

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY INGALLS MEMORIAL HOSPITAL (14-0191) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2009 AND ENDING 09/30/2010, 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	1787479	718329	1
2	SUBPROVIDER I	-419914		2
2.01	SUBPROVIDER II	-32098		2.01
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	1335467	718329	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
 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	INGALLS MEMORIAL HOSPITAL	14-0191	07/01/1966	N	P	O	2
3	SUBPROVIDER I	PSYCH UNIT OF INGALLS MEM HOSP	14-S191	01/01/1984	N	P	O	3
3.01	SUBPROVIDER II	REHAB UNIT OF INGALLS MEM HOSP	14-T191	11/02/1989	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	INGALLS HOME CARE	14-7435	07/24/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	INGALLS HOME CARE HOSPICE	14-1535	02/28/1990				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2009	TO: 09/30/2010	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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	YES	NO	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 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).	NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.			NO		21.08
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	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O. BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:						54
	PREMIUMS:		PAID LOSSES:		AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
		/ /	NO	0.00	NO		
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.					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.		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	-----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--		
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS	
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET			
5.02	6	6.01	6.02	7	8	9	10	11		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		67459							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		67459							5
6	INTENSIVE CARE UNIT		5764							6
7	CORONARY CARE UNIT									7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY		3568							11
12	TOTAL HOSPITAL		76791					1854.35		12
13	RPCH VISITS									13
14	SUBPROVIDER I		1561					9.44		14
14.01	SUBPROVIDER II		11292					62.67		14.01
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY		50197							18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL							1926.46		25
26	OBSERVATION BED DAYS		4814							26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28
29	LABOR & DELIVERY DAYS		518							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7440	3808	16747	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		7440	3808	16747	12
13	RPCH VISITS					13
14	SUBPROVIDER I		118	65	287	14
14.01	SUBPROVIDER II		590	32	730	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
29	LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	116706966	-15270007	101436959	3924964.00	25.84		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	14843585	-10065723	4777862	182629.00	26.16		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	3154948		3154948	83924.00	37.59		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	2771808		2771808	18672.00	148.45		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	5077662		5077662	41429.00	122.56	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)	21993434		21993434			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1129747		1129747			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)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	983174	-2479	980695	38963.00	25.17		21
22 ADMINISTRATIVE & GENERAL	14114786	-1983834	12130952	537578.00	22.57		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	4464765		4464765	36587.00	122.03		22.01
23 MAINTENANCE & REPAIRS	58152		58152	1789.00	32.51		23
24 OPERATION OF PLANT	2593509		2593509	110991.00	23.37		24
25 LAUNDRY & LINEN SERVICE	84678		84678	6566.00	12.90		25
26 HOUSEKEEPING	2618211	-569154	2049057	175449.00	11.68		26
26.01 HOUSEKEEPING UNDER CONTRACT	569157		569157	11470.00	49.62		26.01
27 DIETARY	2210427	-825230	1385197	106894.00	12.96		27
27.01 DIETARY UNDER CONTRACT	373402		373402	8347.00	44.73		27.01
28 CAFETERIA	237146	476432	713578	41558.00	17.17		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2780470	-116060	2664410	104910.00	25.40		30
31 CENTRAL SERVICES AND SUPPLY	209581		209581	15005.00	13.97		31
32 PHARMACY	2848210	-48262	2799948	80670.00	34.71		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2661136	-67684	2593452	112500.00	23.05		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	122114290	-15270007	106844283	3981368.00	26.84	1
2 EXCLUDED AREA SALARIES	14843585	-10065723	4777862	182629.00	26.16	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	107270705	-5204284	102066421	3798739.00	26.87	3
4 SUBTOTAL OTHER WAGES & REL COSTS	11004418		11004418	144025.00	76.41	4
5 SUBTOTAL WAGE-RELATED COSTS	21993434		21993434		21.55%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	140268557	-5204284	135064273	3942764.00	34.26	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	36806804	-3136271	33670533	1389277.00	24.24	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		2144		374	2518	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	26.26		26.26	5
6 DIRECT NURSING SERVICE	31.30		31.30	6
7 NURSING SUPERVISOR	5.00		5.00	7
8 PHYSICAL THERAPY SERVICE	5.83		5.83	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.21		1.21	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.19		.19	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.00		1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.70		.70	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)	37.00		37.00	18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7435

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC	SCIC ONLY	TOTAL 7
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2			WITHIN A PEP 5	EPISODES 6	
21 SKILLED NURSING VISITS	18721	674	869	418			20682 21
22 SKILLED NURSING VISIT CHARGES	3166500	114300	146980	70800			3498580 22
23 PHYSICAL THERAPY VISITS	9443	56	69	260			9828 23
24 PHYSICAL THERAPY VISIT CHARGES	1691940	10080	12370	46610			1761000 24
25 OCCUPATIONAL THERAPY VISITS	1964	8	12	64			2048 25
26 OCCUPATIONAL THERAPY VISIT CHARGES	351570	1440	2150	11518			366678 26
27 SPEECH PATHOLOGY VISITS	258		2	7			267 27
28 SPEECH PATHOLOGY VISIT CHARGES	46290		360	1260			47910 28
29 MEDICAL SOCIAL SERVICE VISITS	438	5	13	19			475 29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	97725	1125	2875	4200			105925 30
31 HOME HEALTH AIDE VISITS	1016	49	5	32			1102 31
32 HOME HEALTH AIDE VISIT CHARGES	131655	6370	645	4160			142830 32
33 TOTAL VISITS	31840	792	970	800			34402 33
34 OTHER CHARGES							34
35 TOTAL CHARGES	5485680	133315	165380	138548			5922923 35
36 TOTAL NUMBER OF EPISODES	2059		351	67			2477 36
37 TOTAL NUMBER OF OUTLIER EPISODES		22					22 37
38 TOTAL MEDICAL SUPPLY CHARGES	135404	7608		1425			144437 38

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 09:58

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					21	21 1
2 ROUTINE HOME CARE	13371				3132	16503 2
3 INPATIENT RESPITE CARE	66				22	88 3
4 GENERAL INPATIENT CARE	1711				627	2338 4
5 TOTAL HOSPICE DAYS	15148				3802	18950 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	410				12	422 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	36.95				316.83	44.91 8
9 UNDUPLICATED CENSUS COUNT	410				12	422 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	31430484 17
17.01	GROSS MEDICAID REVENUES	24673571 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	56104055 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.261639 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	143251370 28
29	TOTAL GROSS MEDICAID COST	37480145 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	37480145 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	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		16518868	16518868	-109952	16408916	2100133	18509049	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP								4
5	0500 EMPLOYEE BENEFITS	983174	22923596	23906770	98773	24005543	-13952	23991591	5
6	0600 ADMINISTRATIVE & GENERAL	14114786	36415233	50530019	957645	51487664	-96825	51390839	6
7	0700 MAINTENANCE & REPAIRS	58152	3337951	3396103		3396103		3396103	7
8	0800 OPERATION OF PLANT	2593509	4196247	6789756	-257904	6531852	-124138	6407714	8
9	0900 LAUNDRY & LINEN SERVICE	84678	1185925	1270603		1270603		1270603	9
10	1000 HOUSEKEEPING	2618211	722133	3340344	-197403	3142941		3142941	10
11	1100 DIETARY	2210427	1454325	3664752	-411229	3253523		3253523	11
12	1200 CAFETERIA	237146	505768	742914	421061	1163975	-1113474	50501	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	2780470	248585	3029055	-115988	2913067	-4779	2908288	14
15	1500 CENTRAL SERVICES & SUPPLY	209581	632870	842451	-213286	629165	-13145	616020	15
16	1600 PHARMACY	2848210	9235720	12083930	-9045079	3038851		3038851	16
17	1700 MEDICAL RECORDS & LIBRARY	2661136	832576	3493712		3493712	-667364	2826348	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
24.01	2401 PARAMED ED PRGM-EMS	135122	55000	190122	773935	964057	-267309	696748	24.01
24.02	2402 PARAMED ED PRGM-DIETETICS	75492	4927	80419	25748	106167	-58558	47609	24.02
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	19204216	5018407	24222623	-1572179	22650444	-203458	22446986	25
26	2600 INTENSIVE CARE UNIT	3969455	471790	4441245	-44324	4396921		4396921	26
27	2700 CORONARY CARE UNIT								27
31	3100 SUBPROVIDER I	506647	380302	886949	15684	902633	-6627	896006	31
31.01	3101 SUBPROVIDER II	3405268	367068	3772336	-35580	3736756	-15350	3721406	31.01
33	3300 NURSERY	869845	579377	1449222		1449222	-531875	917347	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	3798932	15554613	19353545	-8707393	10646152	-316777	10329375	37
38	3800 RECOVERY ROOM	755541	72809	828350		828350		828350	38
39	3900 DELIVERY ROOM & LABOR ROOM	1817894	367462	2185356	-28907	2156449		2156449	39
40	4000 ANESTHESIOLOGY	804426	301476	1105902		1105902	-877009	228893	40
41	4100 RADIOLOGY-DIAGNOSTIC	3549666	2281019	5830685		5830685	-1416378	4414307	41
41.01	3430 MRI	571369	154517	725886		725886		725886	41.01
41.02	3230 CT SCAN	595705	311287	906992		906992		906992	41.02
41.03	3630 ULTRASOUND	1127539	66444	1193983	-10644	1183339		1183339	41.03
41.04	3631 SPECIAL PROCEDURES	974844	2766158	3741002	-1512309	2228693		2228693	41.04
43	4300 RADIOISOTOPE	370713	496651	867364		867364		867364	43
44	4400 LABORATORY	4931929	4921342	9853271	-102745	9750526	-921788	8828738	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	273818	1714912	1988730	54504	2043234		2043234	47
49	4900 RESPIRATORY THERAPY	1411416	524305	1935721	-12665	1923056	-9183	1913873	49
49.01	3560 PULMONARY FUNCTION	51030	4231	55261		55261		55261	49.01
50	5000 PHYSICAL THERAPY	4146957	658500	4805457	-377095	4428362	-40217	4388145	50
51	5100 OCCUPATIONAL THERAPY	1010559	36546	1047105		1047105		1047105	51
52	5200 SPEECH PATHOLOGY	442097	17723	459820	-133520	326300	-14044	312256	52
53	5300 ELECTROCARDIOLOGY	726348	217386	943734	239034	1182768	-69375	1113393	53
53.01	3120 CARDIAC CATH LAB	663577	2892417	3555994	-1717935	1838059		1838059	53.01
53.02	3160 CARDIAC REHAB	588499	345768	934267		934267	-370321	563946	53.02
54	5400 ELECTROENCEPHALOGRAPHY	83874	45175	129049		129049	-13925	115124	54
54.01	3280 SLEEP LAB								54.01
54.02	3290 EMG	104645	14841	119486		119486		119486	54.02
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				213286	213286		213286	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				12278093	12278093		12278093	55.30
56	5600 DRUGS CHARGED TO PATIENTS				8996817	8996817		8996817	56
56.01	3190 INFUSION THERAPY	476084	165413	641497		641497	-30633	610864	56.01
57	5700 RENAL DIALYSIS		1002660	1002660		1002660		1002660	57
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	378053	448186	826239		826239		826239	60
60.01	6001 LITHOTRIPSY		383040	383040		383040		383040	60.01
60.02	6002 PSYCH ANCILLARY	10870	267998	278868	2106511	2385379		2385379	60.02
60.03	6003 RETINAL VASCULAR	210970	140404	351374		351374	-122058	229316	60.03
61	6100 EMERGENCY	3763332	1459867	5223199	-705367	4517832	-270500	4247332	61
61.01	6101 IFCC	12779698	7035073	19814771	1215502	21030273	-4092362	16937911	61.01
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
62.01	6201 OBSERVATION BEDS-DISTINCT								62.01
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									

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	
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	239034	862500	1101534	-1101534				70
71	7100 HOME HEALTH AGENCY	8579591	3353066	11932657	-253351	11679306	-226464	11452842	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		2966323	2966323	-2966323				88
93	9300 HOSPICE	1902431	1477158	3379589	-95460	3284129	-18000	3266129	93
95	9500 SUBTOTALS	116706966	158413938	275120904	-2331579	272789325	-9825755	262963570	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES				2331579	2331579		2331579	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	10100 TOTAL	116706966	158413938	275120904		275120904	-9825755	265295149	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	
1 RECLASS NON CAP INS	A	NEW CAP REL COSTS-BLDG & FIXT	3		222841 1
2	A	EMPLOYEE BENEFITS	5		146032 2
3					3
4	B	PARAMED ED PRGM-DIETETICS	24.02	10976	14772 4
5 CAFETERIA EXPENSE RECLASS	B	CAFETERIA	12	476432	5
6	B	DIETARY	11		40599 6
7					7
8 EMPLOYEE VACATION ACCRUAL	C	ADMINISTRATIVE & GENERAL	6	40200	8
9					9
10 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO P	55		213286 10
11	D	IMPL. DEV. CHARGED TO PATIENT	55.30		12278093 11
12	D				12
13	D				13
14	D				14
15					15
16 RECLASS DRUGS CHARGES TO PTS	E	DRUGS CHARGED TO PATIENTS	56		8996817 16
17					17
18 POB COST OFFSET	F	PHYSICIANS' PRIVATE OFFICES	98		462366 18
19	F				19
20	F				20
21	F				21
22					22
23 LAB ADMIN	G	BLOOD STORING, PROCESSING & T	47	28186	26318 23
24					24
25 ALLOC ONE DAY SURGERY	H	OPERATING ROOM	37	259238	24339 25
26					26
27 EMT NURSE PRECEPTORS	I	PARAMED ED PRGM-EMS	24.01	665785	27
28	I				28
29	I				29
30	I				30
31	I				31
32	I				32
33	I				33
34	I				34
35					35
36 SUBTOTAL				1480817	22425463 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 RECLASS NON CAP INS	A	ADMINISTRATIVE & GENERAL	6		368873	11 1
2	A					2
3						3
4 CAFETERIA EXPENSE RECLASS	B	DIETARY	11	487408		4
5	B	CAFETERIA	12		55371	5
6	B					6
7						7
8 EMPLOYEE VACATION ACCRUAL	C	EMPLOYEE BENEFITS	5		40200	8
9						9
10 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		213286	10
11	D	OPERATING ROOM	37		8975553	11
12	D	SPECIAL PROCEDURES	41.04		1522953	12
13	D	CARDIAC CATH LAB	53.01		1702695	13
14	D	EMERGENCY	61		76892	14
15						15
16 RECLASS DRUGS CHARGES TO PTS	E	PHARMACY	16		8996817	16
17						17
18 POB COST OFFSET	F	HOUSEKEEPING	10		197403	18
19	F	OPERATION OF PLANT	8		220662	19
20	F	OPERATION OF PLANT	8		37242	20
21	F	EMPLOYEE BENEFITS	5		7059	21
22						22
23 LAB ADMIN	G	LABORATORY	44	28186	26318	23
24						24
25 ALLOC ONE DAY SURGERY	H	ADULTS & PEDIATRICS	25	259238	24339	25
26						26
27 EMT NURSE PRECEPTORS	I	ADULTS & PEDIATRICS	25	28907		27
28	I	INTENSIVE CARE UNIT	26	15417		28
29	I	INTENSIVE CARE UNIT	26	28907		29
30	I	OPERATING ROOM	37	15417		30
31	I	DELIVERY ROOM & LABOR ROOM	39	28907		31
32	I	RESPIRATORY THERAPY	49	12665		32
33	I	CARDIAC CATH LAB	53.01	15240		33
34	I	EMERGENCY	61	520325		34
35						35
36 SUBTOTAL				1440617	22465663	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 HMC CLINIC COST RECLASS	J	PSYCH ANCILLARY	60.02	524780	1565959	1
2 HMC SUPPORT	J	SUBPROVIDER I	31	15684		2
3 HMC SUPPORT	J	PSYCH ANCILLARY	60.02	15772		3
4						4
5 INTEREST	K	NEW CAP REL COSTS-BLDG & FIXT	3		2966323	5
6						6
7						7
8						8
9						9
10 FCC PHYSICIANS OFFICES	M	PHYSICIANS' PRIVATE OFFICES	98		669487	10
11						11
12 HOME HEALTH PARENT	N	ADMINISTRATIVE & GENERAL	6		217920	12
13						13
14 IFCC DEPR EXPENSE	O	IFCC	61.01		2071646	14
15	O	PHYSICIANS' PRIVATE OFFICES	98		1199726	15
16						16
17						17
18						18
19 EMS MEDICAL DIRECTOR	Q	PARAMED ED PRGM-EMS	24.01		108150	19
20						20
21 HOME HEALTH INDIRECT COSTS	R	ADMINISTRATIVE & GENERAL	6		35431	21
22	R	ADMINISTRATIVE & GENERAL	6		95460	22
23						23
24						24
25 OFF-SITE LOCATIONS	S	PHYSICAL THERAPY	50		27744	25
26						26
27	T	EMPLOYEE BENEFITS	5		2479	27
28	T	ADMINISTRATIVE & GENERAL	6		2961541	28
29	T	HOUSEKEEPING	10		569154	29
30	T	DIETARY	11		373402	30
31	T	NURSING ADMINISTRATION	14		72	31
32	T	MEDICAL RECORDS & LIBRARY	17		67684	32
33	T	ADULTS & PEDIATRICS	25		3896	33
34	T	INTENSIVE CARE UNIT	26		129482	34
35	T	SUBPROVIDER I	31		1532	35
36 SUBTOTAL				2037053	35492551	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 CLINIC COST RECLASS	J	ADULTS & PEDIATRICS	25	524780	1565959	1
2 HMC SUPPORT	J	ADULTS & PEDIATRICS	25	15684		2
3 HMC SUPPORT	J	ADULTS & PEDIATRICS	25	15772		3
4						4
5 INTEREST	K	INTEREST EXPENSE	88		2966323	11 5
6						6
7						7
8						8
9						9
10 FCC PHYSICIANS OFFICES	M	IFCC	61.01		669487	10
11						11
12 HOME HEALTH PARENT	N	HOME HEALTH AGENCY	71		217920	12
13						13
14 IFCC DEPR EXPENSE	O	NEW CAP REL COSTS-BLDG & FIXT	3		2071646	11 14
15	O	NEW CAP REL COSTS-BLDG & FIXT	3		1199726	11 15
16						16
17						17
18						18
19 EMS MEDICAL DIRECTOR	Q	EMERGENCY	61		108150	19
20						20
21 HOME HEALTH INDIRECT COSTS	R	HOME HEALTH AGENCY	71		35431	21
22	R	HOSPICE	93		95460	22
23						23
24						24
25 OFF-SITE LOCATIONS	S	NEW CAP REL COSTS-BLDG & FIXT	3		27744	11 25
26						26
27	T	EMPLOYEE BENEFITS	5	2479		27
28	T	ADMINISTRATIVE & GENERAL	6	2961541		28
29	T	HOUSEKEEPING	10	569154		29
30	T	DIETARY	11	373402		30
31	T	NURSING ADMINISTRATION	14	72		31
32	T	MEDICAL RECORDS & LIBRARY	17	67684		32
33	T	ADULTS & PEDIATRICS	25	3896		33
34	T	INTENSIVE CARE UNIT	26	129482		34
35	T	SUBPROVIDER I	31	1532		35
36 SUBTOTAL				6106095	31423509	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1	T	NURSERY	33		11314 1
2	T	OPERATING ROOM	37		11059 2
3	T	DELIVERY ROOM & LABOR ROOM	39		2470 3
4	T	ANESTHESIOLOGY	40		46808 4
5	T	SPECIAL PROCEDURES	41.04		10644 5
6	T	LABORATORY	44		58656 6
7	T	PHYSICAL THERAPY	50		170627 7
8	T	OCCUPATIONAL THERAPY	51		263605 8
9	T	ELECTROCARDIOLOGY	53		19688 9
10	T	CARDIAC CATH LAB	53.01		2553 10
11	T	INFUSION THERAPY	56.01		29902 11
12	T	EMERGENCY	61		27529 12
13	T	IFCC	61.01		64088 13
14					14
15	U	HOME HEALTH AGENCY	71		8579591 15
16	U	HOSPICE	93		1902431 16
17					17
18	V	ADMINISTRATIVE & GENERAL	6	937507	18
19	V	DIETARY	11	35580	19
20	V				20
21	V				21
22	V				22
23	V				23
24	V				24
25					25
26	W	ADULTS & PEDIATRICS	25		862500 26
27	W	ELECTROCARDIOLOGY	53	239034	27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		3249174	47556016 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	T	NURSERY	33	11314		1
2	T	OPERATING ROOM	37	11059		2
3	T	DELIVERY ROOM & LABOR ROOM	39	2470		3
4	T	ANESTHESIOLOGY	40	46808		4
5	T	ULTRASOUND	41.03	10644		5
6	T	LABORATORY	44	58656		6
7	T	PHYSICAL THERAPY	50	170627		7
8	T	OCCUPATIONAL THERAPY	51	263605		8
9	T	ELECTROCARDIOLOGY	53	19688		9
10	T	CARDIAC CATH LAB	53.01	2553		10
11	T	INFUSION THERAPY	56.01	29902		11
12	T	EMERGENCY	61	27529		12
13	T	IFCC	61.01	64088		13
14						14
15	U	HOME HEALTH AGENCY	71	8579591		15
16	U	HOSPICE	93	1902431		16
17						17
18	V	NURSING ADMINISTRATION	14	115988		18
19	V	PHARMACY	16	48262		19
20	V	SUBPROVIDER II	31.01	35580		20
21	V	LABORATORY	44	48241		21
22	V	PHYSICAL THERAPY	50	404839		22
23	V	SPEECH PATHOLOGY	52	133520		23
24	V	IFCC	61.01	186657		24
25						25
26	W	I&R SERVICES-NOT APPRVD PRGM	70		862500	26
27	W	I&R SERVICES-NOT APPRVD PRGM	70	239034		27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		18519181	32286009	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	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						
	DEPREC-IATION	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	16424089		2084960				18509049
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	16424089		2084960				18509049

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	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	16518868						16518868
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	16518868						16518868

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-94779	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	-271319	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT	B	-124138	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-4548346			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	2954118			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1113474	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					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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST 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 WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37					37
38 MISCELLANEOUS INCOME	B	-538342	ADMINISTRATIVE & GENERAL	6	38
38.06 DAY CARE CENTER	B	-531634	ADMINISTRATIVE & GENERAL	6	38.06
38.08 EMS FEES	B	-250559	PARAMED ED PRGM-EMS	24.01	38.08
38.09 DIETARY TUITION REVENUE	B	-58558	PARAMED ED PRGM-DIETETICS	24.02	38.09
39 BAD DEBT EXPENSE	A	-160464	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	-124304	ADMINISTRATIVE & GENERAL	6	39.21
39.22 CRNA SALARIES	A	-714843	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
39.26 POB RENTAL	A	-5700	MEDICAL RECORDS & LIBRARY	17	39.26
39.41 OTHER INCOME	B	-4779	NURSING ADMINISTRATION	14	39.41
39.43 OTHER INCOME	B	-14044	SPEECH PATHOLOGY	52	39.43
39.44 OTHER INCOME	B	-914788	LABORATORY	44	39.44
39.47 OTHER INCOME	B	-2027979	IFCC	61.01	39.47
39.48 OTHER INCOME	B	-299708	CARDIAC REHAB	53.02	39.48
39.49 OTHER INCOME	B	-1315	SUBPROVIDER I	31	39.49
39.50 OTHER INCOME	B	-162166	ANESTHESIOLOGY	40	39.50
39.51 OTHER INCOME	B	-27281	RADIOLOGY-DIAGNOSTIC	41	39.51
39.52 OTHER INCOME	B	-640619	MEDICAL RECORDS & LIBRARY	17	39.52
39.53 OTHER INCOME	B	-13145	CENTRAL SERVICES & SUPPLY	15	39.53
39.54 OTHER INCOME	B	-192515	ADULTS & PEDIATRICS	25	39.54
39.55 OTHER INCOME	B	-1877	OPERATING ROOM	37	39.55
39.56 OTHER INCOME	B	-2418	EMPLOYEE BENEFITS	5	39.56
39.57 OTHER INCOME	B	-58558	RETINAL VASCULAR	60.03	39.57
40 NON-ALLOWABLE DUES	A	-35872	ADMINISTRATIVE & GENERAL	6	40
41 NON ALLOWABLE EXPENSES	A	-995796	ADMINISTRATIVE & GENERAL	6	41

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		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
41.02 NON ALLOWABLE EXPENSES	A	-10717	PHYSICAL THERAPY	50	41.02
41.03 NON ALLOWABLE EXPENSES	A	-7000	LABORATORY	44	41.03
41.04 NON ALLOWABLE EXPENSES	A	-5483	IFCC	61.01	41.04
42 ICOR PROPERTY TAX	A	-29500	PHYSICAL THERAPY	50	42
43 NON-ALLOWABLE INTEREST EXPENSE-	A	-614592	NEW CAP REL COSTS-BLDG & FIXT	3	11 43
44 UNNECESSARY BORROWING OFFSET	A	-164593	NEW CAP REL COSTS-BLDG & FIXT	3	11 44
45 IFCC REAL ESTATE TAXES	A	-1181500	IFCC	61.01	45
46 INVESTMENT FEES IN NONOPERATING	A	622217	ADMINISTRATIVE & GENERAL	6	46
47 ASSET RELIVING	A	2767880	NEW CAP REL COSTS-BLDG & FIXT	3	11 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		-9825755			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	3	NEW CAP REL COSTS-BLDG & FIXT	206217		206217	11
2						2
3	6	ADMINISTRATIVE & GENERAL	8390673	5642772	2747901	3
4						4
5	TOTALS		8596890	5642772	2954118	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2	B	100.00			ACUTE CARE	2
3	C		INGALLS HOME CARE	100.00	HOME CARE	3
4						4
5						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	1555694		1555694	165600	10371	825691	41285
2	17 MEDICAL RECORDS & LIBRAR	44850		44850	165600	299	23805	1190
3	24.01 PARAMED ED PRGM-EMS	108150		108150	208000	914	91400	4570
4	25 ADULTS & PEDIATRICS	23363		23363	165600	156	12420	621
5	31 SUBPROVIDER I	11363		11363	165600	76	6051	303
6	31.01 SUBPROVIDER II	46050		46050	208000	307	30700	1535
7	33 NURSERY CHILDRENS	531875	531875		208000			
8	37 OPERATING ROOM AGGREGATE	314900	314900		208000			
9	41 RADIOLOGY-DIAGNOSTIC AGGREGATE	1369018	1369018		208000			
10	49 RESPIRATORY THERAPY	19613		19613	165600	131	10430	522
11	53 ELECTROCARDIOLOGY VARIOUS	69375	69375		208000			
12	53.01 CARDIAC CATH LAB VARIOUS							
13	53.02 CARDIAC REHAB AGGREGATE	33594	33594		208000			
14	54 ELECTROENCEPHALOGRAPHY	41725		41725	208000	278	27800	1390
15	56.01 INFUSION THERAPY	18000		18000	208000	120	12000	600
16	60.03 RETINAL VASCULAR	40500		40500	208000	270	27000	1350
17	61 EMERGENCY VARIOUS	270500	270500		225300			
18	61.01 IFCC AGGREGATE	877400	877400		225300			
19	6 ADMINISTRATIVE & GENERAL OB HOUSE STAFF	862500		862500	225300	5750	622825	31141
101	TOTAL	6238470	3466662	2771808		18672	1690122	84507

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 09:58

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	6 ADMINISTRATIVE & GENERAL				2	2	825693	730001	730001
2	17 MEDICAL RECORDS & LIBRAR						23805	21045	21045
3	24.01 PARAMED ED PRGM-EMS						91400	16750	16750
4	25 ADULTS & PEDIATRICS						12420	10943	10943
5	31 SUBPROVIDER I						6051	5312	5312
6	31.01 SUBPROVIDER II						30700	15350	15350
7	33 NURSERY CHILDRENS								531875
8	37 OPERATING ROOM AGGREGATE								314900
9	41 RADIOLOGY-DIAGNOSTIC AGGREGATE								1369018
10	49 RESPIRATORY THERAPY						10430	9183	9183
11	53 ELECTROCARDIOLOGY VARIOUS								69375
12	53.01 CARDIAC CATH LAB VARIOUS								
13	53.02 CARDIAC REHAB AGGREGATE								33594
14	54 ELECTROENCEPHALOGRAPHY						27800	13925	13925
15	56.01 INFUSION THERAPY						12000	6000	6000
16	60.03 RETINAL VASCULAR						27000	13500	13500
17	61 EMERGENCY VARIOUS								270500
18	61.01 IFCC AGGREGATE								877400
19	6 ADMINISTRATIVE & GENERAL OB HOUSE STAFF						622825	239675	239675
101	TOTAL				2	2	1690124	1081684	4548346

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP-REL COSTS BLDG&FIXT 3	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI-STRATIVE & GENERAL 6	MAINTEN-ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
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	18509049	18509049							3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	23991591	100196	24091787						5
6 ADMINISTRATIVE & GENERAL	51390839	5663308	2909293	59963440	59963440				6
7 MAINTENANCE & REPAIRS	3396103	473114	13946	3883163	1134008	5017171			7
8 OPERATION OF PLANT	6407714	1346834	621986	8376534	2446216	550608	11373358		8
9 LAUNDRY & LINEN SERVICE	1270603	92785	20308	1383696	404084	37932	96588	1922300	9
10 HOUSEKEEPING	3142941	110043	491413	3744397	1093484	44987	114553		10
11 DIETARY	3253523	337667	332203	3923393	1145756	138044	351505		11
12 CAFETERIA	50501	161156	171133	382790	111787		65883	167761	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	2908288	65376	638989	3612653	1055010	26727	68055		14
15 CENTRAL SERVICES & SUPPLY	616020	121844	50263	788127	230158	49812	126838	3952	15
16 PHARMACY	3038851	175876	671495	3886222	1134901	71901	183084		16
17 MEDICAL RECORDS & LIBRARY	2826348	258763	621972	3707083	1082587	105787	269368		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	696748	58701	192077	947526	276708	23998	61107		24.01
24.02 PARAMED ED PRGM-DIETETICS	47609	19034	20737	87380	25518	7781	19814		24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22446986	3271013	4402160	30120159	8796061	1337244	3405067	830093	25
26 INTENSIVE CARE UNIT	4396921	322845	910288	5630054	1644156	131984	336076	114255	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I	896006	101363	124900	1122269	327738	41439	105518	37843	31
31.01 SUBPROVIDER II	3721406	1282524	808132	5812062	1697308	524317	1335085	99662	31.01
33 NURSERY	917347	151005	205896	1274248	372124	61733	157193	24695	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	10329375	1123017	966897	12419289	3626830	459108	1169041	217013	37
38 RECOVERY ROOM	828350	84436	181197	1093983	319478	34519	87896	24857	38
39 DELIVERY ROOM & LABOR ROOM	2156449	83268	428450	2668167	779190	34041	86681	111069	39
40 ANESTHESIOLOGY	228893	10938	181695	421526	123099	4472	11387		40
41 RADIOLOGY-DIAGNOSTIC	4414307	667110	851295	5932712	1732542	272726	694450	61740	41
41.01 MRI	725886	137731	137028	1000645	292220	56307	143376	12563	41.01
41.02 CT SCAN	906992	52154	142864	1102010	321822	21321	54291	26200	41.02
41.03 ULTRASOUND	1183339	72406	267858	1523603	444941	29601	75373	29988	41.03
41.04 SPECIAL PROCEDURES	2228693	46520	233791	2509004	732709	19018	48426	3749	41.04
43 RADIOISOTOPE	867364	48854	88906	1005124	293528	19972	50857	6063	43
44 LABORATORY	8828738	349493	1150399	10328630	3016290	142878	363816		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2043234	13324	72428	2128986	621732	5447	13870		47
49 RESPIRATORY THERAPY	1913873	41850	335454	2291177	669097	17109	43565		49
49.01 PULMONARY FUNCTION	55261	20151	12238	87650	25597	8238	20977		49.01
50 PHYSICAL THERAPY	4388145	161740	856529	5406414	1578846	66122	168368	45338	50
51 OCCUPATIONAL THERAPY	1047105	26851	179137	1253093	365943	10977	27951		51
52 SPEECH PATHOLOGY	312256	18374	74004	404634	118166	7512	19127		52
53 ELECTROCARDIOLOGY	1113393	95222	226800	1435415	419187	38928	99124	20236	53
53.01 CARDIAC CATH LAB	1838059	93141	154875	2086075	609201	38077	96958	3712	53.01
53.02 CARDIAC REHAB	563946	51748	141136	756830	221019	21155	53868	457	53.02
54 ELECTROENCEPHALOGRAPHY	115124	51798	20115	187037	54621	21176	53921	3136	54
54.01 SLEEP LAB									54.01
54.02 EMG	119486		25096	144582	42223				54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	213286			213286	62286				55
55.30 IMPL. DEV. CHARGED TO PATIENT	12278093			12278093	3585596				55.30
56 DRUGS CHARGED TO PATIENTS	8996817			8996817	2627358				56
56.01 INFUSION THERAPY	610864	39439	107005	757308	221158	16123	41055	5008	56.01
57 RENAL DIALYSIS	1002660	45707		1048367	306157	18686	47581	10563	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	826239	70959	90666	987864	288488	29009	73868	23054	60
60.01 LITHOTRIPSY	383040			383040	111860				60.01
60.02 PSYCH ANCILLARY	2385379	284320	132244	2801943	818257	116235	295972		60.02
60.03 RETINAL VASCULAR	229316	275209	50596	555121	162113	112510	286488		60.03
61 EMERGENCY	4247332	237851	771149	5256332	1535017	97237	247599	207054	61
61.01 IFCC	16937911		3004744	19942655	5823893				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									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
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	11452842	156867		11609709	3390407	64130	163296		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	3266129			3266129	953814				93
95 SUBTOTALS	262963570	18473925	24091787	262928446	59272286	5002811	11336794	1922300	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	2331579			2331579	680896				98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY		22435		22435	6552	9172	23354		98.02
98.03 RETINAL VASCULAR GRANTS		12689		12689	3706	5188	13210		98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	265295149	18509049	24091787	265295149	59963440	5017171	11373358	1922300	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED ED PROGRAM EMS	
	10	11	12	14	15	16	17	24.01	
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	4997421								10
11 DIETARY	157372	5716070							11
12 CAFETERIA	75108		803329						12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	30469			33804	4826718				14
15 CENTRAL SERVICES & SUPPLY	56786			4745	1260418				15
16 PHARMACY	81968			25511		5383587			16
17 MEDICAL RECORDS & LIBRARY	120598			35577			5321000		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	27358		30166	323401	78			1690342	24.01
24.02 PARAMED ED PRGM-DIETETICS	8871		4283						24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1524479	4212785	232127	2488554	60556	5366	1822512	112689	25
26 INTENSIVE CARE UNIT	150464	357214	36134	387380	19419	950	173368	169034	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I	47241	96730	8461	90708		11	42008		31
31.01 SUBPROVIDER II	597729	699793	40041		10435	133	291192		31.01
33 NURSERY	70377		7598	81456	1794		91844		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	523390		50225	538453	342098	4028	278838	56345	37
38 RECOVERY ROOM	39352		6279	67312	3370		20362		38
39 DELIVERY ROOM & LABOR ROOM	38808		18211	195232	16167	20	17228	112689	39
40 ANESTHESIOLOGY	5098		3616	38768	5547		44258		40
41 RADIOLOGY-DIAGNOSTIC	310911		50387		1690	12560	178674		41
41.01 MRI	64191		6091		915		74569		41.01
41.02 CT SCAN	24307		5588		11970		259245		41.02
41.03 ULTRASOUND	33745		9530		2375	1525	69307		41.03
41.04 SPECIAL PROCEDURES	21681		9442		133494	8	97044		41.04
43 RADIOISOTOPE	22769		3451		338	16116	52127		43
44 LABORATORY	162884		67870		14989	236306	617071		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	6210		3536		140	613751	34189		47
49 RESPIRATORY THERAPY	19504		17734		1461	28367	67095	56345	49
49.01 PULMONARY FUNCTION	9391		590				5388		49.01
50 PHYSICAL THERAPY	75380				15256	197	195645		50
51 OCCUPATIONAL THERAPY	12514				53	258	48775		51
52 SPEECH PATHOLOGY	8563				207	27	23868		52
53 ELECTROCARDIOLOGY	44379		8978		2755		115502	56345	53
53.01 CARDIAC CATH LAB	43409		5298		54487	10	77035		53.01
53.02 CARDIAC REHAB	24117		6604		190	32535	5137		53.02
54 ELECTROENCEPHALOGRAPHY	24141		1149		34	481	4203		54
54.01 SLEEP LAB									54.01
54.02 EMG			1062		706		7068		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT					14446	9	20412		55
55.30 IMPL. DEV. CHARGED TO PATIENT					439329				55.30
56 DRUGS CHARGED TO PATIENTS			4906		14977	4318440	267373		56
56.01 INFUSION THERAPY	18381				5370	17			56.01
57 RENAL DIALYSIS	21302				2894				57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	33071		3229		3392	1487			60
60.01 LITHOTRIPSY									60.01
60.02 PSYCH ANCILLARY	132509	304340	19399	207970			39560		60.02
60.03 RETINAL VASCULAR	128263		3698		160	1316	6880		60.03
61 EMERGENCY	110852	45208	38009	407484	47157	137	273223	1126895	61
61.01 IFCC					32169	109532			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									

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED ED PROGRAM EMS	
	10	11	12	14	15	16	17	24.01	
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	73109								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	4981051	5716070	803329	4826718	1260418	5383587	5321000	1690342	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 REFERENCE LAB									98.01
98.02 O/P PHARMACY	10456								98.02
98.03 RETINAL VASCULAR GRANTS	5914								98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4997421	5716070	803329	4826718	1260418	5383587	5321000	1690342	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	24.02	25	26	27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
20					20
21					21
22					22
23					23
24					24
24.01					24.01
24.02	153647				24.02
INPATIENT ROUTINE SERV COST CENTERS					
25	104883	55052575		55052575	25
26	20231	9170719		9170719	26
27					27
31	2408	1922374		1922374	31
31.01	17422	11125179		11125179	31.01
33		2143059		2143059	33
ANCILLARY SERVICE COST CENTERS					
37		19684658		19684658	37
38		1697408		1697408	38
39		4077503		4077503	39
40		657771		657771	40
41		9248392		9248392	41
41.01		1650877		1650877	41.01
41.02		1826754		1826754	41.02
41.03		2219988		2219988	41.03
41.04		3574575		3574575	41.04
43		1470345		1470345	43
44		14950734		14950734	44
46.30					46.30
47		3427861		3427861	47
49		3211454		3211454	49
49.01		157831		157831	49.01
50		7551566		7551566	50
51		1719564		1719564	51
52		582104		582104	52
53		2240849		2240849	53
53.01		3014262		3014262	53.01
53.02		1121912		1121912	53.02
54		349899		349899	54
54.01					54.01
54.02		195641		195641	54.02
55		310439		310439	55
55.30		16303018		16303018	55.30
56		16229871		16229871	56
56.01		1064420		1064420	56.01
57		1455550		1455550	57
OUTPATIENT SERVICE COST CENTERS					
60		1443462		1443462	60
60.01		494900		494900	60.01
60.02	7577	4743762		4743762	60.02
60.03		1256549		1256549	60.03
61	1126	9393330		9393330	61
61.01		25908249		25908249	61.01
62					62
62.01					62.01
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24.02	25	26	27
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		15300651		15300651
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		4219943		4219943
95 SUBTOTALS	153647	262169998		262169998
NONREIMBURSABLE COST CENTERS				
98 PHYSICIANS' PRIVATE OFFICES		3012475		3012475
98.01 REFERENCE LAB				98
98.02 O/P PHARMACY		71969		71969
98.03 RETINAL VASCULAR GRANTS		40707		40707
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	153647	265295149		265295149

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	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
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		100196	100196	100196					5
6 ADMINISTRATIVE & GENERAL		5663308	5663308	12095	5675403				6
7 MAINTENANCE & REPAIRS		473114	473114	58	107331	580503			7
8 OPERATION OF PLANT		1346834	1346834	2586	231527	63707	1644654		8
9 LAUNDRY & LINEN SERVICE		92785	92785	84	38245	4389	13967	149470	9
10 HOUSEKEEPING		110043	110043	2043	103495	5205	16565		10
11 DIETARY		337667	337667	1381	108443	15972	50830		11
12 CAFETERIA		161156	161156	711	10580	7623	24259		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		65376	65376	2656	99854	3092	9841		14
15 CENTRAL SERVICES & SUPPLY	267289	121844	389133	209	21784	5763	18341	307	15
16 PHARMACY		175876	175876	2792	107415	8319	26475		16
17 MEDICAL RECORDS & LIBRARY		258763	258763	2586	102464	12240	38952		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		58701	58701	799	26190	2777	8836		24.01
24.02 PARAMED ED PRGM-DIETETICS		19034	19034	86	2415	900	2865		24.02
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		3271013	3271013	18339	832555	154723	492393	64545	25
26 INTENSIVE CARE UNIT		322845	322845	3784	155615	15271	48599	8884	26
27 CORONARY CARE UNIT	1950	1950	1950						27
31 SUBPROVIDER I		101363	101363	519	31020	4795	15258	2942	31
31.01 SUBPROVIDER II		1282524	1282524	3360	160645	60665	193061	7749	31.01
33 NURSERY		151005	151005	856	35220	7143	22731	1920	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1123017	1123017	4020	343269	53120	169050	16874	37
38 RECOVERY ROOM		84436	84436	753	30238	3994	12710	1933	38
39 DELIVERY ROOM & LABOR ROOM		83268	83268	1781	73748	3939	12535	8636	39
40 ANESTHESIOLOGY		10938	10938	755	11651	517	1647		40
41 RADIOLOGY-DIAGNOSTIC		667110	667110	3539	163980	31555	100422	4801	41
41.01 MRI		137731	137731	570	27658	6515	20733	977	41.01
41.02 CT SCAN		52154	52154	594	30460	2467	7851	2037	41.02
41.03 ULTRASOUND		72406	72406	1114	42112	3425	10899	2332	41.03
41.04 SPECIAL PROCEDURES		46520	46520	972	69349	2200	7003	292	41.04
43 RADIOISOTOPE		48854	48854	370	27782	2311	7354	471	43
44 LABORATORY		349493	349493	4782	285483	16532	52610		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		13324	13324	301	58845	630	2006		47
49 RESPIRATORY THERAPY	7485	41850	49335	1395	63328	1980	6300		49
49.01 PULMONARY FUNCTION		20151	20151	51	2423	953	3033		49.01
50 PHYSICAL THERAPY		161740	161740	3561	149433	7651	24347	3525	50
51 OCCUPATIONAL THERAPY		26851	26851	745	34635	1270	4042		51
52 SPEECH PATHOLOGY		18374	18374	308	11184	869	2766		52
53 ELECTROCARDIOLOGY		95222	95222	943	39675	4504	14334	1573	53
53.01 CARDIAC CATH LAB		93141	93141	644	57659	4406	14021	289	53.01
53.02 CARDIAC REHAB		51748	51748	587	20919	2448	7790	36	53.02
54 ELECTROENCEPHALOGRAPHY		51798	51798	84	5170	2450	7797	244	54
54.01 SLEEP LAB									54.01
54.02 EMG				104	3996				54.02
55 MEDICAL SUPPLIES CHARGED TO PAT					5895				55
55.30 IMPL. DEV. CHARGED TO PATIENT					339366				55.30
56 DRUGS CHARGED TO PATIENTS					248672				56
56.01 INFUSION THERAPY		39439	39439	445	20932	1866	5937	389	56.01
57 RENAL DIALYSIS		45707	45707		28977	2162	6880	821	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		70959	70959	377	27305	3356	10682	1793	60
60.01 LITHOTRIPSY					10587				60.01
60.02 PSYCH ANCILLARY		284320	284320	550	77446	13449	42799		60.02
60.03 RETINAL VASCULAR		275209	275209	210	15344	13018	41428		60.03
61 EMERGENCY		237851	237851	3206	145285	11251	35804	16100	61
61.01 IFCC				12491	551215				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									

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	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9
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		156867	156867		320892	7420	23614	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					90276			93
95 SUBTOTALS	276724	18473925	18750649	100196	5609987	578842	1639367	149470
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES					64445			98
98.01 REFERENCE LAB								98.01
98.02 O/P PHARMACY		22435	22435		620	1061	3377	98.02
98.03 RETINAL VASCULAR GRANTS		12689	12689		351	600	1910	98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	276724	18509049	18785773	100196	5675403	580503	1644654	149470

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED ED PROGRAM EMS
	10	11	12	14	15	16	17	24.01
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	237351							10
11 DIETARY	7474	521767						11
12 CAFETERIA	3567		207896					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1447		8748	191014				14
15 CENTRAL SERVICES & SUPPLY	2697		1228		439462			15
16 PHARMACY	3893		6602			331372		16
17 MEDICAL RECORDS & LIBRARY	5728		9207				429940	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	1299		7807	12798	27			119234 24.01
24.02 PARAMED ED PRGM-DIETETICS	421		1108					24.02
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	72405	384545	60075	98483	21113	330	147263	25
26 INTENSIVE CARE UNIT	7146	32607	9351	15330	6771	58	14008	26
27 CORONARY CARE UNIT								27
31 SUBPROVIDER I	2244	8830	2190	3590		1	3394	31
31.01 SUBPROVIDER II	28389	63878	10362		3638	8	23528	31.01
33 NURSERY	3343		1966	3224	626		7421	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24858		12998	21309	119276	248	22530	37
38 RECOVERY ROOM	1869		1625	2664	1175		1645	38
39 DELIVERY ROOM & LABOR ROOM	1843		4713	7726	5637	1	1392	39
40 ANESTHESIOLOGY	242		936	1534	1934		3576	40
41 RADIOLOGY-DIAGNOSTIC	14767		13040		589	773	14437	41
41.01 MRI	3049		1576		319		6025	41.01
41.02 CT SCAN	1154		1446		4173		20947	41.02
41.03 ULTRASOUND	1603		2466		828	94	5600	41.03
41.04 SPECIAL PROCEDURES	1030		2444		46544	1	7841	41.04
43 RADIOISOTOPE	1081		893		118	992	4212	43
44 LABORATORY	7736		17564		5226	14545	49860	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	295		915		49	37778	2762	47
49 RESPIRATORY THERAPY	926		4589		510	1746	5421	49
49.01 PULMONARY FUNCTION	446		153				435	49.01
50 PHYSICAL THERAPY	3580				5319	12	15808	50
51 OCCUPATIONAL THERAPY	594				19	16	3941	51
52 SPEECH PATHOLOGY	407				72	2	1929	52
53 ELECTROCARDIOLOGY	2108		2323		961		9333	53
53.01 CARDIAC CATH LAB	2062		1371		18997	1	6224	53.01
53.02 CARDIAC REHAB	1145		1709		66	2003	415	53.02
54 ELECTROENCEPHALOGRAPHY	1147		297		12	30	340	54
54.01 SLEEP LAB								54.01
54.02 EMG			275		246		571	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT					5037	1	1649	55
55.30 IMPL. DEV. CHARGED TO PATIENT					153180			55.30
56 DRUGS CHARGED TO PATIENTS			1270		5222	265808	21604	56
56.01 INFUSION THERAPY	873				1872	1		56.01
57 RENAL DIALYSIS	1012				1009			57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1571		836		1183	92		60
60.01 LITHOTRIPSY								60.01
60.02 PSYCH ANCILLARY	6293	27780	5020	8230			3196	60.02
60.03 RETINAL VASCULAR	6092		957		56	81	556	60.03
61 EMERGENCY	5265	4127	9836	16126	16442	8	22077	61
61.01 IFCC					11216	6742		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								

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED ED PROGRAM EMS
	10	11	12	14	15	16	17	24.01
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	3472							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	236573	521767	207896	191014	439462	331372	429940	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 REFERENCE LAB								98.01
98.02 O/P PHARMACY	497							98.02
98.03 RETINAL VASCULAR GRANTS	281							98.03
101 CROSS FOOT ADJUSTMENTS								119234 101
102 NEGATIVE COST CENTER								102
103 TOTAL	237351	521767	207896	191014	439462	331372	429940	119234 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	24.02	25	26	27	
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
20					20
21					21
22					22
23					23
24					24
24.01					24.01
24.02	26829				24.02
INPATIENT ROUTINE SERV COST CENTERS					
25		5617782		5617782	25
26		640269		640269	26
27		1950		1950	27
31		176146		176146	31
31.01		1837807		1837807	31.01
33		235455		235455	33
ANCILLARY SERVICE COST CENTERS					
37		1910569		1910569	37
38		143042		143042	38
39		205219		205219	39
40		33730		33730	40
41		1015013		1015013	41
41.01		205153		205153	41.01
41.02		123283		123283	41.02
41.03		142879		142879	41.03
41.04		184196		184196	41.04
43		94438		94438	43
44		803831		803831	44
46.30					46.30
47		116905		116905	47
49		135530		135530	49
49.01		27645		27645	49.01
50		374976		374976	50
51		72113		72113	51
52		35911		35911	52
53		170976		170976	53
53.01		198815		198815	53.01
53.02		88866		88866	53.02
54		69369		69369	54
54.01					54.01
54.02		5192		5192	54.02
55		12582		12582	55
55.30		492546		492546	55.30
56		542576		542576	56
56.01		71754		71754	56.01
57		86568		86568	57
OUTPATIENT SERVICE COST CENTERS					
60		118154		118154	60
60.01		10587		10587	60.01
60.02		469083		469083	60.02
60.03		352951		352951	60.03
61		523378		523378	61
61.01		581664		581664	61.01
62					62
62.01					62.01
63.50					63.50
63.60					63.60
OTHER REIMBURSABLE COST CENTERS					

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24.02	25	26	27	
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		512265		512265	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		90276		90276	93
95 SUBTOTALS		18531444		18531444	95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES		64445		64445	98
98.01 REFERENCE LAB					98.01
98.02 O/P PHARMACY		27990		27990	98.02
98.03 RETINAL VASCULAR GRANTS		15831		15831	98.03
101 CROSS FOOT ADJUSTMENTS	26829	146063		146063	101
102 NEGATIVE COST CENTER					102
103 TOTAL	26829	18785773		18785773	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	
	1	3	4	5	6A	6	
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				11609709	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						3266129	93
95 SUBTOTALS	727924	727924	8201319	100456264	-59963440	202965006	95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES						2331579	98
98.01 REFERENCE LAB							98.01
98.02 O/P PHARMACY	884	884				22435	98.02
98.03 RETINAL VASCULAR GRANTS	500	500				12689	98.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I		18509049		24091787		59963440	103
104 UNIT COST MULT-WS B PT I		25.378919		.239824		.292032	104
104 UNIT COST MULT-WS B PT I							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				100196		5675403	107
108 UNIT COST MULT-WS B PT III				.000997		.027640	108
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA FTE'S 0	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	
	7	8	9	10	11	12	14	
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		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	482184	429115	1610873	421123	376539	2540245	1423670	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 REFERENCE LAB								98.01
98.02 O/P PHARMACY	884	884		884				98.02
98.03 RETINAL VASCULAR GRANTS	500	500		500				98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5017171	11373358	1922300	4997421	5716070	803329	4826718	103
104 UNIT COST MULT-WS B PT I	10.375316		1.193328		15.180552		3.390335	
104 UNIT COST MULT-WS B PT I		26.419011		11.828019		.316241		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	580503	1644654	149470	237351	521767	207896	191014	107
108 UNIT COST MULT-WS B PT III	1.200458		.092788		1.385692		.134170	
108 UNIT COST MULT-WS B PT III		3.820343		.561768		.081841		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	PARAMED ED PROGRAM EMS ASSIGNED TIME 24.01	PARAMED ED PROGRAM DIETETICS PATIENT MEALS 24.02	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY	24990240					15
16 PHARMACY		11032508				16
17 MEDICAL RECORDS & LIBRARY			3389104			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	1538			120		24.01
24.02 PARAMED ED PRGM-DIETETICS					406539	24.02
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	1200646	10997	1160813	8	277512	25
26 INTENSIVE CARE UNIT	385029	1946	110423	12	53531	26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I		22	26756		6372	31
31.01 SUBPROVIDER II	206891	273	185469		46098	31.01
33 NURSERY	35573		58498			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6782812	8254	177600	4		37
38 RECOVERY ROOM	66813		12969			38
39 DELIVERY ROOM & LABOR ROOM	320542	41	10973	8		39
40 ANESTHESIOLOGY	109984		28189			40
41 RADIOLOGY-DIAGNOSTIC	33517	25740	113803			41
41.01 MRI	18145		47495			41.01
41.02 CT SCAN	237327		165121			41.02
41.03 ULTRASOUND	47082	3126	44144			41.03
41.04 SPECIAL PROCEDURES	2646794	17	61810			41.04
43 RADIOISOTOPE	6696	33026	33201			43
44 LABORATORY	297187	484258	393031			44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T	2784	1257751	21776			47
49 RESPIRATORY THERAPY	28976	58133	42735	4		49
49.01 PULMONARY FUNCTION			3432			49.01
50 PHYSICAL THERAPY	302476	403	124612			50
51 OCCUPATIONAL THERAPY	1056	528	31066			51
52 SPEECH PATHOLOGY	4113	55	15202			52
53 ELECTROCARDIOLOGY	54630		73567	4		53
53.01 CARDIAC CATH LAB	1080317	21	49066			53.01
53.02 CARDIAC REHAB	3774	66673	3272			53.02
54 ELECTROENCEPHALOGRAPHY	673	986	2677			54
54.01 SLEEP LAB						54.01
54.02 EMG	13992		4502			54.02
55 MEDICAL SUPPLIES CHARGED TO P	286416	18	13001			55
55.30 IMPL. DEV. CHARGED TO PATIENT	8710416					55.30
56 DRUGS CHARGED TO PATIENTS	296943	8849717	170298			56
56.01 INFUSION THERAPY	106463	35				56.01
57 RENAL DIALYSIS	57383					57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	67262	3047				60
60.01 LITHOTRIPSY						60.01
60.02 PSYCH ANCILLARY			25197		20048	60.02
60.03 RETINAL VASCULAR	3176	2697	4382			60.03
61 EMERGENCY	934986	281	174024	80	2978	61
61.01 IFCC	637828	224463				61.01
62 OBSERVATION BEDS (NON-DISTINC						62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMED ED PROGRAM EMS ASSIGNED TIME	PARAMED ED PROGRAM DIETETICS PATIENT MEALS	
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	24990240	11032508	3389104	120	406539	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	1260418	5383587	5321000	1690342	153647	103
104 UNIT COST MULT-WS B PT I	.050436		1.570031		.377939	
104 UNIT COST MULT-WS B PT I		.487975		14086.183333		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	439462	331372	429940	119234	26829	107
108 UNIT COST MULT-WS B PT III	.017585		.126859		.065994	
108 UNIT COST MULT-WS B PT III		.030036		993.616667		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	55052575		55052575	10943	55063518	25
26 INTENSIVE CARE UNIT	9170719		9170719		9170719	26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	1922374		1922374	5312	1927686	31
31.01 SUBPROVIDER II	11125179		11125179	15350	11140529	31.01
33 NURSERY	2143059		2143059		2143059	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	19684658		19684658		19684658	37
38 RECOVERY ROOM	1697408		1697408		1697408	38
39 DELIVERY ROOM & LABOR ROOM	4077503		4077503		4077503	39
40 ANESTHESIOLOGY	657771		657771		657771	40
41 RADIOLOGY-DIAGNOSTIC	9248392		9248392		9248392	41
41.01 MRI	1650877		1650877		1650877	41.01
41.02 CT SCAN	1826754		1826754		1826754	41.02
41.03 ULTRASOUND	2219988		2219988		2219988	41.03
41.04 SPECIAL PROCEDURES	3574575		3574575		3574575	41.04
43 RADIOISOTOPE	1470345		1470345		1470345	43
44 LABORATORY	14950734		14950734		14950734	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3427861		3427861		3427861	47
49 RESPIRATORY THERAPY	3211454		3211454	9183	3220637	49
49.01 PULMONARY FUNCTION	157831		157831		157831	49.01
50 PHYSICAL THERAPY	7551566		7551566		7551566	50
51 OCCUPATIONAL THERAPY	1719564		1719564		1719564	51
52 SPEECH PATHOLOGY	582104		582104		582104	52
53 ELECTROCARDIOLOGY	2240849		2240849		2240849	53
53.01 CARDIAC CATH LAB	3014262		3014262		3014262	53.01
53.02 CARDIAC REHAB	1121912		1121912		1121912	53.02
54 ELECTROENCEPHALOGRAPHY	349899		349899	13925	363824	54
54.01 SLEEP LAB						54.01
54.02 EMG	195641		195641		195641	54.02
55 MEDICAL SUPPLIES CHARGED TO	310439		310439		310439	55
55.30 IMPL. DEV. CHARGED TO PATIE	16303018		16303018		16303018	55.30
56 DRUGS CHARGED TO PATIENTS	16229871		16229871		16229871	56
56.01 INFUSION THERAPY	1064420		1064420	6000	1070420	56.01
57 RENAL DIALYSIS	1455550		1455550		1455550	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1443462		1443462		1443462	60
60.01 LITHOTRIPSY	494900		494900		494900	60.01
60.02 PSYCH ANCILLARY	4743762		4743762		4743762	60.02
60.03 RETINAL VASCULAR	1256549		1256549	13500	1270049	60.03
61 EMERGENCY	9393330		9393330		9393330	61
61.01 IFCC	25908249		25908249		25908249	61.01
62 OBSERVATION BEDS (NON-DISTI	3667690		3667690		3667690	62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	246317094		246317094	74213	246391307	101
102 LESS OBSERVATION BEDS	3667690		3667690		3667690	102
103 TOTAL	242649404		242649404	74213	242723617	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	73002438		73002438			25
26 INTENSIVE CARE UNIT	10723673		10723673			26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	1235930		1235930			31
31.01 SUBPROVIDER II	9371530		9371530			31.01
33 NURSERY	2918812		2918812			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	37016558	29431337	66447895	.296242	.296242	.296242 37
38 RECOVERY ROOM	2475243	2379890	4855133	.349611	.349611	.349611 38
39 DELIVERY ROOM & LABOR ROOM	3489082	618781	4107863	.992609	.992609	.992609 39
40 ANESTHESIOLOGY	5896605	4656563	10553168	.062329	.062329	.062329 40
41 RADIOLOGY-DIAGNOSTIC	9227448	22828029	32055477	.288512	.288512	.288512 41
41.01 MRI	8300103	8792582	17092685	.096584	.096584	.096584 41.01
41.02 CT SCAN	24993158	33439477	58432635	.031263	.031263	.031263 41.02
41.03 ULTRASOUND	5294988	8540717	13835705	.160454	.160454	.160454 41.03
41.04 SPECIAL PROCEDURES	10571513	10966548	21538061	.165965	.165965	.165965 41.04
43 RADIOISOTOPE	4448975	7289480	11738455	.125259	.125259	.125259 43
44 LABORATORY	59503151	87636480	147139631	.101609	.101609	.101609 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	6277252	1875006	8152258	.420480	.420480	.420480 47
49 RESPIRATORY THERAPY	14728249	1270390	15998639	.200733	.200733	.201307 49
49.01 PULMONARY FUNCTION	402886	882134	1285020	.122824	.122824	.122824 49.01
50 PHYSICAL THERAPY	7426669	15584107	23010776	.328175	.328175	.328175 50
51 OCCUPATIONAL THERAPY	5622149		5622149	.305855	.305855	.305855 51
52 SPEECH PATHOLOGY	2965099		2965099	.196319	.196319	.196319 52
53 ELECTROCARDIOLOGY	14463520	8579483	23043003	.097246	.097246	.097246 53
53.01 CARDIAC CATH LAB	12529901	5413131	17943032	.167991	.167991	.167991 53.01
53.02 CARDIAC REHAB	75445	1149638	1225083	.915784	.915784	.915784 53.02
54 ELECTROENCEPHALOGRAPHY	807027	195103	1002130	.349155	.349155	.363051 54
54.01 SLEEP LAB						54.01
54.02 EMG	627645	1057687	1685332	.116085	.116085	.116085 54.02
55 MEDICAL SUPPLIES CHARGED TO	3215783	1601483	4817266	.064443	.064443	.064443 55
55.30 IMPL. DEV. CHARGED TO PATIE	23642517	8828182	32470699	.502084	.502084	.502084 55.30
56 DRUGS CHARGED TO PATIENTS	42485465	21269156	63754621	.254568	.254568	.254568 56
56.01 INFUSION THERAPY	54055	5415981	5470036	.194591	.194591	.195688 56.01
57 RENAL DIALYSIS	2058821	260847	2319668	.627482	.627482	.627482 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	652034	4067492	4719526	.305849	.305849	.305849 60
60.01 LITHOTRIPSY		1648587	1648587	.300196	.300196	.300196 60.01
60.02 PSYCH ANCILLARY	6499863	2933003	9432866	.502897	.502897	.502897 60.02
60.03 RETINAL VASCULAR	7127	1633386	1640513	.765949	.765949	.774178 60.03
61 EMERGENCY	13584459	51564999	65149458	.144181	.144181	.144181 61
61.01 IFCC	4704398	140730170	145434568	.178144	.178144	.178144 61.01
62 OBSERVATION BEDS (NON-DISTI		3581724	3581724	1.024001	1.024001	1.024001 62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FOHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	431299571	496121573	927421144			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	431299571	496121573	927421144			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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				5617782		5617782	25
26 INTENSIVE CARE UNIT				640269		640269	26
27 CORONARY CARE UNIT				1950		1950	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				176146		176146	31
31.01 SUBPROVIDER II				1837807		1837807	31.01
33 NURSERY				235455		235455	33
101 TOTAL				8509409		8509409	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	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	72273	35301			77.73	2743947	25
26 INTENSIVE CARE UNIT	5764	1836			111.08	203943	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	1561	888			112.84	100202	31
31.01 SUBPROVIDER II	11292	9260			162.75	1507065	31.01
33 NURSERY	3568				65.99		33
101 TOTAL	94458	47285				4555157	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	RATIO OF		
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1910569	66447895	16375996			.028753	470859 37
38 RECOVERY ROOM		143042	4855133	1031957			.029462	30404 38
39 DELIVERY ROOM & LABOR ROOM		205219	4107863	29558			.049958	1477 39
40 ANESTHESIOLOGY		33730	10553168	2591776			.003196	8283 40
41 RADIOLOGY-DIAGNOSTIC		1015013	32055477	5393853			.031664	170791 41
41.01 MRI		205153	17092685	4025723			.012002	48317 41.01
41.02 CT SCAN		123283	58432635	13769116			.002110	29053 41.02
41.03 ULTRASOUND		142879	13835705	2721181			.010327	28102 41.03
41.04 SPECIAL PROCEDURES		184196	21538061	6476387			.008552	55386 41.04
43 RADIOISOTOPE		94438	11738455	2469022			.008045	19863 43
44 LABORATORY		803831	147139631	31157276			.005463	170212 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		116905	8152258	3559803			.014340	51048 47
49 RESPIRATORY THERAPY		135530	15998639	8075099			.008471	68404 49
49.01 PULMONARY FUNCTION		27645	1285020	243619			.021513	5241 49.01
50 PHYSICAL THERAPY		374976	23010776	2044098			.016296	33311 50
51 OCCUPATIONAL THERAPY		72113	5622149	955779			.012827	12260 51
52 SPEECH PATHOLOGY		35911	2965099	436000			.012111	5280 52
53 ELECTROCARDIOLOGY		170976	23043003	8174378			.007420	60654 53
53.01 CARDIAC CATH LAB		198815	17943032	6372511			.011080	70607 53.01
53.02 CARDIAC REHAB		88866	1225083	44740			.072539	3245 53.02
54 ELECTROENCEPHALOGRAPHY		69369	1002130	448765			.069222	31064 54
54.01 SLEEP LAB								54.01
54.02 EMG		5192	1685332	275295			.003081	848 54.02
55 MEDICAL SUPPLIES CHARGED TO P		12582	4817266	1546248			.002612	4039 55
55.30 IMPL. DEV. CHARGED TO PATIENT		492546	32470699	12797000			.015169	194118 55.30
56 DRUGS CHARGED TO PATIENTS		542576	63754621	2048535			.008510	17433 56
56.01 INFUSION THERAPY		71754	5470036	24704			.013118	324 56.01
57 RENAL DIALYSIS		86568	2319668	1292101			.037319	48220 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		118154	4719526	330260			.025035	8268 60
60.01 LITHOTRIPSY		10587	1648587				.006422	60.01
60.02 PSYCH ANCILLARY		469083	9432866	3617			.049729	180 60.02
60.03 RETINAL VASCULAR		352951	1640513	3561			.215147	766 60.03
61 EMERGENCY		523378	65149458	9876334			.008033	79337 61
61.01 IFCC		581664	145434568	2205976			.003999	8822 61.01
62 OBSERVATION BEDS (NON-DISTINC		374192	3581724				.104473	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9793686	830168761	146800268				1736216 101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 09:58

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		MEDICAL		
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			217572			217572
26 INTENSIVE CARE UNIT			189265			189265
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I			2408			2408
31.01 SUBPROVIDER II			17422			17422
33 NURSERY						
34 SKILLED NURSING FACILITY						
35 NURSING FACILITY						
101 TOTAL			426667			426667

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 09:58

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	
25 INPAT ROUTINE SERV COST CTRS					25
25 ADULTS & PEDIATRICS	72273	3.01	35301	106256	
26 INTENSIVE CARE UNIT	5764	32.84	1836	60294	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I	1561	1.54	888	1368	31
31.01 SUBPROVIDER II	11292	1.54	9260	14260	31.01
33 NURSERY	3568				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	94458		47285	182178	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				56345			56345	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				112689			112689	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				56345			56345	49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				56345			56345	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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY				7577			7577	60.02
60.03 RETINAL VASCULAR								60.03
61 EMERGENCY				1128021			1128021	61
61.01 IFCC								61.01
62 OBSERVATION BEDS (NON-DISTINC				14491			14491	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				1431813			1431813	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT	
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS		
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	56345	66447895	.000848	.000848	16375996	13887	7408661	37
38 RECOVERY ROOM		4855133			1031957		519620	38
39 DELIVERY ROOM & LABOR ROOM	112689	4107863	.027433	.027433	29558	811	8394	39
40 ANESTHESIOLOGY		10553168			2591776		1026182	40
41 RADIOLOGY-DIAGNOSTIC		32055477			5393853		6140349	41
41.01 MRI		17092685			4025723		2546926	41.01
41.02 CT SCAN		58432635			13769116		5658582	41.02
41.03 ULTRASOUND		13835705			2721181		1250054	41.03
41.04 SPECIAL PROCEDURES		21538061			6476387		5281081	41.04
43 RADIOISOTOPE		11738455			2469022		2598011	43
44 LABORATORY		147139631			31157276		1164050	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		8152258			3559803		527837	47
49 RESPIRATORY THERAPY	56345	15998639	.003522	.003522	8075099	28440	103184	49
49.01 PULMONARY FUNCTION		1285020			243619		227741	49.01
50 PHYSICAL THERAPY		23010776			2044098			50
51 OCCUPATIONAL THERAPY		5622149			955779			51
52 SPEECH PATHOLOGY		2965099			436000			52
53 ELECTROCARDIOLOGY	56345	23043003	.002445	.002445	8174378	19986	1900051	53
53.01 CARDIAC CATH LAB		17943032			6372511		2730631	53.01
53.02 CARDIAC REHAB		1225083			44740		885678	53.02
54 ELECTROENCEPHALOGRAPHY		1002130			448765		51497	54
54.01 SLEEP LAB								54.01
54.02 EMG		1685332			275295		200545	54.02
55 MEDICAL SUPPLIES CHARGED TO P		4817266			1546248		434301	55
55.30 IMPL. DEV. CHARGED TO PATIENT		32470699			12797000			55.30
56 DRUGS CHARGED TO PATIENTS		63754621			2048535		7561245	56
56.01 INFUSION THERAPY		5470036			24704		4016734	56.01
57 RENAL DIALYSIS		2319668			1292101			57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		4719526			330260		1722054	60
60.01 LITHOTRIPSY		1648587					1569242	60.01
60.02 PSYCH ANCILLARY	7577	9432866	.000803	.000803	3617	3	73730	60.02
60.03 RETINAL VASCULAR		1640513			3561		1077973	60.03
61 EMERGENCY	1128021	65149458	.017314	.017314	9876334	170999	3820187	61
61.01 IFCC		145434568			2205976		26304243	61.01
62 OBSERVATION BEDS (NON-DISTINC	14491	3581724	.004046	.004046			721430	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	1431813	830168761			146800268	234126	87530213	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			6283		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM			230		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			363		49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY			4646		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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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 PSYCH ANCILLARY			59		60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY			66143		61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC			2919		62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			80643		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II 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	.296242	.296242	.296242			37
38 RECOVERY ROOM	.349611	.349611	.349611			38
39 DELIVERY ROOM & LABOR ROOM	.992609	.992609	.992609			39
40 ANESTHESIOLOGY	.062329	.062329	.062329			40
41 RADIOLOGY-DIAGNOSTIC	.288512	.288512	.288512			41
41.01 MRI	.096584	.096584	.096584			41.01
41.02 CT SCAN	.031263	.031263	.031263			41.02
41.03 ULTRASOUND	.160454	.160454	.160454			41.03
41.04 SPECIAL PROCEDURES	.165965	.165965	.165965			41.04
43 RADIOISOTOPE	.125259	.125259	.125259			43
44 LABORATORY	.101609	.101609	.101609			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.420480	.420480	.420480			47
49 RESPIRATORY THERAPY	.200733	.200733	.200733			49
49.01 PULMONARY FUNCTION	.122824	.122824	.122824			49.01
50 PHYSICAL THERAPY	.328175	.328175	.328175			50
51 OCCUPATIONAL THERAPY	.305855	.305855	.305855			51
52 SPEECH PATHOLOGY	.196319	.196319	.196319			52
53 ELECTROCARDIOLOGY	.097246	.097246	.097246			53
53.01 CARDIAC CATH LAB	.167991	.167991	.167991			53.01
53.02 CARDIAC REHAB	.915784	.915784	.915784			53.02
54 ELECTROENCEPHALOGRAPHY	.349155	.349155	.349155			54
54.01 SLEEP LAB						54.01
54.02 EMG	.116085	.116085	.116085			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443	.064443	.064443			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084	.502084	.502084			55.30
56 DRUGS CHARGED TO PATIENTS	.254568	.254568	.254568			56
56.01 INFUSION THERAPY	.194591	.194591	.194591			56.01
57 RENAL DIALYSIS	.627482	.627482	.627482			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.305849	.305849	.305849			60
60.01 LITHOTRIPSY	.300196	.300196	.300196			60.01
60.02 PSYCH ANCILLARY	.502897	.502897	.502897			60.02
60.03 RETINAL VASCULAR	.765949	.765949	.765949			60.03
61 EMERGENCY	.144181	.144181	.144181			61
61.01 IFCC	.178144	.178144	.178144			61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001	1.024001	1.024001			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	.254568	1
2 PROGRAM VACCINE CHARGES	6018	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1532	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		7408661	580					37
38 RECOVERY ROOM		519620						38
39 DELIVERY ROOM & LABOR ROOM		8394						39
40 ANESTHESIOLOGY		1026182						40
41 RADIOLOGY-DIAGNOSTIC		6140349	938					41
41.01 MRI		2546926						41.01
41.02 CT SCAN		5658582						41.02
41.03 ULTRASOUND		1250054						41.03
41.04 SPECIAL PROCEDURES		5281081						41.04
43 RADIOISOTOPE		2598011						43
44 LABORATORY		1164050						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		527837						47
49 RESPIRATORY THERAPY		103184						49
49.01 PULMONARY FUNCTION		227741						49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		1900051						53
53.01 CARDIAC CATH LAB		2730631						53.01
53.02 CARDIAC REHAB		885678	78248					53.02
54 ELECTROENCEPHALOGRAPHY		51497						54
54.01 SLEEP LAB								54.01
54.02 EMG		200545						54.02
55 MEDICAL SUPPLIES CHARGED TO PA		434301						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		7561245						56
56.01 INFUSION THERAPY		4016734						56.01
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1722054						60
60.01 LITHOTRIPSY		1569242						60.01
60.02 PSYCH ANCILLARY		73730	37242					60.02
60.03 RETINAL VASCULAR		1077973						60.03
61 EMERGENCY		3820187	166					61
61.01 IFCC		26304243						61.01
62 OBSERVATION BEDS (NON-DISTINCT		721430	707					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		87530213	117881					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		87530213	117881					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2194757	172				37
38 RECOVERY ROOM		181665					38
39 DELIVERY ROOM & LABOR ROOM		8332					39
40 ANESTHESIOLOGY		63961					40
41 RADIOLOGY-DIAGNOSTIC		1771564	271				41
41.01 MRI		245992					41.01
41.02 CT SCAN		176904					41.02
41.03 ULTRASOUND		200576					41.03
41.04 SPECIAL PROCEDURES		876475					41.04
43 RADIOISOTOPE		325424					43
44 LABORATORY		118278					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		221945					47
49 RESPIRATORY THERAPY		20712					49
49.01 PULMONARY FUNCTION		27972					49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		184772					53
53.01 CARDIAC CATH LAB		458721					53.01
53.02 CARDIAC REHAB		811090	71658				53.02
54 ELECTROENCEPHALOGRAPHY		17980					54
54.01 SLEEP LAB							54.01
54.02 EMG		23280					54.02
55 MEDICAL SUPPLIES CHARGED TO PAT		27988					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		1924851					56
56.01 INFUSION THERAPY		781620					56.01
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		526688					60
60.01 LITHOTRIPSY		471080					60.01
60.02 PSYCH ANCILLARY		37079	18729				60.02
60.03 RETINAL VASCULAR		825672					60.03
61 EMERGENCY		550798	24				61
61.01 IFCC		4685943					61.01
62 OBSERVATION BEDS (NON-DISTINCT)		738745	724				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		18500864	91578				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		18500864	91578				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

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		1910569	66447895				.028753	37
38 RECOVERY ROOM		143042	4855133				.029462	38
39 DELIVERY ROOM & LABOR ROOM		205219	4107863				.049958	39
40 ANESTHESIOLOGY		33730	10553168				.003196	40
41 RADIOLOGY-DIAGNOSTIC		1015013	32055477	10784			.031664	341 41
41.01 MRI		205153	17092685	15627			.012002	188 41.01
41.02 CT SCAN		123283	58432635	40915			.002110	86 41.02
41.03 ULTRASOUND		142879	13835705	5731			.010327	59 41.03
41.04 SPECIAL PROCEDURES		184196	21538061				.008552	41.04
43 RADIOISOTOPE		94438	11738455				.008045	43
44 LABORATORY		803831	147139631	234805			.005463	1283 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		116905	8152258				.014340	47
49 RESPIRATORY THERAPY		135530	15998639	12333			.008471	104 49
49.01 PULMONARY FUNCTION		27645	1285020	49			.021513	1 49.01
50 PHYSICAL THERAPY		374976	23010776	739			.016296	12 50
51 OCCUPATIONAL THERAPY		72113	5622149	251			.012827	3 51
52 SPEECH PATHOLOGY		35911	2965099	1217			.012111	15 52
53 ELECTROCARDIOLOGY		170976	23043003	31195			.007420	231 53
53.01 CARDIAC CATH LAB		198815	17943032				.011080	53.01
53.02 CARDIAC REHAB		88866	1225083				.072539	53.02
54 ELECTROENCEPHALOGRAPHY		69369	1002130	3785			.069222	262 54
54.01 SLEEP LAB								54.01
54.02 EMG		5192	1685332				.003081	54.02
55 MEDICAL SUPPLIES CHARGED TO P		12582	4817266	526			.002612	1 55
55.30 IMPL. DEV. CHARGED TO PATIENT		492546	32470699				.015169	55.30
56 DRUGS CHARGED TO PATIENTS		542576	63754621	85803			.008510	730 56
56.01 INFUSION THERAPY		71754	5470036				.013118	56.01
57 RENAL DIALYSIS		86568	2319668				.037319	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		118154	4719526	326			.025035	8 60
60.01 LITHOTRIPSY		10587	1648587				.006422	60.01
60.02 PSYCH ANCILLARY		469083	9432866	285598			.049729	14203 60.02
60.03 RETINAL VASCULAR		352951	1640513				.215147	60.03
61 EMERGENCY		523378	65149458	194616			.008033	1563 61
61.01 IFCC		581664	145434568	154			.003999	1 61.01
62 OBSERVATION BEDS (NON-DISTINC		374192	3581724				.104473	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9793686	830168761	924454				19091 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				56345			56345	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				112689			112689	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				56345			56345	49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				56345			56345	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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY				7577			7577	60.02
60.03 RETINAL VASCULAR								60.03
61 EMERGENCY				1128021			1128021	61
61.01 IFCC								61.01
62 OBSERVATION BEDS (NON-DISTINC				14491			14491	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				1431813			1431813	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	56345	66447895	.000848	.000848			37
38 RECOVERY ROOM		4855133					38
39 DELIVERY ROOM & LABOR ROOM	112689	4107863	.027433	.027433			39
40 ANESTHESIOLOGY		10553168					40
41 RADIOLOGY-DIAGNOSTIC		32055477			10784		41
41.01 MRI		17092685			15627		41.01
41.02 CT SCAN		58432635			40915		41.02
41.03 ULTRASOUND		13835705			5731		41.03
41.04 SPECIAL PROCEDURES		21538061					41.04
43 RADIOISOTOPE		11738455					43
44 LABORATORY		147139631			234805		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		8152258					47
49 RESPIRATORY THERAPY	56345	15998639	.003522	.003522	12333	43	49
49.01 PULMONARY FUNCTION		1285020			49		49.01
50 PHYSICAL THERAPY		23010776			739		50
51 OCCUPATIONAL THERAPY		5622149			251		51
52 SPEECH PATHOLOGY		2965099			1217		52
53 ELECTROCARDIOLOGY	56345	23043003	.002445	.002445	31195	76	53
53.01 CARDIAC CATH LAB		17943032					53.01
53.02 CARDIAC REHAB		1225083					53.02
54 ELECTROENCEPHALOGRAPHY		1002130			3785		54
54.01 SLEEP LAB							54.01
54.02 EMG		1685332					54.02
55 MEDICAL SUPPLIES CHARGED TO P		4817266			526		55
55.30 IMPL. DEV. CHARGED TO PATIENT		32470699					55.30
56 DRUGS CHARGED TO PATIENTS		63754621			85803		56
56.01 INFUSION THERAPY		5470036					56.01
57 RENAL DIALYSIS		2319668					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4719526			326		60
60.01 LITHOTRIPSY		1648587					60.01
60.02 PSYCH ANCILLARY	7577	9432866	.000803	.000803	285598	229	60.02
60.03 RETINAL VASCULAR		1640513					60.03
61 EMERGENCY	1128021	65149458	.017314	.017314	194616	3370	61
61.01 IFCC		145434568			154		61.01
62 OBSERVATION BEDS (NON-DISTINC	14491	3581724	.004046	.004046			62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1431813	830168761			924454	3718	500 101

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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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 PSYCH ANCILLARY					60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY					61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II 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	.296242	.296242	.296242			37
38 RECOVERY ROOM	.349611	.349611	.349611			38
39 DELIVERY ROOM & LABOR ROOM	.992609	.992609	.992609			39
40 ANESTHESIOLOGY	.062329	.062329	.062329			40
41 RADIOLOGY-DIAGNOSTIC	.288512	.288512	.288512			41
41.01 MRI	.096584	.096584	.096584			41.01
41.02 CT SCAN	.031263	.031263	.031263			41.02
41.03 ULTRASOUND	.160454	.160454	.160454			41.03
41.04 SPECIAL PROCEDURES	.165965	.165965	.165965			41.04
43 RADIOISOTOPE	.125259	.125259	.125259			43
44 LABORATORY	.101609	.101609	.101609			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.420480	.420480	.420480			47
49 RESPIRATORY THERAPY	.200733	.200733	.200733			49
49.01 PULMONARY FUNCTION	.122824	.122824	.122824			49.01
50 PHYSICAL THERAPY	.328175	.328175	.328175			50
51 OCCUPATIONAL THERAPY	.305855	.305855	.305855			51
52 SPEECH PATHOLOGY	.196319	.196319	.196319			52
53 ELECTROCARDIOLOGY	.097246	.097246	.097246			53
53.01 CARDIAC CATH LAB	.167991	.167991	.167991			53.01
53.02 CARDIAC REHAB	.915784	.915784	.915784			53.02
54 ELECTROENCEPHALOGRAPHY	.349155	.349155	.349155			54
54.01 SLEEP LAB						54.01
54.02 EMG	.116085	.116085	.116085			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443	.064443	.064443			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084	.502084	.502084			55.30
56 DRUGS CHARGED TO PATIENTS	.254568	.254568	.254568			56
56.01 INFUSION THERAPY	.194591	.194591	.194591			56.01
57 RENAL DIALYSIS	.627482	.627482	.627482			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.305849	.305849	.305849			60
60.01 LITHOTRIPSY	.300196	.300196	.300196			60.01
60.02 PSYCH ANCILLARY	.502897	.502897	.502897			60.02
60.03 RETINAL VASCULAR	.765949	.765949	.765949			60.03
61 EMERGENCY	.144181	.144181	.144181			61
61.01 IFCC	.178144	.178144	.178144			61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001	1.024001	1.024001			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	.254568
2 PROGRAM VACCINE CHARGES	2	
2.01 PROGRAM VACCINE CHARGES	2.01	
3 PROGRAM COSTS	3	
3.01 PROGRAM COSTS	3.01	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								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		500						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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY								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		500						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		500						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 [XX] SUB I (14-S191) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM 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							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
49.01 PULMONARY FUNCTION							49.01
50 PHYSICAL THERAPY		164					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
54.02 EMG							54.02
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
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 PSYCH ANCILLARY							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		164					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		164					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1910569	66447895	81031			.028753	2330	37
38 RECOVERY ROOM		143042	4855133	8573			.029462	253	38
39 DELIVERY ROOM & LABOR ROOM		205219	4107863				.049958		39
40 ANESTHESIOLOGY		33730	10553168	11810			.003196	38	40
41 RADIOLOGY-DIAGNOSTIC		1015013	32055477	252936			.031664	8009	41
41.01 MRI		205153	17092685	32299			.012002	388	41.01
41.02 CT SCAN		123283	58432635	184533			.002110	389	41.02
41.03 ULTRASOUND		142879	13835705	90951			.010327	939	41.03
41.04 SPECIAL PROCEDURES		184196	21538061	280693			.008552	2400	41.04
43 RADIOISOTOPE		94438	11738455	8763			.008045	70	43
44 LABORATORY		803831	147139631	2083583			.005463	11383	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		116905	8152258	171913			.014340	2465	47
49 RESPIRATORY THERAPY		135530	15998639	813035			.008471	6887	49
49.01 PULMONARY FUNCTION		27645	1285020	48			.021513	1	49.01
50 PHYSICAL THERAPY		374976	23010776	3349474			.016296	54583	50
51 OCCUPATIONAL THERAPY		72113	5622149	3340953			.012827	42854	51
52 SPEECH PATHOLOGY		35911	2965099	1419158			.012111	17187	52
53 ELECTROCARDIOLOGY		170976	23043003	49976			.007420	371	53
53.01 CARDIAC CATH LAB		198815	17943032				.011080		53.01
53.02 CARDIAC REHAB		88866	1225083				.072539		53.02
54 ELECTROENCEPHALOGRAPHY		69369	1002130	4457			.069222	309	54
54.01 SLEEP LAB									54.01
54.02 EMG		5192	1685332	5396			.003081	17	54.02
55 MEDICAL SUPPLIES CHARGED TO P		12582	4817266	95276			.002612	249	55
55.30 IMPL. DEV. CHARGED TO PATIENT		492546	32470699				.015169		55.30
56 DRUGS CHARGED TO PATIENTS		542576	63754621	2448131			.008510	20834	56
56.01 INFUSION THERAPY		71754	5470036				.013118		56.01
57 RENAL DIALYSIS		86568	2319668	293851			.037319	10966	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		118154	4719526	70866			.025035	1774	60
60.01 LITHOTRIPSY		10587	1648587				.006422		60.01
60.02 PSYCH ANCILLARY		469083	9432866				.049729		60.02
60.03 RETINAL VASCULAR		352951	1640513				.215147		60.03
61 EMERGENCY		523378	65149458	14555			.008033	117	61
61.01 IFCC		581664	145434568				.003999		61.01
62 OBSERVATION BEDS (NON-DISTINC		374192	3581724				.104473		62
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		9793686	830168761	15112261				184813	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				56345			56345	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				112689			112689	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				56345			56345	49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				56345			56345	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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY				7577			7577	60.02
60.03 RETINAL VASCULAR								60.03
61 EMERGENCY				1128021			1128021	61
61.01 IFCC								61.01
62 OBSERVATION BEDS (NON-DISTINC				14491			14491	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				1431813			1431813	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	56345	66447895	.000848	.000848	81031	69	37
38 RECOVERY ROOM		4855133			8573		38
39 DELIVERY ROOM & LABOR ROOM	112689	4107863	.027433	.027433			39
40 ANESTHESIOLOGY		10553168			11810		40
41 RADIOLOGY-DIAGNOSTIC		32055477			252936		665 41
41.01 MRI		17092685			32299		41.01
41.02 CT SCAN		58432635			184533		2496 41.02
41.03 ULTRASOUND		13835705			90951		41.03
41.04 SPECIAL PROCEDURES		21538061			280693		41.04
43 RADIOISOTOPE		11738455			8763		43
44 LABORATORY		147139631			2083583		476 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		8152258			171913		47
49 RESPIRATORY THERAPY	56345	15998639	.003522	.003522	813035	2864	49
49.01 PULMONARY FUNCTION		1285020			48		153 49.01
50 PHYSICAL THERAPY		23010776			3349474		50
51 OCCUPATIONAL THERAPY		5622149			3340953		51
52 SPEECH PATHOLOGY		2965099			1419158		52
53 ELECTROCARDIOLOGY	56345	23043003	.002445	.002445	49976	122	53
53.01 CARDIAC CATH LAB		17943032					53.01
53.02 CARDIAC REHAB		1225083					53.02
54 ELECTROENCEPHALOGRAPHY		1002130			4457		54
54.01 SLEEP LAB							54.01
54.02 EMG		1685332			5396		54.02
55 MEDICAL SUPPLIES CHARGED TO P		4817266			95276		55
55.30 IMPL. DEV. CHARGED TO PATIENT		32470699					55.30
56 DRUGS CHARGED TO PATIENTS		63754621			2448131		56
56.01 INFUSION THERAPY		5470036					56.01
57 RENAL DIALYSIS		2319668			293851		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4719526			70866		60
60.01 LITHOTRIPSY		1648587					60.01
60.02 PSYCH ANCILLARY	7577	9432866	.000803	.000803			60.02
60.03 RETINAL VASCULAR		1640513					60.03
61 EMERGENCY	1128021	65149458	.017314	.017314	14555	252	61
61.01 IFCC		145434568					61.01
62 OBSERVATION BEDS (NON-DISTINC	14491	3581724	.004046	.004046			62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1431813	830168761			15112261	3307	3790 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
41.03 ULTRASOUND					41.03
41.04 SPECIAL PROCEDURES					41.04
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
49.01 PULMONARY FUNCTION					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 SLEEP LAB					54.01
54.02 EMG					54.02
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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 PSYCH ANCILLARY					60.02
60.03 RETINAL VASCULAR					60.03
61 EMERGENCY					61
61.01 IFCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II 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	.296242	.296242	.296242				37
38 RECOVERY ROOM	.349611	.349611	.349611				38
39 DELIVERY ROOM & LABOR ROOM	.992609	.992609	.992609				39
40 ANESTHESIOLOGY	.062329	.062329	.062329				40
41 RADIOLOGY-DIAGNOSTIC	.288512	.288512	.288512				41
41.01 MRI	.096584	.096584	.096584				41.01
41.02 CT SCAN	.031263	.031263	.031263				41.02
41.03 ULTRASOUND	.160454	.160454	.160454				41.03
41.04 SPECIAL PROCEDURES	.165965	.165965	.165965				41.04
43 RADIOISOTOPE	.125259	.125259	.125259				43
44 LABORATORY	.101609	.101609	.101609				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.420480	.420480	.420480				47
49 RESPIRATORY THERAPY	.200733	.200733	.200733				49
49.01 PULMONARY FUNCTION	.122824	.122824	.122824				49.01
50 PHYSICAL THERAPY	.328175	.328175	.328175				50
51 OCCUPATIONAL THERAPY	.305855	.305855	.305855				51
52 SPEECH PATHOLOGY	.196319	.196319	.196319				52
53 ELECTROCARDIOLOGY	.097246	.097246	.097246				53
53.01 CARDIAC CATH LAB	.167991	.167991	.167991				53.01
53.02 CARDIAC REHAB	.915784	.915784	.915784				53.02
54 ELECTROENCEPHALOGRAPHY	.349155	.349155	.349155				54
54.01 SLEEP LAB							54.01
54.02 EMG	.116085	.116085	.116085				54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443	.064443	.064443				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084	.502084	.502084				55.30
56 DRUGS CHARGED TO PATIENTS	.254568	.254568	.254568				56
56.01 INFUSION THERAPY	.194591	.194591	.194591				56.01
57 RENAL DIALYSIS	.627482	.627482	.627482				57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.305849	.305849	.305849				60
60.01 LITHOTRIPSY	.300196	.300196	.300196				60.01
60.02 PSYCH ANCILLARY	.502897	.502897	.502897				60.02
60.03 RETINAL VASCULAR	.765949	.765949	.765949				60.03
61 EMERGENCY	.144181	.144181	.144181				61
61.01 IFCC	.178144	.178144	.178144				61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001	1.024001	1.024001				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	.254568
2 PROGRAM VACCINE CHARGES	2	
2.01 PROGRAM VACCINE CHARGES	2.01	
3 PROGRAM COSTS	3	
3.01 PROGRAM COSTS	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) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		665						41
41.01 MRI								41.01
41.02 CT SCAN		2496						41.02
41.03 ULTRASOUND								41.03
41.04 SPECIAL PROCEDURES								41.04
43 RADIOISOTOPE								43
44 LABORATORY		476						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
49.01 PULMONARY FUNCTION		153						49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 CARDIAC CATH LAB								53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY								54
54.01 SLEEP LAB								54.01
54.02 EMG								54.02
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY								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		3790						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		3790						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) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 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			192				41
41.01 MRI							41.01
41.02 CT SCAN			78				41.02
41.03 ULTRASOUND							41.03
41.04 SPECIAL PROCEDURES							41.04
43 RADIOISOTOPE							43
44 LABORATORY			48				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
49.01 PULMONARY FUNCTION			19				49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 SLEEP LAB							54.01
54.02 EMG							54.02
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
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 PSYCH ANCILLARY							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			337				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			337				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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				5617782		5617782	25
26 INTENSIVE CARE UNIT				640269		640269	26
27 CORONARY CARE UNIT				1950		1950	27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				176146		176146	31
31.01 SUBPROVIDER II				1837807		1837807	31.01
33 NURSERY				235455		235455	33
101 TOTAL				8509409		8509409	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	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	72273	14428			77.73	1121488	25
26 INTENSIVE CARE UNIT	5764	301			111.08	33435	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	1561	471			112.84	53148	31
31.01 SUBPROVIDER II	11292	480			162.75	78120	31.01
33 NURSERY	3568	2458			65.99	162203	33
101 TOTAL	94458	18138				1448394	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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1910569	66447895				.028753		37
38 RECOVERY ROOM		143042	4855133				.029462		38
39 DELIVERY ROOM & LABOR ROOM		205219	4107863				.049958		39
40 ANESTHESIOLOGY		33730	10553168				.003196		40
41 RADIOLOGY-DIAGNOSTIC		1015013	32055477				.031664		41
41.01 MRI		205153	17092685				.012002		41.01
41.02 CT SCAN		123283	58432635				.002110		41.02
41.03 ULTRASOUND		142879	13835705				.010327		41.03
41.04 SPECIAL PROCEDURES		184196	21538061				.008552		41.04
43 RADIOISOTOPE		94438	11738455				.008045		43
44 LABORATORY		803831	147139631				.005463		44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		116905	8152258				.014340		47
49 RESPIRATORY THERAPY		135530	15998639				.008471		49
49.01 PULMONARY FUNCTION		27645	1285020				.021513		49.01
50 PHYSICAL THERAPY		374976	23010776				.016296		50
51 OCCUPATIONAL THERAPY		72113	5622149				.012827		51
52 SPEECH PATHOLOGY		35911	2965099				.012111		52
53 ELECTROCARDIOLOGY		170976	23043003				.007420		53
53.01 CARDIAC CATH LAB		198815	17943032				.011080		53.01
53.02 CARDIAC REHAB		88866	1225083				.072539		53.02
54 ELECTROENCEPHALOGRAPHY		69369	1002130				.069222		54
54.01 SLEEP LAB									54.01
54.02 EMG		5192	1685332				.003081		54.02
55 MEDICAL SUPPLIES CHARGED TO P		12582	4817266				.002612		55
55.30 IMPL. DEV. CHARGED TO PATIENT		492546	32470699				.015169		55.30
56 DRUGS CHARGED TO PATIENTS		542576	63754621				.008510		56
56.01 INFUSION THERAPY		71754	5470036				.013118		56.01
57 RENAL DIALYSIS		86568	2319668				.037319		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		118154	4719526				.025035		60
60.01 LITHOTRIPSY		10587	1648587				.006422		60.01
60.02 PSYCH ANCILLARY		469083	9432866				.049729		60.02
60.03 RETINAL VASCULAR		352951	1640513				.215147		60.03
61 EMERGENCY		523378	65149458				.008033		61
61.01 IFCC		581664	145434568				.003999		61.01
62 OBSERVATION BEDS (NON-DISTINC		374192	3581724				.104473		62
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		9793686	830168761						101

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 09:58

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		MEDICAL		
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			217572			217572
26 INTENSIVE CARE UNIT			189265			189265
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I			2408			2408
31.01 SUBPROVIDER II			17422			17422
33 NURSERY						
34 SKILLED NURSING FACILITY						
35 NURSING FACILITY						
101 TOTAL			426667			426667

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
 02/25/2011 09:58

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	
25 INPAT ROUTINE SERV COST CTRS					25
26 ADULTS & PEDIATRICS	72273	3.01	14428	43428	26
27 INTENSIVE CARE UNIT	5764	32.84	301	9885	27
28 CORONARY CARE UNIT					28
29 BURN INTENSIVE CARE UNIT					29
30 SURGICAL INTENSIVE CARE UNIT					30
31 OTHER SPECIAL CARE (SPECIFY)					31
31 SUBPROVIDER I	1561	1.54	471	725	31
31.01 SUBPROVIDER II	11292	1.54	480	739	31.01
33 NURSERY	3568		2458		33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	94458		18138	54777	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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				56345			56345	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				112689			112689	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				56345			56345	49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				56345			56345	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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY				7577			7577	60.02
60.03 RETINAL VASCULAR								60.03
61 EMERGENCY				1128021			1128021	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				1417322			1417322	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	56345	66447895	.000848	.000848			37
38 RECOVERY ROOM		4855133					38
39 DELIVERY ROOM & LABOR ROOM	112689	4107863	.027433	.027433			39
40 ANESTHESIOLOGY		10553168					40
41 RADIOLOGY-DIAGNOSTIC		32055477					41
41.01 MRI		17092685					41.01
41.02 CT SCAN		58432635					41.02
41.03 ULTRASOUND		13835705					41.03
41.04 SPECIAL PROCEDURES		21538061					41.04
43 RADIOISOTOPE		11738455					43
44 LABORATORY		147139631					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		8152258					47
49 RESPIRATORY THERAPY	56345	15998639	.003522	.003522			49
49.01 PULMONARY FUNCTION		1285020					49.01
50 PHYSICAL THERAPY		23010776					50
51 OCCUPATIONAL THERAPY		5622149					51
52 SPEECH PATHOLOGY		2965099					52
53 ELECTROCARDIOLOGY	56345	23043003	.002445	.002445			53
53.01 CARDIAC CATH LAB		17943032					53.01
53.02 CARDIAC REHAB		1225083					53.02
54 ELECTROENCEPHALOGRAPHY		1002130					54
54.01 SLEEP LAB							54.01
54.02 EMG		1685332					54.02
55 MEDICAL SUPPLIES CHARGED TO P		4817266					55
55.30 IMPL. DEV. CHARGED TO PATIENT		32470699					55.30
56 DRUGS CHARGED TO PATIENTS		63754621					56
56.01 INFUSION THERAPY		5470036					56.01
57 RENAL DIALYSIS		2319668					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4719526					60
60.01 LITHOTRIPSY		1648587					60.01
60.02 PSYCH ANCILLARY	7577	9432866	.000803	.000803			60.02
60.03 RETINAL VASCULAR		1640513					60.03
61 EMERGENCY	1128021	65149458	.017314	.017314			61
61.01 IFCC		145434568					61.01
62 OBSERVATION BEDS (NON-DISTINC		3581724					62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1417322	830168761					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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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 PSYCH ANCILLARY					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 CAPITAL	NEW CAPITAL	TOTAL	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		1910569	66447895				.028753	37
38 RECOVERY ROOM		143042	4855133				.029462	38
39 DELIVERY ROOM & LABOR ROOM		205219	4107863				.049958	39
40 ANESTHESIOLOGY		33730	10553168				.003196	40
41 RADIOLOGY-DIAGNOSTIC		1015013	32055477				.031664	41
41.01 MRI		205153	17092685				.012002	41.01
41.02 CT SCAN		123283	58432635				.002110	41.02
41.03 ULTRASOUND		142879	13835705				.010327	41.03
41.04 SPECIAL PROCEDURES		184196	21538061				.008552	41.04
43 RADIOISOTOPE		94438	11738455				.008045	43
44 LABORATORY		803831	147139631				.005463	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		116905	8152258				.014340	47
49 RESPIRATORY THERAPY		135530	15998639				.008471	49
49.01 PULMONARY FUNCTION		27645	1285020				.021513	49.01
50 PHYSICAL THERAPY		374976	23010776				.016296	50
51 OCCUPATIONAL THERAPY		72113	5622149				.012827	51
52 SPEECH PATHOLOGY		35911	2965099				.012111	52
53 ELECTROCARDIOLOGY		170976	23043003				.007420	53
53.01 CARDIAC CATH LAB		198815	17943032				.011080	53.01
53.02 CARDIAC REHAB		88866	1225083				.072539	53.02
54 ELECTROENCEPHALOGRAPHY		69369	1002130				.069222	54
54.01 SLEEP LAB								54.01
54.02 EMG		5192	1685332				.003081	54.02
55 MEDICAL SUPPLIES CHARGED TO P		12582	4817266				.002612	55
55.30 IMPL. DEV. CHARGED TO PATIENT		492546	32470699				.015169	55.30
56 DRUGS CHARGED TO PATIENTS		542576	63754621				.008510	56
56.01 INFUSION THERAPY		71754	5470036				.013118	56.01
57 RENAL DIALYSIS		86568	2319668				.037319	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		118154	4719526				.025035	60
60.01 LITHOTRIPSY		10587	1648587				.006422	60.01
60.02 PSYCH ANCILLARY		469083	9432866				.049729	60.02
60.03 RETINAL VASCULAR		352951	1640513				.215147	60.03
61 EMERGENCY		523378	65149458				.008033	61
61.01 IFCC		581664	145434568				.003999	61.01
62 OBSERVATION BEDS (NON-DISTINC		374192	3581724				.104473	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9793686	830168761					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				56345			56345	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				112689			112689	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				56345			56345	49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				56345			56345	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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY				7577			7577	60.02
60.03 RETINAL VASCULAR								60.03
61 EMERGENCY				1128021			1128021	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				1417322			1417322	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	56345	66447895	.000848	.000848			37
38 RECOVERY ROOM		4855133					38
39 DELIVERY ROOM & LABOR ROOM	112689	4107863	.027433	.027433			39
40 ANESTHESIOLOGY		10553168					40
41 RADIOLOGY-DIAGNOSTIC		32055477					41
41.01 MRI		17092685					41.01
41.02 CT SCAN		58432635					41.02
41.03 ULTRASOUND		13835705					41.03
41.04 SPECIAL PROCEDURES		21538061					41.04
43 RADIOISOTOPE		11738455					43
44 LABORATORY		147139631					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		8152258					47
49 RESPIRATORY THERAPY	56345	15998639	.003522	.003522			49
49.01 PULMONARY FUNCTION		1285020					49.01
50 PHYSICAL THERAPY		23010776					50
51 OCCUPATIONAL THERAPY		5622149					51
52 SPEECH PATHOLOGY		2965099					52
53 ELECTROCARDIOLOGY	56345	23043003	.002445	.002445			53
53.01 CARDIAC CATH LAB		17943032					53.01
53.02 CARDIAC REHAB		1225083					53.02
54 ELECTROENCEPHALOGRAPHY		1002130					54
54.01 SLEEP LAB							54.01
54.02 EMG		1685332					54.02
55 MEDICAL SUPPLIES CHARGED TO P		4817266					55
55.30 IMPL. DEV. CHARGED TO PATIENT		32470699					55.30
56 DRUGS CHARGED TO PATIENTS		63754621					56
56.01 INFUSION THERAPY		5470036					56.01
57 RENAL DIALYSIS		2319668					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4719526					60
60.01 LITHOTRIPSY		1648587					60.01
60.02 PSYCH ANCILLARY	7577	9432866	.000803	.000803			60.02
60.03 RETINAL VASCULAR		1640513					60.03
61 EMERGENCY	1128021	65149458	.017314	.017314			61
61.01 IFCC		145434568					61.01
62 OBSERVATION BEDS (NON-DISTINC		3581724					62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1417322	830168761					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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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 PSYCH ANCILLARY					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 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		1910569	66447895				.028753	37
38 RECOVERY ROOM		143042	4855133				.029462	38
39 DELIVERY ROOM & LABOR ROOM		205219	4107863				.049958	39
40 ANESTHESIOLOGY		33730	10553168				.003196	40
41 RADIOLOGY-DIAGNOSTIC		1015013	32055477				.031664	41
41.01 MRI		205153	17092685				.012002	41.01
41.02 CT SCAN		123283	58432635				.002110	41.02
41.03 ULTRASOUND		142879	13835705				.010327	41.03
41.04 SPECIAL PROCEDURES		184196	21538061				.008552	41.04
43 RADIOISOTOPE		94438	11738455				.008045	43
44 LABORATORY		803831	147139631				.005463	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		116905	8152258				.014340	47
49 RESPIRATORY THERAPY		135530	15998639				.008471	49
49.01 PULMONARY FUNCTION		27645	1285020				.021513	49.01
50 PHYSICAL THERAPY		374976	23010776				.016296	50
51 OCCUPATIONAL THERAPY		72113	5622149				.012827	51
52 SPEECH PATHOLOGY		35911	2965099				.012111	52
53 ELECTROCARDIOLOGY		170976	23043003				.007420	53
53.01 CARDIAC CATH LAB		198815	17943032				.011080	53.01
53.02 CARDIAC REHAB		88866	1225083				.072539	53.02
54 ELECTROENCEPHALOGRAPHY		69369	1002130				.069222	54
54.01 SLEEP LAB								54.01
54.02 EMG		5192	1685332				.003081	54.02
55 MEDICAL SUPPLIES CHARGED TO P		12582	4817266				.002612	55
55.30 IMPL. DEV. CHARGED TO PATIENT		492546	32470699				.015169	55.30
56 DRUGS CHARGED TO PATIENTS		542576	63754621				.008510	56
56.01 INFUSION THERAPY		71754	5470036				.013118	56.01
57 RENAL DIALYSIS		86568	2319668				.037319	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		118154	4719526				.025035	60
60.01 LITHOTRIPSY		10587	1648587				.006422	60.01
60.02 PSYCH ANCILLARY		469083	9432866				.049729	60.02
60.03 RETINAL VASCULAR		352951	1640513				.215147	60.03
61 EMERGENCY		523378	65149458				.008033	61
61.01 IFCC		581664	145434568				.003999	61.01
62 OBSERVATION BEDS (NON-DISTINC		374192	3581724				.104473	62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9793686	830168761					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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				56345			56345	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM				112689			112689	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				56345			56345	49
49.01 PULMONARY FUNCTION								49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY				56345			56345	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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
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 PSYCH ANCILLARY				7577			7577	60.02
60.03 RETINAL VASCULAR								60.03
61 EMERGENCY				1128021			1128021	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				1417322			1417322	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	56345	66447895	.000848	.000848			37
38 RECOVERY ROOM		4855133					38
39 DELIVERY ROOM & LABOR ROOM	112689	4107863	.027433	.027433			39
40 ANESTHESIOLOGY		10553168					40
41 RADIOLOGY-DIAGNOSTIC		32055477					41
41.01 MRI		17092685					41.01
41.02 CT SCAN		58432635					41.02
41.03 ULTRASOUND		13835705					41.03
41.04 SPECIAL PROCEDURES		21538061					41.04
43 RADIOISOTOPE		11738455					43
44 LABORATORY		147139631					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		8152258					47
49 RESPIRATORY THERAPY	56345	15998639	.003522	.003522			49
49.01 PULMONARY FUNCTION		1285020					49.01
50 PHYSICAL THERAPY		23010776					50
51 OCCUPATIONAL THERAPY		5622149					51
52 SPEECH PATHOLOGY		2965099					52
53 ELECTROCARDIOLOGY	56345	23043003	.002445	.002445			53
53.01 CARDIAC CATH LAB		17943032					53.01
53.02 CARDIAC REHAB		1225083					53.02
54 ELECTROENCEPHALOGRAPHY		1002130					54
54.01 SLEEP LAB							54.01
54.02 EMG		1685332					54.02
55 MEDICAL SUPPLIES CHARGED TO P		4817266					55
55.30 IMPL. DEV. CHARGED TO PATIENT		32470699					55.30
56 DRUGS CHARGED TO PATIENTS		63754621					56
56.01 INFUSION THERAPY		5470036					56.01
57 RENAL DIALYSIS		2319668					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		4719526					60
60.01 LITHOTRIPSY		1648587					60.01
60.02 PSYCH ANCILLARY	7577	9432866	.000803	.000803			60.02
60.03 RETINAL VASCULAR		1640513					60.03
61 EMERGENCY	1128021	65149458	.017314	.017314			61
61.01 IFCC		145434568					61.01
62 OBSERVATION BEDS (NON-DISTINC		3581724					62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	1417322	830168761					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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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 PSYCH ANCILLARY					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	
	1	1	1	1	1	1	
INPATIENT DAYS							
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	72273	1561	11292				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	72273	1561	11292				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	72273	1561	11292				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	888	9260				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	55063518	1927686	11140529				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	55063518	1927686	11140529				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	73002438	1235930	9351730				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	73002438	1235930	9351730				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.754270	1.559705	1.191280				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1010.09	791.76	828.17				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	55063518	1927686	11140529				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	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	761.88	1234.90	986.59		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	26895126	1096591	9135823		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	26895126	1096591	9135823		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
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	9170719	5764	1591.03	1836	2921131 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	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	28851835	231823	3863839		48
49	TOTAL PROGRAM INPATIENT COSTS	58668092	1328414	12999662		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3114440	101570	1521325		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1970342	22809	188120		51
52	TOTAL PROGRAM EXCLUDABLE COST	5084782	124379	1709445		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	53583310	1204035	11290217		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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4814	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	761.88	84
85 OBSERVATION BED COST	3667690	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL 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		55063518		3667690		86
87 NEW CAPITAL-RELATED COST	5617782	55063518	.102024	3667690	374192	87
88 NON PHYSICIAN ANESTHETIST		55063518		3667690		88
89 NURSING SCHOOL		55063518		3667690		89
89.01 ALLIED HEALTH	217572	55063518	.003951	3667690	14491	89.01
89.02 ALL OTHER		55063518		3667690		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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF
	(OTHER) (14-0191) 1	(OTHER) (14-S191) 1	(OTHER) (14-T191) 1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	72273	1561	11292			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	72273	1561	11292			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	72273	1561	11292			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	471	480			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	3568					15
16 TITLE V OR XIX NURSERY DAYS	2458					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0191)	SUB I (OTHER) (14-S191)	SUB II (OTHER) (14-T191)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 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	55052575	1922374	11125179				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	55052575	1922374	11125179				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	73002438	1235930	9351730				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	73002438	1235930	9351730				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.754120	1.555407	1.189639				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1010.09	791.76	828.17				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	55052575	1922374	11125179				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	761.73	1231.50	985.23		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10990240	580037	472910		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10990240	580037	472910		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)	2143059	3568	600.63	2458	1476349 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	9170719	5764	1591.03	301	478900 43
44	CORONARY CARE UNIT					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	12945489	580037	472910		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1370439	53873	78859		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	1370439	53873	78859		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						
	1	1	1	1	1	
54			65	32		54
55						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 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 09:58

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 09:58

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4814	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	761.88	84
85 OBSERVATION BED COST	3667690	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0191)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] 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		38643969		25
26 INTENSIVE CARE UNIT		6244211		26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.296242	16375996	4851258	37
38 RECOVERY ROOM	.349611	1031957	360784	38
39 DELIVERY ROOM & LABOR ROOM	.992609	29558	29340	39
40 ANESTHESIOLOGY	.062329	2591776	161543	40
41 RADIOLOGY-DIAGNOSTIC	.288512	5393853	1556191	41
41.01 MRI	.096584	4025723	388820	41.01
41.02 CT SCAN	.031263	13769116	430464	41.02
41.03 ULTRASOUND	.160454	2721181	436624	41.03
41.04 SPECIAL PROCEDURES	.165965	6476387	1074854	41.04
43 RADIOISOTOPE	.125259	2469022	309267	43
44 LABORATORY	.101609	31157276	3165860	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.420480	3559803	1496826	47
49 RESPIRATORY THERAPY	.201307	8075099	1625574	49
49.01 PULMONARY FUNCTION	.122824	243619	29922	49.01
50 PHYSICAL THERAPY	.328175	2044098	670822	50
51 OCCUPATIONAL THERAPY	.305855	955779	292330	51
52 SPEECH PATHOLOGY	.196319	436000	85595	52
53 ELECTROCARDIOLOGY	.097246	8174378	794926	53
53.01 CARDIAC CATH LAB	.167991	6372511	1070524	53.01
53.02 CARDIAC REHAB	.915784	44740	40972	53.02
54 ELECTROENCEPHALOGRAPHY	.363051	448765	162925	54
54.01 SLEEP LAB				54.01
54.02 EMG	.116085	275295	31958	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443	1546248	99645	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084	12797000	6425169	55.30
56 DRUGS CHARGED TO PATIENTS	.254568	2048535	521491	56
56.01 INFUSION THERAPY	.195688	24704	4834	56.01
57 RENAL DIALYSIS	.627482	1292101	810770	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.305849	330260	101010	60
60.01 LITHOTRIPSY	.300196			60.01
60.02 PSYCH ANCILLARY	.502897	3617	1819	60.02
60.03 RETINAL VASCULAR	.774178	3561	2757	60.03
61 EMERGENCY	.144181	9876334	1423980	61
61.01 IFCC	.178144	2205976	392981	61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		146800268	28851835	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		146800268		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 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
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		769008		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.296242			37
38 RECOVERY ROOM	.349611			38
39 DELIVERY ROOM & LABOR ROOM	.992609			39
40 ANESTHESIOLOGY	.062329			40
41 RADIOLOGY-DIAGNOSTIC	.288512	10784	3111	41
41.01 MRI	.096584	15627	1509	41.01
41.02 CT SCAN	.031263	40915	1279	41.02
41.03 ULTRASOUND	.160454	5731	920	41.03
41.04 SPECIAL PROCEDURES	.165965			41.04
43 RADIOISOTOPE	.125259			43
44 LABORATORY	.101609	234805	23858	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.420480			47
49 RESPIRATORY THERAPY	.201307	12333	2483	49
49.01 PULMONARY FUNCTION	.122824	49	6	49.01
50 PHYSICAL THERAPY	.328175	739	243	50
51 OCCUPATIONAL THERAPY	.305855	251	77	51
52 SPEECH PATHOLOGY	.196319	1217	239	52
53 ELECTROCARDIOLOGY	.097246	31195	3034	53
53.01 CARDIAC CATH LAB	.167991			53.01
53.02 CARDIAC REHAB	.915784			53.02
54 ELECTROENCEPHALOGRAPHY	.363051	3785	1374	54
54.01 SLEEP LAB				54.01
54.02 EMG	.116085			54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443	526	34	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084			55.30
56 DRUGS CHARGED TO PATIENTS	.254568	85803	21843	56
56.01 INFUSION THERAPY	.195688			56.01
57 RENAL DIALYSIS	.627482			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.305849	326	100	60
60.01 LITHOTRIPSY	.300196			60.01
60.02 PSYCH ANCILLARY	.502897	285598	143626	60.02
60.03 RETINAL VASCULAR	.774178			60.03
61 EMERGENCY	.144181	194616	28060	61
61.01 IFCC	.178144	154	27	61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		924454	231823	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		924454		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[XX] SUB II (14-T191)	[] S/B-SNF	[] OTHER
	[] SUB III	[] 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
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		7696029		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.296242	81031	24005	37
38 RECOVERY ROOM	.349611	8573	2997	38
39 DELIVERY ROOM & LABOR ROOM	.992609			39
40 ANESTHESIOLOGY	.062329	11810	736	40
41 RADIOLOGY-DIAGNOSTIC	.288512	252936	72975	41
41.01 MRI	.096584	32299	3120	41.01
41.02 CT SCAN	.031263	184533	5769	41.02
41.03 ULTRASOUND	.160454	90951	14593	41.03
41.04 SPECIAL PROCEDURES	.165965	280693	46585	41.04
43 RADIOISOTOPE	.125259	8763	1098	43
44 LABORATORY	.101609	2083583	211711	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.420480	171913	72286	47
49 RESPIRATORY THERAPY	.201307	813035	163670	49
49.01 PULMONARY FUNCTION	.122824	48	6	49.01
50 PHYSICAL THERAPY	.328175	3349474	1099214	50
51 OCCUPATIONAL THERAPY	.305855	3340953	1021847	51
52 SPEECH PATHOLOGY	.196319	1419158	278608	52
53 ELECTROCARDIOLOGY	.097246	49976	4860	53
53.01 CARDIAC CATH LAB	.167991			53.01
53.02 CARDIAC REHAB	.915784			53.02
54 ELECTROENCEPHALOGRAPHY	.363051	4457	1618	54
54.01 SLEEP LAB				54.01
54.02 EMG	.116085	5396	626	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443	95276	6140	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084			55.30
56 DRUGS CHARGED TO PATIENTS	.254568	2448131	623216	56
56.01 INFUSION THERAPY	.195688			56.01
57 RENAL DIALYSIS	.627482	293851	184386	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.305849	70866	21674	60
60.01 LITHOTRIPSY	.300196			60.01
60.02 PSYCH ANCILLARY	.502897			60.02
60.03 RETINAL VASCULAR	.774178			60.03
61 EMERGENCY	.144181	14555	2099	61
61.01 IFCC	.178144			61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		15112261	3863839	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		15112261		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.296242		37
38 RECOVERY ROOM	.349611		38
39 DELIVERY ROOM & LABOR ROOM	.992609		39
40 ANESTHESIOLOGY	.062329		40
41 RADIOLOGY-DIAGNOSTIC	.288512		41
41.01 MRI	.096584		41.01
41.02 CT SCAN	.031263		41.02
41.03 ULTRASOUND	.160454		41.03
41.04 SPECIAL PROCEDURES	.165965		41.04
43 RADIOISOTOPE	.125259		43
44 LABORATORY	.101609		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.420480		47
49 RESPIRATORY THERAPY	.200733		49
49.01 PULMONARY FUNCTION	.122824		49.01
50 PHYSICAL THERAPY	.328175		50
51 OCCUPATIONAL THERAPY	.305855		51
52 SPEECH PATHOLOGY	.196319		52
53 ELECTROCARDIOLOGY	.097246		53
53.01 CARDIAC CATH LAB	.167991		53.01
53.02 CARDIAC REHAB	.915784		53.02
54 ELECTROENCEPHALOGRAPHY	.349155		54
54.01 SLEEP LAB			54.01
54.02 EMG	.116085		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084		55.30
56 DRUGS CHARGED TO PATIENTS	.254568		56
56.01 INFUSION THERAPY	.194591		56.01
57 RENAL DIALYSIS	.627482		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.305849		60
60.01 LITHOTRIPSY	.300196		60.01
60.02 PSYCH ANCILLARY	.502897		60.02
60.03 RETINAL VASCULAR	.765949		60.03
61 EMERGENCY	.144181		61
61.01 IFCC	.178144		61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001		62
62.01 OBSERVATION BEDS-DISTINCT			62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.296242		37
38 RECOVERY ROOM	.349611		38
39 DELIVERY ROOM & LABOR ROOM	.992609		39
40 ANESTHESIOLOGY	.062329		40
41 RADIOLOGY-DIAGNOSTIC	.288512		41
41.01 MRI	.096584		41.01
41.02 CT SCAN	.031263		41.02
41.03 ULTRASOUND	.160454		41.03
41.04 SPECIAL PROCEDURES	.165965		41.04
43 RADIOISOTOPE	.125259		43
44 LABORATORY	.101609		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.420480		47
49 RESPIRATORY THERAPY	.200733		49
49.01 PULMONARY FUNCTION	.122824		49.01
50 PHYSICAL THERAPY	.328175		50
51 OCCUPATIONAL THERAPY	.305855		51
52 SPEECH PATHOLOGY	.196319		52
53 ELECTROCARDIOLOGY	.097246		53
53.01 CARDIAC CATH LAB	.167991		53.01
53.02 CARDIAC REHAB	.915784		53.02
54 ELECTROENCEPHALOGRAPHY	.349155		54
54.01 SLEEP LAB			54.01
54.02 EMG	.116085		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084		55.30
56 DRUGS CHARGED TO PATIENTS	.254568		56
56.01 INFUSION THERAPY	.194591		56.01
57 RENAL DIALYSIS	.627482		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.305849		60
60.01 LITHOTRIPSY	.300196		60.01
60.02 PSYCH ANCILLARY	.502897		60.02
60.03 RETINAL VASCULAR	.765949		60.03
61 EMERGENCY	.144181		61
61.01 IFCC	.178144		61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001		62
62.01 OBSERVATION BEDS-DISTINCT			62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
31 SUBPROVIDER I			31
31.01 SUBPROVIDER II			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.296242		37
38 RECOVERY ROOM	.349611		38
39 DELIVERY ROOM & LABOR ROOM	.992609		39
40 ANESTHESIOLOGY	.062329		40
41 RADIOLOGY-DIAGNOSTIC	.288512		41
41.01 MRI	.096584		41.01
41.02 CT SCAN	.031263		41.02
41.03 ULTRASOUND	.160454		41.03
41.04 SPECIAL PROCEDURES	.165965		41.04
43 RADIOISOTOPE	.125259		43
44 LABORATORY	.101609		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.420480		47
49 RESPIRATORY THERAPY	.200733		49
49.01 PULMONARY FUNCTION	.122824		49.01
50 PHYSICAL THERAPY	.328175		50
51 OCCUPATIONAL THERAPY	.305855		51
52 SPEECH PATHOLOGY	.196319		52
53 ELECTROCARDIOLOGY	.097246		53
53.01 CARDIAC CATH LAB	.167991		53.01
53.02 CARDIAC REHAB	.915784		53.02
54 ELECTROENCEPHALOGRAPHY	.349155		54
54.01 SLEEP LAB			54.01
54.02 EMG	.116085		54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.064443		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.502084		55.30
56 DRUGS CHARGED TO PATIENTS	.254568		56
56.01 INFUSION THERAPY	.194591		56.01
57 RENAL DIALYSIS	.627482		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.305849		60
60.01 LITHOTRIPSY	.300196		60.01
60.02 PSYCH ANCILLARY	.502897		60.02
60.03 RETINAL VASCULAR	.765949		60.03
61 EMERGENCY	.144181		61
61.01 IFCC	.178144		61.01
62 OBSERVATION BEDS (NON-DISTINCT	1.024001		62
62.01 OBSERVATION BEDS-DISTINCT			62.01
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0191)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	53464850					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	493595					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	255.55					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.06
		[FOR CR PERIODS ENDING]				
		[ON OR AFTER 7/1/2005]				
		[E-3,PT.VI,LN.15][PLUS LN.3.06]				
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
		RES. IN				
		INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0191)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0721					4
4.01	0.2253					4.01
4.02	0.2974					4.02
4.03	0.1565					4.03
4.04	8367249					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	62325695					6
7						7
7.01						7.01
8	62325695					8
9	4719773					9
10						10
11						11
11.01	97964					11.01
11.02						11.02
12						12
13						13
14	166550					14
15	234126					15
16	67544108					16
17	26197					17
18	67517911					18
19	4993844					19
20	373478					20
21	2587795					21
21.01	1811457					21.01
21.02	1398177					21.02
22	63962046					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0191)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	63962046				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	62174567				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1787479				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	980564				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0191) 1	HOSPITAL (14-0191) 1.01	HOSPITAL (14-0191) 1.02	
1 MEDICAL AND OTHER SERVICES	93110			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	18420221			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	20767291			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.803			1.03
1.04 LINE 1.01 TIMES LINE 1.03	14791437			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	80643			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	93110			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	123899			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	123899			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	123899			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	30789			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	93110			17
17.01 TOTAL PPS PAYMENTS	20847934			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	21963		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4842727		18.01
19 SUBTOTAL	16076354		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	16076354		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	16076354		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1423456		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	996419		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1011727		27.02
28 SUBTOTAL	17072773		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	17072773		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	16354444		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	718329		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 RECONCILIATION 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)	SUB I (14-S191)	SUB I (14-S191)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	164			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	306			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	154			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	306			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 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	65		18.01
19 SUBTOTAL	241		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	241		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	241		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	241		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	241		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	241		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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 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	337			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	323			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.938			1.03
1.04 LINE 1.01 TIMES LINE 1.03	316			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	323			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 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	323		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	323		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	323		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	323		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	323		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	323		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			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

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		61511164		16249734	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	05/07/2010 938890	05/07/2010	234984	3.01
	TO .02	06/30/2010 257855			3.02
	PROVIDER .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50	05/27/2010 275101	05/27/2010	130274	3.50
	PROVIDER .51	06/08/2010 258241			3.51
	TO .52				3.52
	PROVIDER .53				3.53
	TO .54				3.54
SUBTOTAL	.99	663403		104710	3.99
4 TOTAL INTERIM PAYMENTS		62174567		16354444	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT 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	1787479		718329	6.01
	PROVIDER TO .02				6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		63962046		17072773	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		1251701		241	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		1251701		241	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO	NONE		NONE	5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO	NONE		NONE	5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER				6.01
	PROVIDER TO	-419914			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		831787		241	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 B			
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT		
	1	2	3	4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10790665		323	1	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	05/07/2010	2739		3.01	
PROGRAM	.02				3.02	
TO	.03			NONE	3.03	
PROVIDER	.04				3.04	
	.05				3.05	
	.50				3.50	
PROVIDER	.51				3.51	
TO	.52		NONE		3.52	
PROVIDER	.53			NONE	3.53	
PROGRAM	.54				3.54	
SUBTOTAL	.99		2739		3.99	
4 TOTAL INTERIM PAYMENTS			10793404		323	4
TO BE COMPLETED BY INTERMEDIARY						
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01	
	TO	.02		NONE	5.02	
	PROVIDER	.03			5.03	
	PROVIDER	.50			5.50	
	TO	.51		NONE	5.51	
	PROGRAM	.52			5.52	
SUBTOTAL		.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO					
	PROVIDER	.01			6.01	
	PROVIDER TO	.02		-32098	6.02	
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY			10761306		323	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			10372302			1.02
1.03			0.0319			1.03
1.04			349152			1.04
1.05			158911			1.05
1.06			10880365			1.06
1.07						1.07
1.08		706011				1.08
1.09		619313				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		4.276712				1.16
1.17						1.17
1.18						1.18
1.19		1325324				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		1325324				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40			30.936986			1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		1325324	10880365			4
5						5
6		1325324	10880365			6
7		68948	14108			7
8		1256376	10866257			8
9		4675	122518			9
10		1251701	10743739			10
11						11
11.01						11.01
11.02						11.02
12		1251701	10743739			12
13						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)		5086		17567	13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS		-425000			15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	831787	10761306			17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1251701	10793404			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	-419914	-32098			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 1
1	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	12945489	580037	472910
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL	12945489	580037	472910
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL	12945489	580037	472910
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES			
13	ANCILLARY SERVICE CHARGES			
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES			
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES			
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	12945489	580037	472910
28	COST OF COVERED SERVICES	12945489	580037	472910
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36	SUBTOTAL	12945489	580037	472910
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED			
38	LESSER OF LINES 30 OR 31	12945489	580037	472910
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX		NF I	
	HOSPITAL (14-0191) (OTHER) 1	SUB I (14-S191) (OTHER) 1	SUB II (14-T191) (OTHER) 1	SUB III 1	SUB IV 1	NF I 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	12945489	580037	472910			34
36						35
37						36
38						37
38.01						38
38.02						38.01
39						38.02
40						39
41						40
42						41
43						42
44						43
45						44
46						45
47						46
48						47
49						48
50						49
51						50
52						51
53						52
54						53
55						54
56						55
57						56
57.01						57
58						57.01
59						58
						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	8086905			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	101875983			4
5	OTHER RECEIVABLES	2600000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-68662077			6
7	INVENTORY	5219160			7
8	PREPAID EXPENSES	833605			8
9	OTHER CURRENT ASSETS	6454509			9
10	DUE FROM OTHER FUNDS	3456910			10
11	TOTAL CURRENT ASSETS	59864995			11
FIXED ASSETS					
12	LAND	16214055			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	11004343			13
13.01	ACCUMULATED DEPRECIATION	-7830425			13.01
14	BUILDINGS	211307251			14
14.01	ACCUMULATED DEPRECIATION	-120452368			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	172480987			18
18.01	ACCUMULATED DEPRECIATION	-122194192			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	160529651			21
OTHER ASSETS					
22	INVESTMENTS	174957851			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	3319512			25
26	TOTAL OTHER ASSETS	178277363			26
27	TOTAL ASSETS	398672009			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	17290599			28
29	SALARIES, WAGES & FEES PAYABLE	11107595			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	18364368			35
36	TOTAL CURRENT LIABILITIES	46762562			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	131663174			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	6937504			41
42	TOTAL LONG TERM LIABILITIES	138600678			42
43	TOTAL LIABILITIES	185363240			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	213308769			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	213308769			51
52	TOTAL LIABILITIES AND FUND BALANCES	398672009			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	192696181			1
2 NET INCOME (LOSS)	20902650			2
3 TOTAL	213598831			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 TRANSFER FROM IHV				5
6 TRANSFER FROM IDF	328000			6
7 RESTRICTED CONTRIBUTIONS	1091314			7
8 CONTRIBUTIONS RECEIVED FROM DONORS	1387053			8
9 ROUNDING				9
10 TOTAL ADDITIONS	2806367			10
11 SUBTOTAL	216405198			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13	734086			13
14 TRANSFERS TO IHS	1500000			14
15	862343			15
16 CONTRIBUTIONS PAID OT IMH				16
17 VALUATION OF INVESTMENTS				17
18 TOTAL DEDUCTIONS	3096429			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	213308769			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				
2 HOSPITAL	79023348		79023348	1
2 SUBPROVIDER I	1712207		1712207	2
2.01 SUBPROVIDER II	9371530		9371530	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	90107085		90107085	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				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				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	90107085		90107085	16
17 ANCILLARY SERVICES	340673807	495609007	836282814	17
18 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 ROUNDING				24
25 TOTAL PATIENT REVENUES	430780892	495609007	926389899	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		275120904	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	17381824		28
29 AUDIT ADJUSTMENT			29
30 ROUNDING			30
31			31
32			32
33 TOTAL ADDITIONS		17381824	33
34 DEDUCT (SPECIFY)			34
35 HOME HEALTH	-11932656		35
36 HOSPICE	-3379589		36
37			37
38			38
39 TOTAL DEDUCTIONS	-15312245		39
40 TOTAL OPERATING EXPENSES		277190483	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	926389899	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	651053416	2
3	NET PATIENT REVENUES	275336483	3
4	LESS - TOTAL OPERATING EXPENSES	277190483	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1854000	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	4407978	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	OTHER OPERATING REVENUE- SEE SCH. ENCLOS	8888735	24.01
24.02	CHANGE IN UNREALIZED ASSTS	11779844	24.02
24.03	SWAP VALUATION	-1983250	24.03
24.04	OTHER NON OPERATING	-336657	24.04
25	TOTAL OTHER INCOME	22756650	25
26	TOTAL	20902650	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	20902650	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	2742811	483677	308497	399482	870890	4805357
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	2253975	359475	102900		-50	2716300
7 PHYSICAL THERAPY	954368	100829	1748			1056945
8 OCCUPATIONAL THERAPY	161068	21206				182274
9 SPEECH PATHOLOGY	27176	2418	2130			31724
10 MEDICAL SOCIAL SERVICES	63467	15892				79359
11 HOME HEALTH AIDE	23148	3610	5312			32070
12 SUPPLIES					360275	360275
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	2353578	250615	3257	17345	43558	2668353
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	8579591	1237722	423844	416827	1274673	11932657

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	
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	-253351	4552006	-226464	4325542	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		2716300		2716300	6
7 PHYSICAL THERAPY		1056945		1056945	7
8 OCCUPATIONAL THERAPY		182274		182274	8
9 SPEECH PATHOLOGY		31724		31724	9
10 MEDICAL SOCIAL SERVICES		79359		79359	10
11 HOME HEALTH AIDE		32070		32070	11
12 SUPPLIES		360275		360275	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		2668353		2668353	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	-253351	11679306	-226464	11452842	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7435

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	4325542					4325542	4325542	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2716300					2716300	1648515	4364815 6
7 PHYSICAL THERAPY	1056945					1056945	641458	1698403 7
8 OCCUPATIONAL THERAPY	182274					182274	110622	292896 8
9 SPEECH PATHOLOGY	31724					31724	19253	50977 9
10 MEDICAL SOCIAL SERVICES	79359					79359	48163	127522 10
11 HOME HEALTH AIDE	32070					32070	19463	51533 11
12 SUPPLIES	360275					360275	218650	578925 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	2668353					2668353	1619418	4287771 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	11452842					11452842		11452842 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
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					-4325542	7127300	5
6 SKILLED NURSING CARE						2716300	6
7 PHYSICAL THERAPY						1056945	7
8 OCCUPATIONAL THERAPY						182274	8
9 SPEECH PATHOLOGY						31724	9
10 MEDICAL SOCIAL SERVICES						79359	10
11 HOME HEALTH AIDE						32070	11
12 SUPPLIES						360275	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						2668353	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					-4325542	7127300	24
25 COST TO BE ALLOC (PER W/S H)						4325542	25
26 UNIT COST MULTIPLIER						.606898	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 ED PROGRAM EMS	PARAMED ED PROGRAM DIETETICS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	24.01	24.02	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL				503212		503212			1
2 SKILLED NURSING CARE				5639481		5639481	191777	5831258	2
3 PHYSICAL THERAPY				2194391		2194391	74625	2269016	3
4 OCCUPATIONAL THERAPY				378431		378431	12869	391300	4
5 SPEECH PATHOLOGY				65864		65864	2240	68104	5
6 MEDICAL SOCIAL SERVICES				164763		164763	5603	170366	6
7 HOME HEALTH AIDE				66582		66582	2264	68846	7
8 SUPPLIES				747990		747990	25437	773427	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				5539937		5539937	188397	5728334	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				15300651		15300651	503212	15300651	20
21 UNIT COST MULTIPLIER							.034007		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP EQUIPMENT COST	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL	6181		6181				156867	6181	1
2 SKILLED NURSING CARE							4364815		2
3 PHYSICAL THERAPY							1698403		3
4 OCCUPATIONAL THERAPY							292896		4
5 SPEECH PATHOLOGY							50977		5
6 MEDICAL SOCIAL SERVICES							127522		6
7 HOME HEALTH AIDE							51533		7
8 SUPPLIES							578925		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							4287771		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				11609709	6181	20
21 TOTAL COST TO BE ALLOCATED			156867				3390407	64130	21
22 UNIT COST MULTIPLIER			25.378903				.292032		22
22 UNIT COST MULTIPLIER								10.375344	22

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 09:58

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 [XX] TITLE XVIII [] TITLE XIX

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	5831258		5831258	31171	187.07	1
2	PHYSICAL THERAPY	3	2269016		2269016	14017	161.88	2
3	OCCUPATIONAL THERAPY	4	391300		391300	2774	141.06	3
4	SPEECH PATHOLOGY	5	68104		68104	426	159.87	4
5	MEDICAL SOCIAL SERV	6	170366		170366	632	269.57	5
6	HOME HEALTH AIDE SERV	7	68846		68846	1177	58.49	6
7	TOTAL		8798890		8798890	50197		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		1600					8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	773427		773427	320469	2.413422	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

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

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

HHA NO.: 14-7435

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3849501		1612410
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			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				3.05
				3.50
	PROVIDER			3.51
	TO	NONE	NONE	3.52
	PROGRAM			3.53
				3.54
SUBTOTAL				3.99
4 TOTAL INTERIM PAYMENTS		3849501		1612410
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			5.01
	TO	NONE	NONE	5.02
	PROVIDER			5.03
	PROVIDER			5.50
	TO	NONE	NONE	5.51
	PROGRAM			5.52
SUBTOTAL				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO			6.01
	PROVIDER			6.02
	PROVIDER TO			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3849501		1612410

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	643379	96622	3777	106356	424407	1274541
INPATIENT CARE SERVICE						6
7 INPATIENT - GENERAL CARE	515453	54274			120080	689807
8 INPATIENT - RESPITE CARE				529931		529931
VISITING SERVICES						7
9 PHYSICIAN SERVICES						9
10 NURSING CARE	743599	86104	55511		96	885310
10.20 NURSING CARE-CONTINUOUS HOME CARE						10
11 PHYSICAL THERAPY						10.20
12 OCCUPATIONAL THERAPY						11
13 SPEECH/LANGUAGE PATHOLOGY						12
14 MEDICAL SOCIAL SERVICES						13
15 SPIRITUAL COUNSELING						14
16 DIETARY COUNSELING						15
17 COUNSELING - OTHER						16
18 HOME HEALTH AIDE AND HOMEMAKER						17
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18
19 OTHER						18.20
OTHER HOSPICE SERVICE COSTS						19
20 DRUGS, BIOLOGICAL & INFUSION THERAPY						20
20.30 ANALGESICS						20
20.31 SEDATIVES / HYPNOTICS						20.30
20.32 OTHER - SPECIFY						20.31
21 DURABLE MEDICAL EQUIPMENT/OXYGEN						20.32
22 PATIENT TRANSPORTATION						21
23 IMAGING SERVICES						22
24 LABS AND DIAGNOSTICS						23
25 MEDICAL SUPPLIES						24
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						25
27 RADIATION THERAPY						26
28 CHEMOTHERAPY						27
29 OTHER						28
HOSPICE NONREIMBURSABLE SERVICE						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	1902431	237000	59288	636287	544583	3379589

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	-95460	1179081	-18000	1161081	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE		689807		689807	7
8 INPATIENT - RESPITE CARE		529931		529931	8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		885310		885310	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES					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	-95460	3284129	-18000	3266129	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
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL				643379					643379
INPATIENT CARE SERVICE									6
7 INPATIENT - GENERAL CARE					515453				515453
8 INPATIENT - RESPITE CARE									7
VISITING SERVICES									8
9 PHYSICIAN SERVICES									9
10 NURSING CARE					743599				743599
10.20 NURSING CARE-CONT.HOME CARE									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES									14
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER									17
18 HH AIDE AND HOMEMAKER									18
18.20 HH AIDE & HMKR-CONT.HME CARE									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.									20
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERVICE									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTAL				643379	1259052				1902431

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
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL				96622					96622 6
INPATIENT CARE SERVICE									
7 INPATIENT - GENERAL CARE					54274				54274 7
8 INPATIENT - RESPITE CARE									8
VISITING SERVICES									
9 PHYSICIAN SERVICES									9
10 NURSING CARE					86104				86104 10
10.20 NURSING CARE-CONT.HOME CARE									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES									14
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER									17
18 HH AIDE AND HOME MAKER									18
18.20 HH AIDE & HMKR-CONT.HME CARE									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.									20
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERVICE									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTAL				96622	140378				237000 34

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
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE								106356	106356 6
7 INPATIENT - GENERAL CARE									7
8 INPATIENT - RESPITE CARE VISITING SERVICES								529931	529931 8
9 PHYSICIAN SERVICES									9
10 NURSING CARE									10
10.20 NURSING CARE-CONT.HOME CARE									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES									14
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER									17
18 HH AIDE AND HOME MAKER									18
18.20 HH AIDE & HMKR-CONT.HME CARE									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.									20
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERVICE									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTAL								636287	636287 34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1535

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	1161081						1161081	1161081	6
7 INPATIENT - GENERAL CARE	689807						689807	380477	1070284
8 INPATIENT - RESPITE CARE	529931						529931	292294	822225
9 VISITING SERVICES PHYSICIAN SERVICES									9
10 NURSING CARE	885310						885310	488310	1373620
10.20 NURSING CARE-CONTINUOUS HOME									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES									14
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER									17
18 HH AIDE AND HOME MAKER									18
18.20 HH AIDE & HMKR-CONT. HOME CA									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.									20
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERV.									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 COST TO BE ALLOCATED	3266129						3266129		3266129

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1535
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	PARAMED ED PROGRAM EMS ASSIGNED TIME 24.01	PARAMED ED PROGRAM DIETETICS PATIENT MEALS 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

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	0.328175	1
2	OCCUPATIONAL THERAPY	51	0.305855	2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.196319	3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.254568	4
4.01	INFUSION THERAPY	56.01	0.194591	4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.101609	6
7	MEDICAL SUPPLIES	55	0.064443	7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.502084	7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.144181	8
8.01	IFCC	61.01	0.178144	8.01
9	RADIATION THERAPY	41	0.288512	9
9.01	MRI	41.01	0.096584	9.01
9.02	CT SCAN	41.02	0.031263	9.02
9.03	ULTRASOUND	41.03	0.160454	9.03
9.04	SPECIAL PROCEDURES	41.04	0.165965	9.04
10	OTHER ANCILLARY (SPECIFY)	59		10
11	TOTALS			11

PROVIDER NO. 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2009 TO 09/30/2010

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

VERSION: 2010.09
02/25/2011 09:58

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				4219943	1
2 TOTAL UNDUPLICATED DAYS				18950	2
3 AGGREGATE COST PER DIEM				222.69	3
4 UNDUPLICATED MEDICARE DAYS	15148				4
5 AGGREGATE MEDICARE COST	3373308				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			3802		12
13 AGGREGATE COST FOR OTHER DAYS			846667		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					1
2					2
3	4397196				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	4719773				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

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
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
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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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 PSYCH ANCILLARY					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					

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
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					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 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	48.84		19.96				68.80 25
26 INTENSIVE CARE UNIT	31.85		5.22				37.07 26
33 NURSERY			68.89				68.89 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	24.64	11.15					35.79 37
38 RECOVERY ROOM	21.25	10.70					31.95 38
39 DELIVERY ROOM & LABOR ROOM	0.72	0.20					0.92 39
40 ANESTHESIOLOGY	24.56	9.72					34.28 40
41 RADIOLOGY-DIAGNOSTIC	16.83	19.16					35.99 41
41.01 MRI	23.55	14.90					38.45 41.01
41.02 CT SCAN	23.56	9.68					33.24 41.02
41.03 ULTRASOUND	19.67	9.03					28.70 41.03
41.04 SPECIAL PROCEDURES	30.07	24.52					54.59 41.04
43 RADIOISOTOPE	21.03	22.13					43.16 43
44 LABORATORY	21.18	0.79					21.97 44
47 BLOOD STORING, PROCESSING & TRA	43.67	6.47					50.14 47
49 RESPIRATORY THERAPY	50.47	0.64					51.11 49
49.01 PULMONARY FUNCTION	18.96	17.72					36.68 49.01
50 PHYSICAL THERAPY	8.88						8.88 50
51 OCCUPATIONAL THERAPY	17.00						17.00 51
52 SPEECH PATHOLOGY	14.70						14.70 52
53 ELECTROCARDIOLOGY	35.47	8.25					43.72 53
53.01 CARDIAC CATH LAB	35.52	15.22					50.74 53.01
53.02 CARDIAC REHAB	3.65	72.30					75.95 53.02
54 ELECTROENCEPHALOGRAPHY	44.78	5.14					49.92 54
54.02 EMG	16.33	11.90					28.23 54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	32.10	9.02					41.12 55
55.30 IMPL. DEV. CHARGED TO PATIENT	39.41						39.41 55.30
56 DRUGS CHARGED TO PATIENTS	3.21	11.86					15.07 56
56.01 INFUSION THERAPY	0.45	73.43					73.88 56.01
57 RENAL DIALYSIS	55.70						55.70 57
60 CLINIC	7.00	36.49					43.49 60
60.01 LITHOTRIPSY		95.19					95.19 60.01
60.02 PSYCH ANCILLARY	0.04	0.78					0.82 60.02
60.03 RETINAL VASCULAR	0.22	65.71					65.93 60.03
61 EMERGENCY	15.16	5.86					21.02 61
61.01 IFCC	1.52	18.09					19.61 61.01
62 OBSERVATION BEDS (NON-DISTINCT		20.14					20.14 62
101 TOTAL CHARGES	15.83	9.44					25.27 101

***** 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	56.89		30.17				87.06 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.03						0.03 41
41.01 MRI	0.09						0.09 41.01
41.02 CT SCAN	0.07						0.07 41.02
41.03 ULTRASOUND	0.04						0.04 41.03
44 LABORATORY	0.16						0.16 44
49 RESPIRATORY THERAPY	0.08						0.08 49
52 SPEECH PATHOLOGY	0.04						0.04 52
53 ELECTROCARDIOLOGY	0.14						0.14 53
54 ELECTROENCEPHALOGRAPHY	0.38						0.38 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.01						0.01 55
56 DRUGS CHARGED TO PATIENTS	0.13						0.13 56
60 CLINIC	0.01						0.01 60
60.02 PSYCH ANCILLARY	3.03						3.03 60.02
61 EMERGENCY	0.30						0.30 61
101 TOTAL CHARGES	0.10						0.10 101

***** 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	82.00		4.25				86.25 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.12						0.12 37
38 RECOVERY ROOM	0.18						0.18 38
40 ANESTHESIOLOGY	0.11						0.11 40
41 RADIOLOGY-DIAGNOSTIC	0.79						0.79 41
41.01 MRI	0.19						0.19 41.01
41.02 CT SCAN	0.32						0.32 41.02
41.03 ULTRASOUND	0.66						0.66 41.03
41.04 SPECIAL PROCEDURES	1.30						1.30 41.04
43 RADIOISOTOPE	0.07						0.07 43
44 LABORATORY	1.42						1.42 44
47 BLOOD STORING, PROCESSING & TRA	2.11						2.11 47
49 RESPIRATORY THERAPY	5.08						5.08 49
49.01 PULMONARY FUNCTION		0.01					0.01 49.01
50 PHYSICAL THERAPY	14.56						14.56 50
51 OCCUPATIONAL THERAPY	59.42						59.42 51
52 SPEECH PATHOLOGY	47.86						47.86 52
53 ELECTROCARDIOLOGY	0.22						0.22 53
54 ELECTROENCEPHALOGRAPHY	0.44						0.44 54
54.02 EMG	0.32						0.32 54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	1.98						1.98 55
56 DRUGS CHARGED TO PATIENTS	3.84						3.84 56
57 RENAL DIALYSIS	12.67						12.67 57
60 CLINIC	1.50						1.50 60
61 EMERGENCY	0.02						0.02 61
101 TOTAL CHARGES	1.63						1.63 101

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	18509049	6.98	-18509049	-15.23		3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS	23991591	9.04	-23991591	-19.74		5
6	ADMINISTRATIVE & GENERAL	51390839	19.37	-51390839	-42.28		6
7	MAINTENANCE & REPAIRS	3396103	1.28	-3396103	-2.79		7
8	OPERATION OF PLANT	6407714	2.42	-6407714	-5.27		8
9	LAUNDRY & LINEN SERVICE	1270603	.48	-1270603	-1.05		9
10	HOUSEKEEPING	3142941	1.18	-3142941	-2.59		10
11	DIETARY	3253523	1.23	-3253523	-2.68		11
12	CAFETERIA	50501	.02	-50501	-.04		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2908288	1.10	-2908288	-2.39		14
15	CENTRAL SERVICES & SUPPLY	616020	.23	-616020	-.51		15
16	PHARMACY	3038851	1.15	-3038851	-2.50		16
17	MEDICAL RECORDS & LIBRARY	2826348	1.07	-2826348	-2.33		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	696748	.26	-696748	-.57		24.01
24.02	PARAMED ED PRGM-DIETETICS	47609	.02	-47609	-.04		24.02
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	22446986	8.46	32605589	26.83	55052575	20.75
26	INTENSIVE CARE UNIT	4396921	1.66	4773798	3.93	9170719	3.46
27	CORONARY CARE UNIT						27
31	SUBPROVIDER I	896006	.34	1026368	.84	1922374	.72
31.01	SUBPROVIDER II	3721406	1.40	7403773	6.09	11125179	4.19
33	NURSERY	917347	.35	1225712	1.01	2143059	.81
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	10329375	3.89	9355283	7.70	19684658	7.42
38	RECOVERY ROOM	828350	.31	869058	.71	1697408	.64
39	DELIVERY ROOM & LABOR ROOM	2156449	.81	1921054	1.58	4077503	1.54
40	ANESTHESIOLOGY	228893	.09	428878	.35	657771	.25
41	RADIOLOGY-DIAGNOSTIC	4414307	1.66	4834085	3.98	9248392	3.49
41.01	MRI	725886	.27	924991	.76	1650877	.62
41.02	CT SCAN	906992	.34	919762	.76	1826754	.69
41.03	ULTRASOUND	1183339	.45	1036649	.85	2219988	.84
41.04	SPECIAL PROCEDURES	2228693	.84	1345882	1.11	3574575	1.35
43	RADIOISOTOPE	867364	.33	602981	.50	1470345	.55
44	LABORATORY	8828738	3.33	6121996	5.04	14950734	5.64
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	2043234	.77	1384627	1.14	3427861	1.29

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	1913873	.72	1297581	1.07	3211454	1.21	49
49.01 PULMONARY FUNCTION	55261	.02	102570	.08	157831	.06	49.01
50 PHYSICAL THERAPY	4388145	1.65	3163421	2.60	7551566	2.85	50
51 OCCUPATIONAL THERAPY	1047105	.39	672459	.55	1719564	.65	51
52 SPEECH PATHOLOGY	312256	.12	269848	.22	582104	.22	52
53 ELECTROCARDIOLOGY	1113393	.42	1127456	.93	2240849	.84	53
53.01 CARDIAC CATH LAB	1838059	.69	1176203	.97	3014262	1.14	53.01
53.02 CARDIAC REHAB	563946	.21	557966	.46	1121912	.42	53.02
54 ELECTROENCEPHALOGRAPHY	115124	.04	234775	.19	349899	.13	54
54.01 SLEEP LAB							54.01
54.02 EMG	119486	.05	76155	.06	195641	.07	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	213286	.08	97153	.08	310439	.12	55
55.30 IMPL. DEV. CHARGED TO PATIENT	12278093	4.63	4024925	3.31	16303018	6.15	55.30
56 DRUGS CHARGED TO PATIENTS	8996817	3.39	7233054	5.95	16229871	6.12	56
56.01 INFUSION THERAPY	610864	.23	453556	.37	1064420	.40	56.01
57 RENAL DIALYSIS	1002660	.38	452890	.37	1455550	.55	57
60 CLINIC	826239	.31	617223	.51	1443462	.54	60
60.01 LITHOTRIPSY	383040	.14	111860	.09	494900	.19	60.01
60.02 PSYCH ANCILLARY	2385379	.90	2358383	1.94	4743762	1.79	60.02
60.03 RETINAL VASCULAR	229316	.09	1027233	.85	1256549	.47	60.03
61 EMERGENCY	4247332	1.60	5145998	4.23	9393330	3.54	61
61.01 IFCC	16937911	6.38	8970338	7.38	25908249	9.77	61.01
62 OBSERVATION BEDS (NON-DISTINCT							62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
70 I&R SERVICES-NOT APPRVD PRGM							70
71 HOME HEALTH AGENCY	11452842	4.32	3847809	3.17	15300651	5.77	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	3266129	1.23	953814	.78	4219943	1.59	93
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	2331579	.88	680896	.56	3012475	1.14	98
98.01 REFERENCE LAB							98.01
98.02 O/P PHARMACY			71969	.06	71969	.03	98.02
98.03 RETINAL VASCULAR GRANTS			40707	.03	40707	.02	98.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	265295149	100.00	0	.00	265295149	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1910569	66447895	.028753	16375996	470859	37
38 RECOVERY ROOM	143042	4855133	.029462	1031957	30404	38
39 DELIVERY ROOM & LABOR ROOM	205219	4107863	.049958	29558	1477	39
40 ANESTHESIOLOGY	33730	10553168	.003196	2591776	8283	40
41 RADIOLOGY-DIAGNOSTIC	1015013	32055477	.031664	5393853	170791	41
41.01 MRI	205153	17092685	.012002	4025723	48317	41.01
41.02 CT SCAN	123283	58432635	.002110	13769116	29053	41.02
41.03 ULTRASOUND	142879	13835705	.010327	2721181	28102	41.03
41.04 SPECIAL PROCEDURES	184196	21538061	.008552	6476387	55386	41.04
43 RADIOISOTOPE	94438	11738455	.008045	2469022	19863	43
44 LABORATORY	803831	147139631	.005463	31157276	170212	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	116905	8152258	.014340	3559803	51048	47
49 RESPIRATORY THERAPY	135530	15998639	.008471	8075099	68404	49
49.01 PULMONARY FUNCTION	27645	1285020	.021513	243619	5241	49.01
50 PHYSICAL THERAPY	374976	23010776	.016296	2044098	33311	50
51 OCCUPATIONAL THERAPY	72113	5622149	.012827	955779	12260	51
52 SPEECH PATHOLOGY	35911	2965099	.012111	436000	5280	52
53 ELECTROCARDIOLOGY	170976	23043003	.007420	8174378	60654	53
53.01 CARDIAC CATH LAB	198815	17943032	.011080	6372511	70607	53.01
53.02 CARDIAC REHAB	88866	1225083	.072539	44740	3245	53.02
54 ELECTROENCEPHALOGRAPHY	69369	1002130	.069222	448765	31064	54
54.01 SLEEP LAB						54.01
54.02 EMG	5192	1685332	.003081	275295	848	54.02
55 MEDICAL SUPPLIES CHARGED TO PAT	12582	4817266	.002612	1546248	4039	55
55.30 IMPL. DEV. CHARGED TO PATIENT	492546	32470699	.015169	12797000	194118	55.30
56 DRUGS CHARGED TO PATIENTS	542576	63754621	.008510	2048535	17433	56
56.01 INFUSION THERAPY	71754	5470036	.013118	24704	324	56.01
57 RENAL DIALYSIS	86568	2319668	.037319	1292101	48220	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	118154	4719526	.025035	330260	8268	60
60.01 LITHOTRIPSY	10587	1648587	.006422			60.01
60.02 PSYCH ANCILLARY	469083	9432866	.049729	3617	180	60.02
60.03 RETINAL VASCULAR	352951	1640513	.215147	3561	766	60.03
61 EMERGENCY	523378	65149458	.008033	9876334	79337	61
61.01 IFCC	581664	145434568	.003999	2205976	8822	61.01
62 OBSERVATION BEDS (NON-DISTINCT	374192	3581724	.104473			62
62.01 OBSERVATION BEDS-DISTINCT						62.01
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	9793686	830168761		146800268	1736216	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	5617782		5617782	72273	77.73	35301	2743947 25
26 INTENSIVE CARE UNIT	640269		640269	5764	111.08	1836	203943 26
27 CORONARY CARE UNIT	1950		1950				27
101 TOTAL	6260001		6260001			37137	2947890 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	2947890
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1736216
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	4684106
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	7440
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	37137
PER DISCHARGE CAPITAL COSTS	629.58
PER DIEM CAPITAL COSTS	126.13

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)	53583310
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	191688448
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.280

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))	12982095
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	22808016
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.569

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))	1323328
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1693462
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.781

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)	4684106
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.024

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 5999)	18420222
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)	87530213
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.210