14
20	DIETARY COUNSELING								15
21	COUNSELING - OTHER								16
22	HH AIDE AND HOME MAKER								17
23	HH AIDE & HMKR-CONT.HME CARE								18
24	OTHER								18.20
25	OTHER HOSPICE SERVICE COSTS								19
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								28
39	HOSPICE NONREIMBURSABLE SERVICE								29
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								34
			136938		68420			70740	276098

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

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE							225167	225167
10	INPATIENT - RESPITE CARE								9
11	VISITING SERVICES								10
12	PHYSICIAN SERVICES								11
13	NURSING CARE								12
14	NURSING CARE-CONT.HOME CARE				18789				18789
15	PHYSICAL THERAPY								13
16	OCCUPATIONAL THERAPY								14
17	SPEECH/LANGUAGE PATHOLOGY								15
18	MEDICAL SOCIAL SERVICES								16
19	SPIRITUAL COUNSELING								17
20	DIETARY COUNSELING								18
21	COUNSELING - OTHER								19
22	HH AIDE AND HOME MAKER								20
23	HH AIDE & HMKR-CONT.HME CARE								20.20
24	OTHER								20.30
25	OTHER HOSPICE SERVICE COSTS								20.31
26	DRUGS, BIOL. & INFUS. THER.								20.32
27	ANALGESICS								21
28	SEDATIVES / HYPNOTICS								22
29	OTHER - SPECIFY								23
30	DURABLE MED. EQUIP./OXYGEN								24
31	PATIENT TRANSPORTATION								25
32	IMAGING SERVICES								26
33	LABS AND DIAGNOSTICS								27
34	MEDICAL SUPPLIES								28
35	OUTPAT.SERV.(INCL.E/R DEPT.)								29
36	RADIATION THERAPY								30
37	CHEMOTHERAPY								31
38	OTHER								32
39	HOSPICE NONREIMBURSABLE SERVICE								33
40	BEREAVEMENT PROGRAM COSTS								34
41	VOLUNTEER PROGRAM COSTS								35
42	FUNDRAISING								36
43	OTHER PROGRAM COSTS								37
44	TOTAL				18789			225167	243956

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1535

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPO- RTATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
GENERAL SERVICE COST CENTER									
1									1
2									2
3									3
4									4
5									5
6	1340176						1340176	1340176	6
INPATIENT CARE SERVICE									
7									7
8	225167						225167	377417	8
INPATIENT - RESPIRE CARE VISITING SERVICES									
9									9
10	555594						555594	931266	10
10.20	18789						18789	31493	10.20
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
18.20									18.20
19									19
OTHER HOSPICE SERVICE COSTS									
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
HOSPICE NONREIMBURSABLE SERV.									
30									30
31									31
32									32
33									33
34	2139726						2139726		34
COST TO BE ALLOCATED									

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

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03/03/2010 15:13

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

HOSPICE NO.: 14-1535

WORKSHEET K-5
PART II

HOSPICE COST CENTER	PARAMED PROGRAM EMS ASSIGNED TIME	ED PROGRAM DIETETICS PATIENT MEALS	ED PROGRAM DIETETICS PATIENT MEALS
	24.01		24.02
1 ADMINISTRATIVE AND GENERAL			1
2 INPATIENT - GENERAL CARE			2
3 INPATIENT - RESPITE CARE			3
4 PHYSICIAN SERVICES			4
5 NURSING CARE			5
5.20 NURSING CARE-CONTINUOUS HOM			5.20
6 PHYSICAL THERAPY			6
7 OCCUPATIONAL THERAPY			7
8 SPEECH/LANGUAGE PATHOLOGY			8
9 MEDICAL SOCIAL SERV. - DIRE			9
10 SPIRITUAL COUNSELING			10
11 DIETARY COUNSELING			11
12 COUNSELING - OTHER			12
13 HOME HLTH AIDE & HOMEMAKERS			13
13.20 HH AIDE & HMKR-CONT. HOME C			13.20
14 OTHER			14
15 DRUGS,BIOLOGICALS & INFUSIO			15
15.30 ANALGESICS			15.30
15.31 SEDATIVES / HYPNOTICS			15.31
15.32 OTHER - SPECIFY			15.32
16 DURABLE MED. EQUIP./OXYGEN			16
17 PATIENT TRANSPORTATION			17
18 IMAGING SERVICES			18
19 LABS AND DIAGNOSTICS			19
20 MEDICAL SUPPLIES			20
21 OUTPAT. SERV.(INCL.E/R DEPT			21
22 RADIATION THERAPY			22
23 CHEMOTHERAPY			23
24 OTHER			24
25 BEREAVEMENT PROGRAM COSTS			25
26 VOLUNTEER PROGRAM COSTS			26
27 FUNDRAISING			27
28 OTHER PROGRAM COSTS			28
29 TOTAL			29
30 TOTAL COST TO BE ALLOCATED			30
31 UNIT COST MULTIPLIER			31
31 UNIT COST MULTIPLIER			31

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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	0.327616	1
2	OCCUPATIONAL THERAPY	51	0.258499	2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.257568	3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.243142	4
4.01	INFUSION THERAPY	56.01	0.172619	4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.112045	6
7	MEDICAL SUPPLIES	55	0.049437	7
7.01	SUPPLY IMPLANTS	55.01	0.318838	7.01
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.151455	8
8.01	IFCC	61.01	0.210951	8.01
9	RADIATION THERAPY	41	0.309216	9
9.01	MRI	41.01	0.103862	9.01
9.02	CT SCAN	41.02	0.040223	9.02
9.03	ULTRASOUND	41.03	0.168855	9.03
9.04	SPECIAL PROCEDURES	41.04	0.332235	9.04
10	OTHER ANCILLARY (SPECIFY)	59		10
11	TOTALS			11

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2008 TO 09/30/2009

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

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1535

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				2743174	1
2 TOTAL UNDUPLICATED DAYS				12969	2
3 AGGREGATE COST PER DIEM				211.52	3
4 UNDUPLICATED MEDICARE DAYS	11298				4
5 AGGREGATE MEDICARE COST	2389753				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			1671		12
13 AGGREGATE COST FOR OTHER DAYS			353450		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0191) (14-0191)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	4447633			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	61517			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]				4
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS 0.00 0.00				4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0721			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2444			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3165			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0662			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	294433			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4803583			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

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					22
23 I&R SERVICES-OTHER PRGM COSTS					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
26.01 PEDIATRICS					26.01
26.02 SPECIAL CARE NURSERY					26.02
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
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 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					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					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

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
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 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					
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	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	
	1	2	3	4	5	6	7
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	52.04		21.27				73.31 25
26 INTENSIVE CARE UNIT	63.16		10.35				73.51 26
26.01 PEDIATRICS			51.58				51.58 26.01
26.02 SPECIAL CARE NURSERY			80.20				80.20 26.02
27 CORONARY CARE UNIT	54.05		9.33				63.38 27
33 NURSERY			68.61				68.61 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	28.17	13.31					41.48 37
38 RECOVERY ROOM	21.51	10.70					32.21 38
39 DELIVERY ROOM & LABOR ROOM	0.39	0.18					0.57 39
40 ANESTHESIOLOGY	24.68	10.67					35.35 40
41 RADIOLOGY-DIAGNOSTIC	16.55	21.52					38.07 41
41.01 MRI	30.48	13.73					44.21 41.01
41.02 CT SCAN	24.37	11.82					36.19 41.02
41.03 ULTRASOUND	22.48	10.46					32.94 41.03
41.04 SPECIAL PROCEDURES	39.94	33.14					73.08 41.04
43 RADIOISOTOPE	22.12	18.21					40.33 43
44 LABORATORY	21.66	0.84					22.50 44
47 BLOOD STORING, PROCESSING & TRA	44.14	6.56					50.70 47
49 RESPIRATORY THERAPY	62.32	0.82					63.14 49
49.01 PULMONARY FUNCTION	19.11	15.83					34.94 49.01
50 PHYSICAL THERAPY	8.72						8.72 50
51 OCCUPATIONAL THERAPY	15.40						15.40 51
52 SPEECH PATHOLOGY	16.27						16.27 52
53 ELECTROCARDIOLOGY	36.23	8.59					44.82 53
53.01 CARDIAC CATH LAB	38.86	16.94					55.80 53.01
53.02 CARDIAC REHAB	2.87	53.85					56.72 53.02
54 ELECTROENCEPHALOGRAPHY	45.87	5.05					50.92 54
54.02 EMG	15.11	12.46					27.57 54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	34.90	5.54					40.44 55
55.01 SUPPLY IMPLANTS	27.62	6.39					34.01 55.01
56 DRUGS CHARGED TO PATIENTS	34.06	12.32					46.38 56
56.01 INFUSION THERAPY	0.89	79.90					80.79 56.01
57 RENAL DIALYSIS	55.84						55.84 57
60 CLINIC	7.14	57.61					64.75 60
60.01 LITHOTRIPSY	0.56	86.30					86.86 60.01
60.02 OUTPATIENT PSYCH	0.74	14.29					15.03 60.02
60.03 RETINAL VASCULAR	0.31	53.21					53.52 60.03
61 EMERGENCY	17.61	6.93					24.54 61
61.01 IFCC	1.43	18.69					20.12 61.01
62 OBSERVATION BEDS (NON-DISTINCT)		15.61					15.61 62
101 TOTAL CHARGES	18.49	10.26					28.75 101

***** 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	18.07		39.57				57.64 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.04						0.04 41
41.01 MRI	0.14						0.14 41.01
41.02 CT SCAN	0.09						0.09 41.02
41.03 ULTRASOUND	0.04						0.04 41.03
43 RADIOISOTOPE	0.01						0.01 43
44 LABORATORY	0.14						0.14 44
49 RESPIRATORY THERAPY	0.10						0.10 49
50 PHYSICAL THERAPY	0.01						0.01 50
53 ELECTROCARDIOLOGY	0.05						0.05 53
54 ELECTROENCEPHALOGRAPHY	0.58						0.58 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.14						0.14 56
57 RENAL DIALYSIS	0.03						0.03 57
60.02 OUTPATIENT PSYCH	0.17						0.17 60.02
61 EMERGENCY	0.25						0.25 61
101 TOTAL CHARGES	0.06						0.06 101

***** 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	81.55		3.41				84.96 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.15						0.15 37
38 RECOVERY ROOM	0.12						0.12 38
40 ANESTHESIOLOGY	0.08						0.08 40
41 RADIOLOGY-DIAGNOSTIC	0.60						0.60 41
41.01 MRI	0.20						0.20 41.01
41.02 CT SCAN	0.36						0.36 41.02
41.03 ULTRASOUND	0.58						0.58 41.03
41.04 SPECIAL PROCEDURES	1.44						1.44 41.04
43 RADIOISOTOPE	0.31						0.31 43
44 LABORATORY	1.65						1.65 44
47 BLOOD STORING, PROCESSING & TRA	2.23						2.23 47
49 RESPIRATORY THERAPY	5.92						5.92 49
49.01 PULMONARY FUNCTION	0.12						0.12 49.01
50 PHYSICAL THERAPY	16.49						16.49 50
51 OCCUPATIONAL THERAPY	62.21						62.21 51
52 SPEECH PATHOLOGY	46.90						46.90 52
53 ELECTROCARDIOLOGY	0.27						0.27 53
54 ELECTROENCEPHALOGRAPHY	0.65						0.65 54
54.02 EMG	0.08						0.08 54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	2.01	0.04					2.05 55
56 DRUGS CHARGED TO PATIENTS	4.07						4.07 56
57 RENAL DIALYSIS	9.11						9.11 57
60 CLINIC	1.13						1.13 60
60.03 RETINAL VASCULAR	0.04						0.04 60.03
61 EMERGENCY	0.02						0.02 61
101 TOTAL CHARGES	1.84						1.84 101

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	9819932	3.74	-9819932	-8.09		3
4	NEW CAP REL COSTS-MVBLE EQUIP	11099165	4.22	-11099165	-9.14		4
5	EMPLOYEE BENEFITS	23126036	8.80	-23126036	-19.04		5
6	ADMINISTRATIVE & GENERAL	48600007	18.50	-48600007	-40.02		6
7	MAINTENANCE & REPAIRS	1405837	.54	-1405837	-1.16		7
8	OPERATION OF PLANT	6673717	2.54	-6673717	-5.50		8
9	LAUNDRY & LINEN SERVICE	1343488	.51	-1343488	-1.11		9
10	HOUSEKEEPING	3190494	1.21	-3190494	-2.63		10
11	DIETARY	2147148	.82	-2147148	-1.77		11
12	CAFETERIA	1209933	.46	-1209933	-1.00		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	4025009	1.53	-4025009	-3.31		14
15	CENTRAL SERVICES & SUPPLY	702300	.27	-702300	-.58		15
16	PHARMACY	4699600	1.79	-4699600	-3.87		16
17	MEDICAL RECORDS & LIBRARY	2785660	1.06	-2785660	-2.29		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	542997	.21	-542997	-.45		24.01
24.02	PARAMED ED PRGM-DIETETICS	66687	.03	-66687	-.05		24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	19660377	7.48	30821017	25.38	50481394	19.21
26	INTENSIVE CARE UNIT	2117303	.81	2169518	1.79	4286821	1.63
26.01	PEDIATRICS	353652	.13	796660	.66	1150312	.44
26.02	SPECIAL CARE NURESRY	526158	.20	570727	.47	1096885	.42
27	CORONARY CARE UNIT	2903126	1.10	3159949	2.60	6063075	2.31
31	SUBPROVIDER I	2980685	1.13	3302785	2.72	6283470	2.39
31.01	SUBPROVIDER II	3928997	1.50	7430483	6.12	11359480	4.32
33	NURSERY	393473	.15	668515	.55	1061988	.40
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	9693577	3.69	8935359	7.36	18628936	7.09
38	RECOVERY ROOM	867948	.33	887166	.73	1755114	.67
39	DELIVERY ROOM & LABOR ROOM	2218583	.84	1926476	1.59	4145059	1.58
40	ANESTHESIOLOGY	476743	.18	305705	.25	782448	.30
41	RADIOLOGY-DIAGNOSTIC	4145674	1.58	4675902	3.85	8821576	3.36
41.01	MRI	957539	.36	969261	.80	1926800	.73
41.02	CT SCAN	1073190	.41	852352	.70	1925542	.73
41.03	ULTRASOUND	1074996	.41	943587	.78	2018583	.77
41.04	SPECIAL PROCEDURES	3702590	1.41	1591690	1.31	5294280	2.01
43	RADIOISOTOPE	914563	.35	977952	.81	1892515	.72
44	LABORATORY	8586178	3.27	6991316	5.76	15577494	5.93

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	2073031	.79	813971	.67	2887002	1.10	47
49 RESPIRATORY THERAPY	1967541	.75	1247127	1.03	3214668	1.22	49
49.01 PULMONARY FUNCTION	65672	.02	108078	.09	173750	.07	49.01
50 PHYSICAL THERAPY	4701279	1.79	3085686	2.54	7786965	2.96	50
51 OCCUPATIONAL THERAPY	1018492	.39	623027	.51	1641519	.62	51
52 SPEECH PATHOLOGY	390152	.15	291205	.24	681357	.26	52
53 ELECTROCARDIOLOGY	1669773	.64	1195074	.98	2864847	1.09	53
53.01 CARDIAC CATH LAB	3803700	1.45	1680763	1.38	5484463	2.09	53.01
53.02 CARDIAC REHAB	608034	.23	556174	.46	1164208	.44	53.02
54 ELECTROENCEPHALOGRAPHY	140470	.05	238384	.20	378854	.14	54
54.01 SLEEP LAB							54.01
54.02 EMG	111231	.04	75254	.06	186485	.07	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	224520	.09	162792	.13	387312	.15	55
55.01 SUPPLY IMPLANTS	10068159	3.83	3645367	3.00	13713526	5.22	55.01
56 DRUGS CHARGED TO PATIENTS	7295656	2.78	7631182	6.28	14926838	5.68	56
56.01 INFUSION THERAPY	495832	.19	371919	.31	867751	.33	56.01
57 RENAL DIALYSIS	1290742	.64	510091	.42	1800833	.69	57
60 CLINIC	664788	.25	599667	.49	1264455	.48	60
60.01 LITHOTRIPSY	450740	.17	145170	.12	595910	.23	60.01
60.02 OUTPATIENT PSYCH	268602	.10	540819	.45	809421	.31	60.02
60.03 RETINAL VASCULAR	239667	.09	1003083	.83	1242750	.47	60.03
61 EMERGENCY	3425017	1.30	4929152	4.06	8354169	3.18	61
61.01 IFCC	20140174	7.66	9552947	7.87	29693121	11.30	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	1				1		70
71 HOME HEALTH AGENCY	9502217	3.62	3175541	2.61	12677758	4.82	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	2139726	.81	603448	.50	2743174	1.04	93
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	2002229	.76	564671	.46	2566900	.98	98
98.01 REFERENCE LAB							98.01
98.02 O/P PHARMACY			70898	.06	70898	.03	98.02
98.03 RETINAL VASCULAR GRANTS			40100	.03	40100	.02	98.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	262770807	100.00	0	.00	262770807	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2073777	55680910	.037244	15684099	584139	37
38 RECOVERY ROOM	161932	4856414	.033344	1044430	34825	38
39 DELIVERY ROOM & LABOR ROOM	225853	4738382	.047665	18464	880	39
40 ANESTHESIOLOGY	42911	9613918	.004463	2372563	10589	40
41 RADIOLOGY-DIAGNOSTIC	1130224	28528829	.039617	4721769	187062	41
41.01 MRI	237995	18551577	.012829	5655058	72549	41.01
41.02 CT SCAN	131631	47871505	.002750	11664874	32078	41.02
41.03 ULTRASOUND	154699	11954500	.012941	2687035	34773	41.03
41.04 SPECIAL PROCEDURES	204161	15935369	.012812	6364782	81546	41.04
43 RADIOISOTOPE	128999	14268452	.009041	3156424	28537	43
44 LABORATORY	945923	139028492	.006804	30114277	204898	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	93042	8043983	.011567	3550303	41066	47
49 RESPIRATORY THERAPY	149418	12515939	.011938	7799897	93115	49
49.01 PULMONARY FUNCTION	31583	1438721	.021952	274975	6036	49.01
50 PHYSICAL THERAPY	421727	23768592	.017743	2073027	36782	50
51 OCCUPATIONAL THERAPY	79022	6350198	.012444	977658	12166	51
52 SPEECH PATHOLOGY	42492	2645344	.016063	430477	6915	52
53 ELECTROCARDIOLOGY	209158	22130031	.009451	8016610	75765	53
53.01 CARDIAC CATH LAB	265813	16117547	.016492	6263172	103292	53.01
53.02 CARDIAC REHAB	100163	1644709	.060900	47125	2870	53.02
54 ELECTROENCEPHALOGRAPHY	78875	1020469	.077293	468099	36181	54
54.01 SLEEP LAB						54.01
54.02 EMG	5528	1610032	.003433	243205	835	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	20623	7834498	.002632	2734610	7197	55
55.01 SUPPLY IMPLANTS	588091	43010983	.013673	11879294	162426	55.01
56 DRUGS CHARGED TO PATIENTS	551475	61391488	.008983	20907012	187808	56
56.01 INFUSION THERAPY	74653	5026961	.014851	44820	666	56.01
57 RENAL DIALYSIS	104947	2641115	.039736	1474789	58602	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	132306	2989053	.044264	213357	9444	60
60.01 LITHOTRIPSY	15600	1818253	.008580	10158	87	60.01
60.02 OUTPATIENT PSYCH	178209	516026	.345349	3808	1315	60.02
60.03 RETINAL VASCULAR	396911	2025911	.195917	6237	1222	60.03
61 EMERGENCY	553849	55159233	.010041	9713384	97532	61
61.01 IFCC	761903	140758641	.005413	2011853	10890	61.01
62 OBSERVATION BEDS (NON-DISTINCT)	391603	4620612	.084751			62
62.01 OBSERVATION BEDS-DISTINCT						62.01
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	10685096	776106687		162627645	2224088	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	6026663		6026663	67838	88.84	35301	3136141 25
26 INTENSIVE CARE UNIT	290336		290336	2907	99.87	1836	183361 26
26.01 PEDIATRICS	195693		195693	729	268.44		26.01
26.02 SPECIAL CARE NURSERY	102421		102421	2066	49.57		26.02
27 CORONARY CARE UNIT	475269		475269	3621	131.25	1957	256856 27
101 TOTAL	7090382		7090382			39094	3576358 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						3576358	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2224088	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						5800446	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						7440	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						39094	
PER DISCHARGE CAPITAL COSTS						779.63	
PER DIEM CAPITAL COSTS						148.37	

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)	60493647
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	206971782
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.292

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))	13387637
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	25215679
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.531

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))	1216084
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1472214
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.826

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)	5800446
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

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))	21679849
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)	90278001
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.240