

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 04-02-2012 TIME: 09:22
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR 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 10/01/2010 AND ENDING 09/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		3,220,567	433,203			1
2 SUBPROVIDER - IPF		7,487	241			2
3 SUBPROVIDER - IRF		159,601	2			3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY		39	731			9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		3,387,694	434,177			200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: ONE INGALLS DRIVE
 2 CITY: HARVEY

STATE: IL

P.O.BOX:
 ZIP CODE: 60426

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	INGALLS MEMORIAL HOSPITAL	14-0191	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	PSYCH UNIT OF INGALLS MEM HOS	14-S191	16974	4	01/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	REHAB UNIT OF INGALLS MEM HOS	14-T191	16974	5	11/02/1989	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	INGALLS HOME CARE	14-7435	16974		07/24/1985	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	INGALLS HOME CARE HOSPICE	14-1535	16974		02/28/1990				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2010			TO: 09/30/2011					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								3	N 23

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	18,951	1,590	68		612	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		561				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

	V 1	XVIII 2	XIX 3		
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	56
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	Y			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
	PROGRAM NAME 1	PROGRAM CODE 2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- Y Y	RESPI- ATIONAL SPEECH RATORY Y Y 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		3,000,000 10,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.		N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y		140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

SEE 42 CFR §413.13)		PART A	PART B	
155	HOSPITAL	1	2	
156	SUBPROVIDER - IPF	N	N	155
157	SUBPROVIDER - IRF	N	N	156
158	SUBPROVIDER - (OTHER)	N	N	157
159	SNF	N	N	158
160	HHA	N	N	159
161	CMHC		N	160
				161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2		1
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3	2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N			3
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	N	2	3	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			5
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BED COMPLEMENT					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	14
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15
PS&R REPORT DATA					
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	03/07/2012	Y	03/07/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	03/07/2012	Y	03/07/2012
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

LINE	DESCRIPTION	WKST A NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
1		2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	111,358,180	-15,453,911	95,904,269	4,006,262.00	23.94	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A							4
4.01	PHYSICIANS-PART A - DIRECT TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		14,908,223	-10,091,524	4,816,699	137,429.00	35.05	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		407,279		407,279	10,526.00	38.69	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A		2,752,521		2,752,521	15,769.00	174.55	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,542,347		9,542,347	46,697.00	204.35	14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		22,244,726		22,244,726			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,176,298		1,176,298			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A							22
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		1,314,388	-2,479	1,311,909	39,906.00	32.87	26
27	ADMINISTRATIVE & GENERAL		11,655,895	-1,847,943	9,807,952	500,826.00	19.58	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		3,113,744		3,113,744	28,174.00	110.52	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,341,472		2,341,472	108,164.00	21.65	30
31	LAUNDRY & LINEN SERVICE		82,934		82,934	6,450.00	12.86	31
32	HOUSEKEEPING		1,659,647	-569,154	1,090,493	171,216.00	6.37	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		1,119,007		1,119,007	43,136.00	25.94	33
34	DIETARY		1,468,392	-816,296	652,096	105,572.00	6.18	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		1,041,123		1,041,123	44,388.00	23.46	35
36	CAFETERIA		201,938	475,003	676,941	48,488.00	13.96	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		2,321,197	-116,060	2,205,137	93,099.00	23.69	38
39	CENTRAL SERVICES AND SUPPLY		228,682		228,682	15,888.00	14.39	39
40	PHARMACY		2,904,348	-48,262	2,856,086	79,963.00	35.72	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,625,011	-67,684	2,557,327	114,012.00	22.43	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		116,632,054	-15,453,911	101,178,143	4,121,960.00	24.55	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		14,908,223	-10,091,524	4,816,699	137,429.00	35.05	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		101,723,831	-5,362,387	96,361,444	3,984,531.00	24.18	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		12,702,147		12,702,147	72,992.00	174.02	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		22,244,726		22,244,726		23.08%	5
6	TOTAL (SUM OF LINES 3 THRU 5)		136,670,704	-5,362,387	131,308,317	4,057,523.00	32.36	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		32,077,778	-2,992,875	29,084,903	1,399,282.00	20.79	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1		1
2		2
3	2,875,505	3
4		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5		5
6		6
7		7
HEALTH AND INSURANCE COST		
8	11,219,724	8
9		9
10	365,520	10
11	149,762	11
12		12
13	268,517	13
14		14
15	91,126	15
16		16
TAXES		
17	7,657,421	17
18		18
19	397,812	19
20		20
OTHER		
21		21
22		22
23	395,637	23
24	23,421,024	24
PART B - OTHER THAN CORE RELATED COST		
25		25

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
04/02/2012 09:22

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

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		2,144		374	2,518	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,375.00		1,077.00	2,452.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.00	1.00	3
4 DIRECTOR(S) 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			0.19	0.19	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			0.70	0.70	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 OTHER (SPECIFY)			37.00	37.00	18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.					1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).					16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4)	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	19,076	626	877	398	20,977	21
22 SKILLED NURSING VISIT CHARGES	3,242,921	106,420	149,090	67,660	3,566,091	22
23 PHYSICAL THERAPY VISITS	9,082	86	77	269	9,514	23
24 PHYSICAL THERAPY VISIT CHARGES	1,634,760	15,480	13,860	48,420	1,712,520	24
25 OCCUPATIONAL THERAPY VISITS	2,092	33	13	83	2,221	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	376,560	5,940	2,340	14,940	399,780	26
27 SPEECH PATHOLOGY VISITS	239		1	6	246	27
28 SPEECH PATHOLOGY VISIT CHARGES	43,020		180	1,080	44,280	28
29 MEDICAL SOCIAL SERVICE VISITS	458	6	20	13	497	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	103,050	1,350	4,500	2,925	111,825	30
31 HOME HEALTH AIDE VISITS	1,254	51	4	24	1,333	31
32 HOME HEALTH AIDE VISIT CHARGES	162,815	6,630	520	3,120	173,085	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	32,201	802	992	793	34,788	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	5,563,126	135,820	170,490	138,145	6,007,581	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,186		373	65	2,624	36
37 TOTAL NUMBER OF OUTLIER EPISODES		14			14	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES		182,710			182,710	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO. : 14-1535

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5) 6
	1	2	3	4	5	
1	CONTINUOUS HOME CARE				21	21 1
2	ROUTINE HOME CARE	12,885			3,132	16,017 2
3	INPATIENT RESPITE CARE	87			22	109 3
4	GENERAL INPATIENT CARE	1,904			627	2,531 4
5	TOTAL HOSPICE DAYS	14,876			3,802	18,678 5

PART II - CENSUS DATA

	TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5) 6
	1	2	3	4	5	
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	377			10	387 6
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	39.46			380.20	48.26 8
9	UNDUPLICATED CENSUS COUNT	377			10	387 9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.283568	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				18,956,887	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				324,210	5
6	MEDICAID CHARGES				121,335,425	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				34,406,844	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				15,125,747	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				15,125,747	19
			UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
			1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY		23,353,565		23,353,565	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)		6,622,324		6,622,324	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE					22
23	COST OF CHARITY CARE		6,622,324		6,622,324	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				22,656,167	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,298,635	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				20,357,532	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				5,772,745	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				12,395,069	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				27,520,816	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		5,122,212	5,122,212	-3,512,144	1
2	00200		10,686,047	10,686,047		2
3	00300					3
4	00400	1,314,388	23,434,628	24,749,016	-91,928	4
5	00500	11,655,895	44,059,615	55,715,510	1,044,346	5
6	00600		3,747,259	3,747,259	-32,114	6
7	00700	2,341,472	4,652,952	6,994,424	-150,811	7
8	00800		82,934	1,160,936		8
9	00900	1,659,647	1,078,002	1,905,394	-210,682	9
10	01000	1,468,392	2,758,367	4,226,759	-1,461,125	10
11	01100	201,938	273,831	475,769	1,458,487	11
12	01200					12
13	01300	2,321,197	341,949	2,663,146	-115,988	13
14	01400		228,682	916,629	-93,755	14
15	01500	2,904,348	8,186,321	11,090,669	-8,054,591	15
16	01600	2,625,011	997,328	3,622,339		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
23.01	02301	139,791	44,642	184,433	741,741	23.01
23.02	02302	59,198	7,767	66,965	38,218	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	21,533,682	6,909,191	28,442,873	-878,657	30
31	03100	3,647,996	592,511	4,240,507	-43,359	31
32	03200					32
40	04000	644,415	963,086	1,607,501	575,473	40
41	04100	3,082,479	429,050	3,511,529	-35,580	41
43	04300	868,838	562,794	1,431,632		43
ANCILLARY SERVICE COST CENTERS						
50	05000	3,878,737	17,574,154	21,452,891	-10,741,728	50
51	05100	681,733	99,499	781,232		51
53	05300	808,325	555,205	1,363,530		53
54	05400	3,482,594	1,347,749	4,830,343		54
54.01	03630	1,078,919	61,681	1,140,600		54.01
54.02	03950	985,131	2,285,406	3,270,537	-779,449	54.02
56	05600	359,069	693,509	1,052,578		56
57	05700	595,050	266,536	861,586		57
58	05800	579,941	167,242	747,183		58
59	05900	679,531	3,624,175	4,303,706	-2,236,994	59
60	06000	4,854,883	4,531,713	9,386,596	-96,326	60
62.30	06250					62.30
63	06300	311,612	1,688,940	2,000,552	48,085	63
65	06500	1,535,640	446,543	1,982,183	-12,288	65
65.01	03560	47,367	3,659	51,026		65.01
66	06600	4,046,417	885,521	4,931,938	-377,095	66
67	06700	795,183	175,258	970,441		67
68	06800	399,171	6,911	406,082	-133,520	68
69	06900	720,851	148,902	869,753	150,523	69
70	07000	81,382	54,566	135,948		70
70.01	03280	114,370	20,207	134,577		70.01
71	07100				93,756	71
72	07200				14,023,216	72
73	07300				8,006,329	73
73.01	03190	455,570	135,827	591,397		73.01
74	07400	105,689	747,806	853,495		74
76.97	07697	528,683	261,979	790,662		76.97
76.98	07698	463,936	363,813	827,749		76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09002		473,467	473,467	867,395	90.02
90.03	09003	194,044	153,255	347,299		90.03
91	09100	3,656,308	2,057,194	5,713,502	-599,603	91
91.01	09101	12,155,401	7,616,748	19,772,149	1,518,680	91.01
92	09200					92
92.01	09201					92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
100	10000	180,523	915,748	1,096,271	-1,066,271	100
101	10100	8,845,829	3,842,329	12,688,158	-252,985	101
SPECIAL PURPOSE COST CENTERS						

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 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
116	11600 HOSPICE	1,955,988	1,355,415	3,311,403		116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	111,358,180	170,001,850	281,360,030	-2,410,744	118
192	19200 PHYSICIANS' PRIVATE OFFICES				2,410,744	192
192.01	19201 REFERENCE LAB					192.01
192.02	19202 O/P PHARMACY					192.02
192.03	19203 RETINAL VASCULAR GRANTS					192.03
200	TOTAL (SUM OF LINES 118-199)	111,358,180	170,001,850	281,360,030		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	1,610,068		3,818,064	1
2	00200	10,686,047	2,207,996	10,686,047	2
3	00300				3
4	00400	24,657,088	-13,355	24,643,733	4
5	00500	56,759,856	61,776	56,821,632	5
6	00600	3,715,145		3,715,145	6
7	00700	6,843,613	-115,724	6,727,889	7
8	00800	1,160,936		1,160,936	8
9	00900	3,354,359		3,354,359	9
10	01000	2,765,634		2,765,634	10
11	01100	1,934,256	-1,110,104	824,152	11
12	01200				12
13	01300	2,547,158	-72	2,547,086	13
14	01400	822,874	-12,587	810,287	14
15	01500	3,036,078		3,036,078	15
16	01600	3,622,339	-614,839	3,007,500	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
23.01	02301	926,174	-210,587	715,587	23.01
23.02	02302	105,183	-69,329	35,854	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	27,564,216	-3,362	27,560,854	30
31	03100	4,197,148		4,197,148	31
32	03200				32
40	04000	2,182,974	-540	2,182,434	40
41	04100	3,475,949	-11,350	3,464,599	41
43	04300	1,431,632	-165,925	1,265,707	43
ANCILLARY SERVICE COST CENTERS					
50	05000	10,711,163	-314,900	10,396,263	50
51	05100	781,232		781,232	51
53	05300	1,363,530	-1,134,168	229,362	53
54	05400	4,830,343	-580,401	4,249,942	54
54.01	03630	1,140,600		1,140,600	54.01
54.02	03950	2,491,088		2,491,088	54.02
56	05600	1,052,578		1,052,578	56
57	05700	861,586		861,586	57
58	05800	747,183		747,183	58
59	05900	2,066,712		2,066,712	59
60	06000	9,290,270	-930,456	8,359,814	60
62.30	06250				62.30
63	06300	2,048,637		2,048,637	63
65	06500	1,969,895	-8,625	1,961,270	65
65.01	03560	51,026		51,026	65.01
66	06600	4,554,843	-92,525	4,462,318	66
67	06700	970,441		970,441	67
68	06800	272,562	-15,875	256,687	68
69	06900	1,020,276	-21,250	999,026	69
70	07000	135,948	-37,063	98,885	70
70.01	03280	134,577		134,577	70.01
71	07100	93,756		93,756	71
72	07200	14,023,216		14,023,216	72
73	07300	8,006,329		8,006,329	73
73.01	03190	591,397	-24,783	566,614	73.01
74	07400	853,495		853,495	74
76.97	07697	790,662	-201,993	588,669	76.97
76.98	07698	827,749		827,749	76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	1,340,862		1,340,862	90.02
90.03	09003	347,299	-62,000	285,299	90.03
91	09100	5,113,899	-507,157	4,606,742	91
91.01	09101	21,290,829	-4,277,311	17,013,518	91.01
92	09200				92
92.01	09201				92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
100	10000	30,000		30,000	100
101	10100	12,435,173	-361,133	12,074,040	101
SPECIAL PURPOSE COST CENTERS					

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
116	11600 HOSPICE	3,311,403	-18,000	3,293,403	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	278,949,286	-8,645,642	270,303,644	118
192	19200 PHYSICIANS' PRIVATE OFFICES	2,410,744		2,410,744	192
192.01	19201 REFERENCE LAB				192.01
192.02	19202 O/P PHARMACY				192.02
192.03	19203 RETINAL VASCULAR GRANTS				192.03
200	TOTAL (SUM OF LINES 118-199)	281,360,030	-8,645,642	272,714,388	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 RECLASS NON CAP INS	A	CAP REL COSTS-BLDG & FIXT	1		231,111	1
2		EMPLOYEE BENEFITS	4		91,126	2
500 TOTAL RECLASSIFICATIONS					322,237	500
CODE LETTER - A						
1		PARAMED ED PRGM-DIETETICS	23.02	3,471	34,747	1
2 CAFETERIA EXPENSE RECLASS	B	CAFETERIA	11	475,003	983,484	2
500 TOTAL RECLASSIFICATIONS				478,474	1,018,231	500
CODE LETTER -						
1 EMPLOYEE VACATION ACCRUAL	C	ADMINISTRATIVE & GENERAL	5	176,091		1
500 TOTAL RECLASSIFICATIONS				176,091		500
CODE LETTER - C						
1 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHRGD TO PA	71		93,756	1
2		IMPL. DEV. CHARGED TO PATIENT	72		14,023,216	2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					14,116,972	500
CODE LETTER - D						
1 RECLASS DRUGS CHARGES TO PTS	E	DRUGS CHARGED TO PATIENTS	73		8,006,329	1
500 TOTAL RECLASSIFICATIONS					8,006,329	500
CODE LETTER - E						
1 POB COST OFFSET	F	PHYSICIANS' PRIVATE OFFICES	192		400,570	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS					400,570	500
CODE LETTER - F						
1 LAB ADMIN	G	BLOOD STORING, PROCESSING & T	63	25,550	22,535	1
500 TOTAL RECLASSIFICATIONS				25,550	22,535	500
CODE LETTER - G						
1 ALLOC ONE DAY SURGERY	H	OPERATING ROOM	50	265,593	29,388	1
500 TOTAL RECLASSIFICATIONS				265,593	29,388	500
CODE LETTER - H						
1 EMT NURSE PRECEPTORS	I	PARAMED ED PRGM-EMS	23.01	651,141		1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				651,141		500
CODE LETTER - I						
1 HMC CLINIC COST RECLASS	J	PSYCH ANCILLARY	90.02	414,885	452,510	1
2 HMC SUPPORT	J	SUBPROVIDER - IPF	40	243,316	332,157	2
3 HMC SUPPORT	J					3
500 TOTAL RECLASSIFICATIONS				658,201	784,667	500
CODE LETTER - J						
1 FCC PHYSICIANS OFFICES	M	PHYSICIANS' PRIVATE OFFICES	192		647,362	1
500 TOTAL RECLASSIFICATIONS					647,362	500
CODE LETTER - M						
1 HOME HEALTH PARENT	N	ADMINISTRATIVE & GENERAL	5		238,550	1
500 TOTAL RECLASSIFICATIONS					238,550	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 IFCC DEPR EXPENSE	O	IFCC	91.01		2,352,699 1
2		PHYSICIANS' PRIVATE OFFICES	192		1,362,812 2
500 TOTAL RECLASSIFICATIONS					3,715,511 500
CODE LETTER - O					
1 EMS MEDICAL DIRECTOR	Q	PARAMED ED PRGM-EMS	23.01		90,600 1
500 TOTAL RECLASSIFICATIONS					90,600 500
CODE LETTER - Q					
1 HOME HEALTH INDIRECT COSTS	R	ADMINISTRATIVE & GENERAL	5		14,435 1
500 TOTAL RECLASSIFICATIONS					14,435 500
CODE LETTER - R					
1 OFF-SITE LOCATIONS	S	PHYSICAL THERAPY	66		27,744 1
500 TOTAL RECLASSIFICATIONS					27,744 500
CODE LETTER - S					
1		EMPLOYEE BENEFITS	4		2,479 1
2		ADMINISTRATIVE & GENERAL	5		2,961,541 2
3		HOUSEKEEPING	9		569,154 3
4		DIETARY	10		373,402 4
5		NURSING ADMINISTRATION	13		72 5
6		MEDICAL RECORDS & LIBRARY	16		67,684 6
7		ADULTS & PEDIATRICS	30		6,366 7
8		INTENSIVE CARE UNIT	31		129,482 8
9		SUBPROVIDER - IPF	40		1,532 9
10		NURSERY	43		11,314 10
11		OPERATING ROOM	50		11,059 11
12					12
13		ANESTHESIOLOGY	53		46,808 13
14		SPECIAL PROCEDURES	54.02		10,644 14
15		LABORATORY	60		58,656 15
16		PHYSICAL THERAPY	66		170,627 16
17		OCCUPATIONAL THERAPY	67		263,605 17
18		ELECTROCARDIOLOGY	69		19,688 18
19		CARDIAC CATHETERIZATION	59		2,553 19
20		INFUSION THERAPY	73.01		29,902 20
21		EMERGENCY	91		27,529 21
22		IFCC	91.01		64,088 22
500 TOTAL RECLASSIFICATIONS					4,828,185 500
CODE LETTER -					
1 RECLASS SALARIES	U	HOME HEALTH AGENCY	101		8,845,829 1
2		HOSPICE	116		1,955,988 2
500 TOTAL RECLASSIFICATIONS					10,801,817 500
CODE LETTER - U					
1 DATA AND ADMIN FUNCTIONS	V	ADMINISTRATIVE & GENERAL	5	937,507	1
2		DIETARY	10	35,580	2
3					3
4					4
5					5
6					6
7					7
500 TOTAL RECLASSIFICATIONS				973,087	500
CODE LETTER - V					
1 OB HOUSE STAFF	W	ADULTS & PEDIATRICS	30		915,748 1
2		ELECTROCARDIOLOGY	69	150,523	2
500 TOTAL RECLASSIFICATIONS				150,523	915,748 500
CODE LETTER - W					
GRAND TOTAL (INCREASES)				3,378,660	45,980,881

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS NON CAP INS	A	ADMINISTRATIVE & GENERAL	5		322,237	11 1
2						2
500 TOTAL RECLASSIFICATIONS					322,237	500
CODE LETTER - A						
1		DIETARY	10	478,474	1,018,231	1
2 CAFETERIA EXPENSE RECLASS	B					2
500 TOTAL RECLASSIFICATIONS				478,474	1,018,231	500
CODE LETTER -						
1 EMPLOYEE VACATION ACCRUAL	C	EMPLOYEE BENEFITS	4		176,091	1
500 TOTAL RECLASSIFICATIONS					176,091	500
CODE LETTER - C						
1 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	14		93,755	1
2		OPERATING ROOM	50		11,021,627	2
3		SPECIAL PROCEDURES	54.02		779,449	3
4		CARDIAC CATHETERIZATION	59		2,222,141	4
500 TOTAL RECLASSIFICATIONS					14,116,972	500
CODE LETTER - D						
1 RECLASS DRUGS CHARGES TO PTS	E	PHARMACY	15		8,006,329	1
500 TOTAL RECLASSIFICATIONS					8,006,329	500
CODE LETTER - E						
1 POB COST OFFSET	F	HOUSEKEEPING	9		210,682	1
2		OPERATION OF PLANT	7		150,811	2
3		MAINTENANCE & REPAIRS	6		32,114	3
4		EMPLOYEE BENEFITS	4		6,963	4
500 TOTAL RECLASSIFICATIONS					400,570	500
CODE LETTER - F						
1 LAB ADMIN	G	LABORATORY	60	25,550	22,535	1
500 TOTAL RECLASSIFICATIONS				25,550	22,535	500
CODE LETTER - G						
1 ALLOC ONE DAY SURGERY	H	ADULTS & PEDIATRICS	30	265,593	29,388	1
500 TOTAL RECLASSIFICATIONS				265,593	29,388	500
CODE LETTER - H						
1 EMT NURSE PRECEPTORS	I	ADULTS & PEDIATRICS	30	28,278		1
2		INTENSIVE CARE UNIT	31	43,359		2
3		OPERATING ROOM	50	15,082		3
4		ADULTS & PEDIATRICS	30	28,278		4
5		RESPIRATORY THERAPY	65	12,288		5
6		CARDIAC CATHETERIZATION	59	14,853		6
7		EMERGENCY	91	509,003		7
500 TOTAL RECLASSIFICATIONS				651,141		500
CODE LETTER - I						
1 HMC CLINIC COST RECLASS	J	ADULTS & PEDIATRICS	30	414,885	452,510	1
2 HMC SUPPORT	J	ADULTS & PEDIATRICS	30	243,316	332,157	2
3 HMC SUPPORT	J					3
500 TOTAL RECLASSIFICATIONS				658,201	784,667	500
CODE LETTER - J						
1 FCC PHYSICIANS OFFICES	M	IFCC	91.01		647,362	1
500 TOTAL RECLASSIFICATIONS					647,362	500
CODE LETTER - M						
1 HOME HEALTH PARENT	N	HOME HEALTH AGENCY	101		238,550	1
500 TOTAL RECLASSIFICATIONS					238,550	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 IFCC DEPR EXPENSE	O	CAP REL COSTS-BLDG & FIXT	1		2,352,699	11 1
2 CAP REL COSTS-BLDG & FIXT			1		1,362,812	11 2
500 TOTAL RECLASSIFICATIONS					3,715,511	500
CODE LETTER - O						
1 EMS MEDICAL DIRECTOR	Q	EMERGENCY	91		90,600	1
500 TOTAL RECLASSIFICATIONS					90,600	500
CODE LETTER - Q						
1 HOME HEALTH INDIRECT COSTS	R	HOME HEALTH AGENCY	101		14,435	1
500 TOTAL RECLASSIFICATIONS					14,435	500
CODE LETTER - R						
1 OFF-SITE LOCATIONS	S	CAP REL COSTS-BLDG & FIXT	1		27,744	11 1
500 TOTAL RECLASSIFICATIONS					27,744	500
CODE LETTER - S						
1 EMPLOYEE BENEFITS			4	2,479		1
2 ADMINISTRATIVE & GENERAL			5	2,961,541		2
3 HOUSEKEEPING			9	569,154		3
4 DIETARY			10	373,402		4
5 NURSING ADMINISTRATION			13	72		5
6 MEDICAL RECORDS & LIBRARY			16	67,684		6
7 ADULTS & PEDIATRICS			30	6,366		7
8 INTENSIVE CARE UNIT			31	129,482		8
9 SUBPROVIDER - IPF			40	1,532		9
10 NURSERY			43	11,314		10
11 OPERATING ROOM			50	11,059		11
12						12
13 ANESTHESIOLOGY			53	46,808		13
14 SPECIAL PROCEDURES			54.02	10,644		14
15 LABORATORY			60	58,656		15
16 PHYSICAL THERAPY			66	170,627		16
17 OCCUPATIONAL THERAPY			67	263,605		17
18 ELECTROCARDIOLOGY			69	19,688		18
19 CARDIAC CATHETERIZATION			59	2,553		19
20 INFUSION THERAPY			73.01	29,902		20
21 EMERGENCY			91	27,529		21
22 IFCC			91.01	64,088		22
500 TOTAL RECLASSIFICATIONS				4,828,185		500
CODE LETTER -						
1 RECLASS SALARIES	U	HOME HEALTH AGENCY	101	8,845,829		1
2 HOSPICE			116	1,955,988		2
500 TOTAL RECLASSIFICATIONS				10,801,817		500
CODE LETTER - U						
1 DATA AND ADMIN FUNCTIONS	V	NURSING ADMINISTRATION	13	115,988		1
2 PHARMACY			15	48,262		2
3 SUBPROVIDER - IRF			41	35,580		3
4 LABORATORY			60	48,241		4
5 PHYSICAL THERAPY			66	404,839		5
6 SPEECH PATHOLOGY			68	133,520		6
7 IFCC			91.01	186,657		7
500 TOTAL RECLASSIFICATIONS				973,087		500
CODE LETTER - V						
1 OB HOUSE STAFF	W	I&R SERVICES-NOT APPRVD PRGM	100		915,748	1
2 I&R SERVICES-NOT APPRVD PRGM			100	150,523		2
500 TOTAL RECLASSIFICATIONS				150,523	915,748	500
CODE LETTER - W						
GRAND TOTAL (DECREASES)				18,832,571	30,526,970	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	18,354,250					18,354,250		1
2 LAND IMPROVEMENTS	11,004,343	891,002		891,002		11,895,345	5,545,550	2
3 BUILDINGS AND FIXTURES	211,307,251	8,086,762		8,086,762		219,394,013	80,346,009	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	170,340,793	8,602,595		8,602,595		178,943,388	69,402,361	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	411,006,637	17,580,359		17,580,359		428,586,996	155,293,920	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	411,006,637	17,580,359		17,580,359		428,586,996	155,293,920	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	5,122,212						5,122,212
2 CAP REL COSTS-MVBLE EQUIP	10,686,047						10,686,047
3 TOTAL (SUM OF LINES 1-2)	15,808,259						15,808,259

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS OF GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
							(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT							
2 CAP REL COSTS-MVBLE EQUIP							
3 TOTAL (SUM OF LINES 1-2)							

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	5,019,330		-1,201,266				3,818,064
2 CAP REL COSTS-MVBLE EQUIP	10,686,047						10,686,047
3 TOTAL	15,705,377		-1,201,266				14,504,111

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-BUILDINGS & FIXTURES (CHAPTER 2)	B	-102,882	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-66,401	ADMINISTRATIVE & GENERAL	5	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	B	-115,724	OPERATION OF PLANT	7	10 11
9 PARKING LOT (CHAPTER 21)	WKST				12
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,758,726			13
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	WKST				14
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	A-8-1	3,630,181			15
13 LAUNDRY AND LINEN SERVICE	B	-1,110,104	CAFETERIA	11	16
14 CAFETERIA - EMPLOYEES AND GUESTS					17
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					18
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					19
17 SALE OF DRUGS TO OTHER THAN PATIENTS					20
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					21
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					22
20 VENDING MACHINES					23
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					24
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					25
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	26
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	27
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	A-8-3				28
26 DEPRECIATION--BUILDINGS & FIXTURES			UTILIZATION REVIEW-SNF	114	29
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-BLDG & FIXT	1	30
28 NON-PHYSICIAN ANESTHETIST			CAP REL COSTS-MVBLE EQUIP	2	31
29 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19	32
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST				33
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	A-8-3		OCCUPATIONAL THERAPY	67	34
32 CAH HIT ADJ FOR DEPRECIATION AND	WKST		SPEECH PATHOLOGY	68	35
33					36
34 MISCELLANEOUS INCOME	B	-952,482	ADMINISTRATIVE & GENERAL	5	37
34.06 DAY CARE CENTER	B	-628,564	ADMINISTRATIVE & GENERAL	5	38
34.08 EMS FEES	B	-180,387	PARAMED ED PRGM-EMS	23.01	39
34.09 DIETARY TUITION REVENUE	B	-69,329	PARAMED ED PRGM-DIETETICS	23.02	40
35 BAD DEBT EXPENSE	A	-300,825	HOME HEALTH AGENCY	101	41
35.19 POB DEPT RENTAL-RETINAL	A	-50,000	RETINAL VASCULAR	90.03	42
35.20 POB DEPT RENTALCARDIAC REHAB	A	-37,019	CARDIAC REHABILITATION	76.97	43
35.21 POB DEPARTMENTAL RENTAL	A	-124,304	ADMINISTRATIVE & GENERAL	5	44
35.22 CRNA SALARIES	A	-714,843	ANESTHESIOLOGY	53	45
35.23 PATIENT PHONE BENEFITS	A	-11,534	EMPLOYEE BENEFITS	4	46
35.24 POB DEPARTMENTAL RENTAL	A	-24,633	INFUSION THERAPY	73.01	47
35.25 POB RENTAL	A	-20,079	RADIOLOGY-DIAGNOSTIC	54	48
35.26 POB RENTAL	A	-5,700	MEDICAL RECORDS & LIBRARY	16	49
35.41 OTHER INCOME	B	-72	NURSING ADMINISTRATION	13	50
35.43 OTHER INCOME	B	-15,875	SPEECH PATHOLOGY	68	51
35.44 OTHER INCOME	B	-922,656	LABORATORY	60	52
35.47 OTHER INCOME	B	-1,996,913	IFCC	91.01	53
35.48 OTHER INCOME	B	-160,824	CARDIAC REHABILITATION	76.97	54
35.49 OTHER INCOME	B	-540	SUBPROVIDER - IPF	40	55
35.50 OTHER INCOME	B	-152,654	ANESTHESIOLOGY	53	56
35.51 OTHER INCOME	B	-3,734	RADIOLOGY-DIAGNOSTIC	54	57
35.52 OTHER INCOME	B	-590,844	MEDICAL RECORDS & LIBRARY	16	58
35.53 OTHER INCOME	B	-12,587	CENTRAL SERVICES & SUPPLY	14	59
35.54 OTHER INCOME	B	-3,362	ADULTS & PEDIATRICS	30	60
36 NON-ALLOWABLE DUES	A	-39,989	ADMINISTRATIVE & GENERAL	5	61
37 NON ALLOWABLE EXPENSES	A	-1,133,668	ADMINISTRATIVE & GENERAL	5	62
37.02 NON ALLOWABLE EXPENSES	A	-62,825	PHYSICAL THERAPY	66	63
37.03 NON ALLOWABLE EXPENSES	A	-7,800	LABORATORY	60	64

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2011.10
 04/02/2012 09:22

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	
37.04 NON ALLOWABLE EXPENSES	A	-124,756	IFCC	91.01	37.04
38 ICOR PROPERTY TAX	A	-29,700	PHYSICAL THERAPY	66	38
39 NON-ALLOWABLE INTEREST EXPENSE-	A	-751,387	CAP REL COSTS-BLDG & FIXT	1	11 39
40					40
41 IFCC REAL ESTATE TAXES	A	-1,065,300	IFCC	91.01	41
42 INVESTMENT FEES IN NONOPERATING	A	363,657	ADMINISTRATIVE & GENERAL	5	42
43 ASSET RELIVING	A	2,787,850	CAP REL COSTS-BLDG & FIXT	1	11 43
43.01 HHA RENTAL	A	-60,308	HOME HEALTH AGENCY	101	43.01
44 INTER CO RENTAL	A	-18,000	HOSPICE	116	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,645,642			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	1	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL	274,415		11
2					274,415	2
3	5	ADMINISTRATIVE & GENERAL	MANAGEMENT SERVICES	8,489,062	5,133,296	3
4					3,355,766	4
5		TOTALS (SUM OF LINES 1-4)		8,763,477	5,133,296	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.			3,630,181	

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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6						6
7	B	100.00	INGALLS HLTH SYS		ACUTE CARE	7
8	C		INGALLS HOME CARE	100.00	HOME CARE	8
9						9
10						10

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

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	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	5 ADMINISTRATIVE & GENERAL	1,517,949		1,517,949	165,600	10,120	805,708	40,285	1
2	16 MEDICAL RECORDS & LIBRAR	39,075		39,075	165,600	261	20,780	1,039	2
3	23.01 PARAMED ED PRGM-EMS	90,600		90,600	208,000	604	60,400	3,020	3
4	30 ADULTS & PEDIATRICS	50		50	165,600	1	80	4	4
5	4 EMPLOYEE BENEFITS	3,811		3,811	165,600	25	1,990	100	5
6	41 SUBPROVIDER - IRF	34,050		34,050	208,000	227	22,700	1,135	6
7	43 NURSERY CHILDRENS	497,825		497,825	208,000	3,319	331,900	16,595	7
8	50 OPERATING ROOM AGGREGATE	314,900	314,900		208,000				8
9	53 ANESTHESIOLOGY AGGREGATE	266,671	266,671		208,000				9
10	54 RADIOLOGY-DIAGNOSTIC AGGREGATE	579,438	536,388	43,050	165,600	287	22,850	1,143	10
11	65 RESPIRATORY THERAPY VARIOUS	26,025		26,025	208,000	174	17,400	870	11
12	69 ELECTROCARDIOLOGY	63,750		63,750	208,000	425	42,500	2,125	12
13	76.97 CARDIAC REHABILITATION	12,450		12,450	208,000	83	8,300	415	13
14	70 ELECTROENCEPHALOGRAPHY AGGREGATE	37,063	37,063		208,000				14
15	73.01 INFUSION THERAPY	450		450	208,000	3	300	15	15
16	90.03 RETINAL VASCULAR	36,000		36,000	208,000	240	24,000	1,200	16
17	91 EMERGENCY VARIOUS	507,157	507,157		225,300				17
18	91.01 IFCC AGGREGATE	1,090,342	1,090,342		225,300				18
200	TOTAL	5,117,606	2,752,521	2,365,085		15,769	1,358,908	67,946	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL			2	805,710	712,239	712,239	1
2	16	MEDICAL RECORDS & LIBRAR				20,780	18,295	18,295	2
3	23.01	PARAMED ED PRGM-EMS				60,400	30,200	30,200	3
4	30	ADULTS & PEDIATRICS				80			4
5	4	EMPLOYEE BENEFITS				1,990	1,821	1,821	5
6	41	SUBPROVIDER - IRF				22,700	11,350	11,350	6
7	43	NURSERY	CHILDRENS			331,900	165,925	165,925	7
8	50	OPERATING ROOM	AGGREGATE					314,900	8
9	53	ANESTHESIOLOGY	AGGREGATE					266,671	9
10	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE			22,850	20,200	556,588	10
11	65	RESPIRATORY THERAPY	VARIOUS			17,400	8,625	8,625	11
12	69	ELECTROCARDIOLOGY				42,500	21,250	21,250	12
13	76.97	CARDIAC REHABILITATION				8,300	4,150	4,150	13
14	70	ELECTROENCEPHALOGRAPHY	AGGREGATE					37,063	14
15	73.01	INFUSION THERAPY				300	150	150	15
16	90.03	RETINAL VASCULAR				24,000	12,000	12,000	16
17	91	EMERGENCY	VARIOUS					507,157	17
18	91.01	IFCC	AGGREGATE					1,090,342	18
200		TOTAL			2	1,358,910	1,006,205	3,758,726	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP-REL COSTS BLDG&FIXT 1	NEW CAP-REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	3,818,064	3,818,064				1
2 CAP REL COSTS-MVBLE EQUIP	10,686,047		10,686,047			2
4 EMPLOYEE BENEFITS	24,643,733	20,669	984	24,665,386		4
5 ADMINISTRATIVE & GENERAL	56,821,632	1,168,235	2,671,905	2,557,473	63,219,245	5
6 MAINTENANCE & REPAIRS	3,715,145	97,594	7,512		3,820,251	6
7 OPERATION OF PLANT	6,727,889	277,826	113,036	610,551	7,729,302	7
8 LAUNDRY & LINEN SERVICE	1,160,936	19,140	1,592	21,625	1,203,293	8
9 HOUSEKEEPING	3,354,359	22,700	21,085	284,352	3,682,496	9
10 DIETARY	2,765,634	69,654	23,722	170,037	3,029,047	10
11 CAFETERIA	824,152	33,243	1,106	176,516	1,035,017	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,547,086	13,486	91,208	575,000	3,226,780	13
14 CENTRAL SERVICES & SUPPLY	810,287	25,134	29,153	59,630	924,204	14
15 PHARMACY	3,036,078	36,280	283,702	744,739	4,100,799	15
16 MEDICAL RECORDS & LIBRARY	3,007,500	53,378	14,386	666,836	3,742,100	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	715,587	12,109	10,636	206,239	944,571	23.01
23.02 PARAMED ED PRGM-DIETETICS	35,854	3,926		16,341	56,121	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,560,854	691,924	395,972	5,357,677	34,006,427	30
31 INTENSIVE CARE UNIT	4,197,148	66,597	239,243	906,164	5,409,152	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	2,182,434	20,909	2,179	231,081	2,436,603	40
41 SUBPROVIDER - IRF	3,464,599	264,560	2,803	794,494	4,526,456	41
43 NURSERY	1,265,707	31,149	74,124	223,604	1,594,584	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,396,263	231,657	582,464	1,073,838	12,284,222	50
51 RECOVERY ROOM	781,232	17,417	28,069	177,765	1,004,483	51
53 ANESTHESIOLOGY	229,362	2,256	116,933	198,569	547,120	53
54 RADIOLOGY-DIAGNOSTIC	4,249,942	137,612	1,138,136	908,104	6,433,794	54
54.01 ULTRASOUND	1,140,600	14,936	171,086	281,334	1,607,956	54.01
54.02 SPECIAL PROCEDURES	2,491,088	9,596	142,408	254,102	2,897,194	54.02
56 RADIOISOTOPE	1,052,578	10,078	178,585	93,629	1,334,870	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	861,586	10,758	221,835	155,162	1,249,341	57
58 MAGNETIC RESONANCE IMAGING (MRI)	747,183	28,411	527,881	151,223	1,454,698	58
59 CARDIAC CATHETERIZATION	2,066,712	19,213	696,457	172,652	2,955,034	59
60 LABORATORY	8,359,814	72,094	127,180	1,231,399	9,790,487	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,048,637	2,748	3,308	87,917	2,142,610	63
65 RESPIRATORY THERAPY	1,961,270	8,633	65,396	397,222	2,432,521	65
65.01 PULMONARY FUNCTION	51,026	4,157	5,971	12,351	73,505	65.01
66 PHYSICAL THERAPY	4,462,318	33,364	55,264	905,068	5,456,014	66
67 OCCUPATIONAL THERAPY	970,441	5,539	6,706	138,612	1,121,298	67
68 SPEECH PATHOLOGY	256,687	3,790	17,056	69,270	346,803	68
69 ELECTROCARDIOLOGY	999,026	19,642	236,885	222,081	1,477,634	69
70 ELECTROENCEPHALOGRAPHY	98,885	10,685		21,221	130,791	70
70.01 SLEEP LAB	134,577			29,823	164,400	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	93,756				93,756	71
72 IMPL. DEV. CHARGED TO PATIENT	14,023,216				14,023,216	72
73 DRUGS CHARGED TO PATIENTS	8,006,329				8,006,329	73
73.01 INFUSION THERAPY	566,614	8,135	19,765	110,995	705,509	73.01
74 RENAL DIALYSIS	853,495	9,429	2,775	27,559	893,258	74
76.97 CARDIAC REHABILITATION	588,669	10,675	42,429	137,857	779,630	76.97
76.98 HYPERBARIC OXYGEN THERAPY	827,749			120,974	948,723	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,340,862	73,287	3,244	108,183	1,525,576	90.02
90.03 RETINAL VASCULAR	285,299	56,770	40,711	50,598	433,378	90.03
91 EMERGENCY	4,606,742	49,064	45,844	813,497	5,515,147	91
91.01 IFCC	17,013,518		2,225,311	3,104,199	22,343,028	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
100 I&R SERVICES-NOT APPRVD PRGM	30,000			7,823	37,823	100
101 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	12,074,040	32,359			12,106,399	101
116 HOSPICE	3,293,403				3,293,403	116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	270,303,644	3,810,818	10,686,047	24,665,386	270,296,398	118
192 PHYSICIANS' PRIVATE OFFICES	2,410,744				2,410,744	192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY		4,628			4,628	192.02
192.03 RETINAL VASCULAR GRANTS		2,618			2,618	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	272,714,388	3,818,064	10,686,047	24,665,386	272,714,388	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	63,219,245					5
6 MAINTENANCE & REPAIRS	1,152,837	4,973,088				6
7 OPERATION OF PLANT	2,332,471	545,770	10,607,543			7
8 LAUNDRY & LINEN SERVICE	363,118	37,599	90,084	1,694,094		8
9 HOUSEKEEPING	1,111,267	44,592	106,840		4,945,195	9
10 DIETARY	914,076	136,831	327,837		155,727	10
11 CAFETERIA	312,337	65,304	156,465		74,323	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	973,745	26,492	63,473		30,151	13
14 CENTRAL SERVICES & SUPPLY	278,897	49,374	118,297	3,483	56,193	14
15 PHARMACY	1,237,498	71,269	170,756		81,112	15
16 MEDICAL RECORDS & LIBRARY	1,129,254	104,857	251,231		119,338	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	285,043	23,787	56,993		27,072	23.01
23.02 PARAMED ED PRGM-DIETETICS	16,936	7,713	18,480		8,778	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,262,013	1,359,236	3,256,633	829,427	1,546,947	30
31 INTENSIVE CARE UNIT	1,632,320	130,825	313,447	100,692	148,892	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	735,294	41,075	98,413	33,350	46,747	40
41 SUBPROVIDER - IRF	1,365,949	519,710	1,245,188	87,831	591,482	41
43 NURSERY	481,198	61,191	146,609	21,763	69,641	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,707,010	455,074	1,090,325	191,251	517,920	50
51 RECOVERY ROOM	303,123	34,215	81,978	21,906	38,941	51
53 ANESTHESIOLOGY	165,104	4,432	10,620		5,045	53
54 RADIOLOGY-DIAGNOSTIC	1,941,526	270,329	647,690	54,411	307,662	54
54.01 ULTRASOUND	485,233	29,341	70,298	26,428	33,393	54.01
54.02 SPECIAL PROCEDURES	874,286	18,851	45,165	3,304	21,454	54.02
56 RADIOISOTOPE	402,824	19,797	47,432	5,344	22,531	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	377,014	21,134	50,635	23,089	24,053	57
58 MAGNETIC RESONANCE IMAGING (MRI)	438,984	55,812	133,722	11,072	63,520	58
59 CARDIAC CATHETERIZATION	891,741	37,743	90,429	3,272	42,955	59
60 LABORATORY	2,954,475	141,623	339,319		161,181	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	646,575	5,399	12,936		6,145	63
65 RESPIRATORY THERAPY	734,062	16,959	40,632		19,301	65
65.01 PULMONARY FUNCTION	22,182	8,166	19,564		9,293	65.01
66 PHYSICAL THERAPY	1,646,461	65,541	157,031	39,956	74,592	66
67 OCCUPATIONAL THERAPY	338,374	10,881	26,069		12,383	67
68 SPEECH PATHOLOGY	104,655	7,446	17,839		8,474	68
69 ELECTROCARDIOLOGY	445,906	38,586	92,450	17,834	43,915	69
70 ELECTROENCEPHALOGRAPHY	39,469	20,990	50,290	2,764	23,889	70
70.01 SLEEP LAB	49,611					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	28,293					71
72 IMPL. DEV. CHARGED TO PATIENT	4,231,786					72
73 DRUGS CHARGED TO PATIENTS	2,416,070					73
73.01 INFUSION THERAPY	212,901	15,982	38,291	4,414	18,189	73.01
74 RENAL DIALYSIS	269,558	18,522	44,377	9,309	21,080	74
76.97 CARDIAC REHABILITATION	235,269	20,969	50,241	403	23,865	76.97
76.98 HYPERBARIC OXYGEN THERAPY	286,296					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	460,373	143,968	344,937	20,317	163,850	90.02
90.03 RETINAL VASCULAR	130,780	111,521	267,197		126,923	90.03
91 EMERGENCY	1,664,306	96,383	230,927	182,474	109,694	91
91.01 IFCC	6,742,456					91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM	11,414					100
101 HOME HEALTH AGENCY	3,653,348	63,566	152,301		72,345	101

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COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	993,850					116
118 SUBTOTALS (SUM OF LINES 1-117)	62,489,568	4,958,855	10,573,441	1,694,094	4,928,996	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	727,490					192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	1,397	9,091	21,782		10,347	192.02
192.03 RETINAL VASCULAR GRANTS	790	5,142	12,320		5,852	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	63,219,245	4,973,088	10,607,543	1,694,094	4,945,195	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	4,563,518					10
11 CAFETERIA		1,643,446				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		63,416	4,384,057			13
14 CENTRAL SERVICES & SUPPLY		10,822		1,441,270		14
15 PHARMACY		54,468			5,715,902	15
16 MEDICAL RECORDS & LIBRARY		77,661				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS		61,435	295,085	57		23.01
23.02 PARAMED ED PRGM-DIETETICS		8,628				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,473,857	520,077	2,498,039	57,362	11,343	30
31 INTENSIVE CARE UNIT	309,633	75,207	361,233	14,766	546	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	180,185	13,275	63,764	18		40
41 SUBPROVIDER - IRF	541,941	78,638		7,171	802	41
43 NURSERY		16,229	77,950	1,453		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		109,629	526,573	221,315	5,609	50
51 RECOVERY ROOM		11,931	57,308	3,361	207	51
53 ANESTHESIOLOGY		8,128	39,039	9,750		53
54 RADIOLOGY-DIAGNOSTIC		103,874		3,897	30,303	54
54.01 ULTRASOUND		19,943		1,496	13	54.01
54.02 SPECIAL PROCEDURES		19,821		78,665	45,884	54.02
56 RADIOISOTOPE		6,863		24,408	915,264	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		12,154		7,424	4,203	57
58 MAGNETIC RESONANCE IMAGING (MRI)		13,277		4,961		58
59 CARDIAC CATHETERIZATION		8,368		46,526	91,801	59
60 LABORATORY		143,181		100,148	891,489	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		7,875		6,053	52,386	63
65 RESPIRATORY THERAPY		38,931		12,320	30	65
65.01 PULMONARY FUNCTION		1,142		24		65.01
66 PHYSICAL THERAPY				9,650	16,835	66
67 OCCUPATIONAL THERAPY				80		67
68 SPEECH PATHOLOGY				84		68
69 ELECTROCARDIOLOGY		16,909		2,018		69
70 ELECTROENCEPHALOGRAPHY		2,349		42		70
70.01 SLEEP LAB		2,812		659		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				9,798		71
72 IMPL. DEV. CHARGED TO PATIENT				431,811		72
73 DRUGS CHARGED TO PATIENTS				286,521	3,240,545	73
73.01 INFUSION THERAPY		9,747		3,398	1,716	73.01
74 RENAL DIALYSIS		1,985		2,396		74
76.97 CARDIAC REHABILITATION		12,157		352	2,345	76.97
76.98 HYPERBARIC OXYGEN THERAPY		8,255		4,081	7,165	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	28,945	13,251	63,649			90.02
90.03 RETINAL VASCULAR		7,435			3,021	90.03
91 EMERGENCY	28,957	83,573	401,417	36,915	177	91
91.01 IFCC				52,290	394,218	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101

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COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	4,563,518	1,643,446	4,384,057	1,441,270	5,715,902	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,563,518	1,643,446	4,384,057	1,441,270	5,715,902	202

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	5,424,441				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-EMS		1,694,043			23.01
23.02 PARAMED ED PRGM-DIETETICS			116,656		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	2,316,783	225,872	88,801	60,452,817	30
31 INTENSIVE CARE UNIT	218,774	169,404	7,915	8,892,806	31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF	118,082		4,606	3,771,412	40
41 SUBPROVIDER - IRF	350,466		13,854	9,329,488	41
43 NURSERY	116,852			2,587,470	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	293,971	56,468		19,459,367	50
51 RECOVERY ROOM	20,914			1,578,367	51
53 ANESTHESIOLOGY	49,745			838,983	53
54 RADIOLOGY-DIAGNOSTIC	136,314			9,929,800	54
54.01 ULTRASOUND	51,384			2,325,485	54.01
54.02 SPECIAL PROCEDURES	91,640			4,096,264	54.02
56 RADIOISOTOPE	42,639			2,821,972	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	173,794			1,942,841	57
58 MAGNETIC RESONANCE IMAGING (MRI)	55,805			2,231,851	58
59 CARDIAC CATHETERIZATION	61,640			4,229,509	59
60 LABORATORY	452,144			14,974,047	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	26,923			2,906,902	63
65 RESPIRATORY THERAPY	50,952	56,468		3,402,176	65
65.01 PULMONARY FUNCTION	3,734			137,610	65.01
66 PHYSICAL THERAPY	147,454			7,613,534	66
67 OCCUPATIONAL THERAPY	45,591			1,554,676	67
68 SPEECH PATHOLOGY	21,087			506,388	68
69 ELECTROCARDIOLOGY	96,039	56,468		2,287,759	69
70 ELECTROENCEPHALOGRAPHY	3,883			274,467	70
70.01 SLEEP LAB				217,482	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,071			146,918	71
72 IMPL. DEV. CHARGED TO PATIENT				18,686,813	72
73 DRUGS CHARGED TO PATIENTS	193,979			14,143,444	73
73.01 INFUSION THERAPY				1,010,147	73.01
74 RENAL DIALYSIS				1,260,485	74
76.97 CARDIAC REHABILITATION				1,125,231	76.97
76.98 HYPERBARIC OXYGEN THERAPY				1,254,520	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	25,133		740	2,790,739	90.02
90.03 RETINAL VASCULAR	3,829			1,084,084	90.03
91 EMERGENCY	239,819	1,129,363	740	9,719,892	91
91.01 IFCC				29,531,992	91.01
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
100 I&R SERVICES-NOT APPRVD PRGM				49,237	100
101 HOME HEALTH AGENCY				16,047,959	101

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WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				4,287,253	116
118 SUBTOTALS (SUM OF LINES 1-117)	5,424,441	1,694,043	116,656	269,502,187	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES				3,138,234	192
192.01 REFERENCE LAB					192.01
192.02 O/P PHARMACY				47,245	192.02
192.03 RETINAL VASCULAR GRANTS				26,722	192.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	5,424,441	1,694,043	116,656	272,714,388	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
23.01	PARAMED ED PRGM-EMS		23.01
23.02	PARAMED ED PRGM-DIETETICS		23.02
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	60,452,817	30
31	INTENSIVE CARE UNIT	8,892,806	31
32	CORONARY CARE UNIT		32
40	SUBPROVIDER - IPF	3,771,412	40
41	SUBPROVIDER - IRF	9,329,488	41
43	NURSERY	2,587,470	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	19,459,367	50
51	RECOVERY ROOM	1,578,367	51
53	ANESTHESIOLOGY	838,983	53
54	RADIOLOGY-DIAGNOSTIC	9,929,800	54
54.01	ULTRASOUND	2,325,485	54.01
54.02	SPECIAL PROCEDURES	4,096,264	54.02
56	RADIOISOTOPE	2,821,972	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,942,841	57
58	MAGNETIC RESONANCE IMAGING (MRI)	2,231,851	58
59	CARDIAC CATHETERIZATION	4,229,509	59
60	LABORATORY	14,974,047	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,906,902	63
65	RESPIRATORY THERAPY	3,402,176	65
65.01	PULMONARY FUNCTION	137,610	65.01
66	PHYSICAL THERAPY	7,613,534	66
67	OCCUPATIONAL THERAPY	1,554,676	67
68	SPEECH PATHOLOGY	506,388	68
69	ELECTROCARDIOLOGY	2,287,759	69
70	ELECTROENCEPHALOGRAPHY	274,467	70
70.01	SLEEP LAB	217,482	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	146,918	71
72	IMPL. DEV. CHARGED TO PATIENT	18,686,813	72
73	DRUGS CHARGED TO PATIENTS	14,143,444	73
73.01	INFUSION THERAPY	1,010,147	73.01
74	RENAL DIALYSIS	1,260,485	74
76.97	CARDIAC REHABILITATION	1,125,231	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,254,520	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.02	PSYCH ANCILLARY	2,790,739	90.02
90.03	RETINAL VASCULAR	1,084,084	90.03
91	EMERGENCY	9,719,892	91
91.01	IFCC	29,531,992	91.01
92	OBSERVATION BEDS		92
92.01	OBSERVATION BEDS-DISTINCT		92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
100	I&R SERVICES-NOT APPRVD PRGM	49,237	100
101	HOME HEALTH AGENCY	16,047,959	101

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
	SPECIAL PURPOSE COST CENTERS		
116	HOSPICE	4,287,253	116
118	SUBTOTALS (SUM OF LINES 1-117)	269,502,187	118
	NONREIMBURSABLE COST CENTERS		
192	PHYSICIANS' PRIVATE OFFICES	3,138,234	192
192.01	REFERENCE LAB		192.01
192.02	O/P PHARMACY	47,245	192.02
192.03	RETINAL VASCULAR GRANTS	26,722	192.03
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	272,714,388	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		20,669	984	21,653	21,653	4
5 ADMINISTRATIVE & GENERAL		1,168,235	2,671,905	3,840,140	2,246	5
6 MAINTENANCE & REPAIRS		97,594	7,512	105,106		6
7 OPERATION OF PLANT		277,826	113,036	390,862	536	7
8 LAUNDRY & LINEN SERVICE		19,140	1,592	20,732	19	8
9 HOUSEKEEPING		22,700	21,085	43,785	250	9
10 DIETARY		69,654	23,722	93,376	149	10
11 CAFETERIA		33,243	1,106	34,349	155	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		13,486	91,208	104,694	505	13
14 CENTRAL SERVICES & SUPPLY	267,289	25,134	29,153	321,576	52	14
15 PHARMACY		36,280	283,702	319,982	654	15
16 MEDICAL RECORDS & LIBRARY		53,378	14,386	67,764	586	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS		12,109	10,636	22,745	181	23.01
23.02 PARAMED ED PRGM-DIETETICS		3,926		3,926	14	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		691,924	395,972	1,087,896	4,699	30
31 INTENSIVE CARE UNIT		66,597	239,243	305,840	796	31
32 CORONARY CARE UNIT	1,950			1,950		32
40 SUBPROVIDER - IPF		20,909	2,179	23,088	203	40
41 SUBPROVIDER - IRF		264,560	2,803	267,363	698	41
43 NURSERY		31,149	74,124	105,273	196	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		231,657	582,464	814,121	943	50
51 RECOVERY ROOM		17,417	28,069	45,486	156	51
53 ANESTHESIOLOGY		2,256	116,933	119,189	174	53
54 RADIOLOGY-DIAGNOSTIC		137,612	1,138,136	1,275,748	798	54
54.01 ULTRASOUND		14,936	171,086	186,022	247	54.01
54.02 SPECIAL PROCEDURES		9,596	142,408	152,004	223	54.02
56 RADIOISOTOPE		10,078	178,585	188,663	82	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		10,758	221,835	232,593	136	57
58 MAGNETIC RESONANCE IMAGING (MRI)		28,411	527,881	556,292	133	58
59 CARDIAC CATHETERIZATION		19,213	696,457	715,670	152	59
60 LABORATORY		72,094	127,180	199,274	1,081	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		2,748	3,308	6,056	77	63
65 RESPIRATORY THERAPY	7,485	8,633	65,396	81,514	349	65
65.01 PULMONARY FUNCTION		4,157	5,971	10,128	11	65.01
66 PHYSICAL THERAPY		33,364	55,264	88,628	795	66
67 OCCUPATIONAL THERAPY		5,539	6,706	12,245	122	67
68 SPEECH PATHOLOGY		3,790	17,056	20,846	61	68
69 ELECTROCARDIOLOGY		19,642	236,885	256,527	195	69
70 ELECTROENCEPHALOGRAPHY		10,685		10,685	19	70
70.01 SLEEP LAB					26	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 INFUSION THERAPY		8,135	19,765	27,900	97	73.01
74 RENAL DIALYSIS		9,429	2,775	12,204	24	74
76.97 CARDIAC REHABILITATION		10,675	42,429	53,104	121	76.97
76.98 HYPERBARIC OXYGEN THERAPY					106	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY		73,287	3,244	76,531	95	90.02
90.03 RETINAL VASCULAR		56,770	40,711	97,481	44	90.03
91 EMERGENCY		49,064	45,844	94,908	714	91
91.01 IFCC			2,225,311	2,225,311	2,726	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM					7	100
101 HOME HEALTH AGENCY		32,359		32,359		101

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4
SPECIAL PURPOSE COST CENTERS						
116	HOSPICE					116
118	SUBTOTALS (SUM OF LINES 1-117)	276,724	3,810,818	10,686,047	14,773,589	21,653
NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES					192
192.01	REFERENCE LAB					192.01
192.02	O/P PHARMACY		4,628		4,628	192.02
192.03	RETINAL VASCULAR GRANTS		2,618		2,618	192.03
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	276,724	3,818,064	10,686,047	14,780,835	21,653

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	3,842,386					5
6 MAINTENANCE & REPAIRS	70,067	175,173				6
7 OPERATION OF PLANT	141,763	19,224	552,385			7
8 LAUNDRY & LINEN SERVICE	22,070	1,324	4,691	48,836		8
9 HOUSEKEEPING	67,541	1,571	5,564		118,711	9
10 DIETARY	55,556	4,820	17,072		3,738	10
11 CAFETERIA	18,983	2,300	8,148		1,784	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	59,182	933	3,305		724	13
14 CENTRAL SERVICES & SUPPLY	16,951	1,739	6,160	100	1,349	14
15 PHARMACY	75,213	2,510	8,892		1,947	15
16 MEDICAL RECORDS & LIBRARY	68,634	3,694	13,083		2,865	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	17,324	838	2,968		650	23.01
23.02 PARAMED ED PRGM-DIETETICS	1,029	272	962		211	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	623,747	47,881	169,588	23,910	37,135	30
31 INTENSIVE CARE UNIT	99,209	4,608	16,323	2,903	3,574	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	44,690	1,447	5,125	961	1,122	40
41 SUBPROVIDER - IRF	83,020	18,306	64,843	2,532	14,199	41
43 NURSERY	29,246	2,155	7,635	627	1,672	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	225,305	16,030	56,778	5,513	12,433	50
51 RECOVERY ROOM	18,423	1,205	4,269	632	935	51
53 ANESTHESIOLOGY	10,035	156	553		121	53
54 RADIOLOGY-DIAGNOSTIC	118,002	9,522	33,728	1,569	7,386	54
54.01 ULTRASOUND	29,492	1,034	3,661	762	802	54.01
54.02 SPECIAL PROCEDURES	53,137	664	2,352	95	515	54.02
56 RADIOISOTOPE	24,483	697	2,470	154	541	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22,914	744	2,637	666	577	57
58 MAGNETIC RESONANCE IMAGING (MRI)	26,681	1,966	6,964	319	1,525	58
59 CARDIAC CATHETERIZATION	54,198	1,329	4,709	94	1,031	59
60 LABORATORY	179,567	4,989	17,670		3,869	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	39,298	190	674		148	63
65 RESPIRATORY THERAPY	44,615	597	2,116		463	65
65.01 PULMONARY FUNCTION	1,348	288	1,019		223	65.01
66 PHYSICAL THERAPY	100,069	2,309	8,177	1,152	1,791	66
67 OCCUPATIONAL THERAPY	20,566	383	1,358		297	67
68 SPEECH PATHOLOGY	6,361	262	929		203	68
69 ELECTROCARDIOLOGY	27,101	1,359	4,814	514	1,054	69
70 ELECTROENCEPHALOGRAPHY	2,399	739	2,619	80	573	70
70.01 SLEEP LAB	3,015					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,720					71
72 IMPL. DEV. CHARGED TO PATIENT	257,200					72
73 DRUGS CHARGED TO PATIENTS	146,844					73
73.01 INFUSION THERAPY	12,940	563	1,994	127	437	73.01
74 RENAL DIALYSIS	16,383	652	2,311	268	506	74
76.97 CARDIAC REHABILITATION	14,299	739	2,616	12	573	76.97
76.98 HYPERBARIC OXYGEN THERAPY	17,401					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	27,981	5,071	17,962	586	3,933	90.02
90.03 RETINAL VASCULAR	7,949	3,928	13,914		3,047	90.03
91 EMERGENCY	101,153	3,395	12,025	5,260	2,633	91
91.01 IFCC	409,793					91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM	694					100
101 HOME HEALTH AGENCY	222,043	2,239	7,931		1,737	101

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINI- STRATIVE & GENERAL 5	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY AND LINEN SERVICE 8	HOUSE- KEEPING 9	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	60,404					116
118 SUBTOTALS (SUM OF LINES 1-117)	3,798,038	174,672	550,609	48,836	118,323	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	44,215					192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	85	320	1,134		248	192.02
192.03 RETINAL VASCULAR GRANTS	48	181	642		140	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,842,386	175,173	552,385	48,836	118,711	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	174,711					10
11 CAFETERIA		65,719				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,536	171,879			13
14 CENTRAL SERVICES & SUPPLY		433		348,360		14
15 PHARMACY		2,178			411,376	15
16 MEDICAL RECORDS & LIBRARY		3,106				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS		2,457	11,569	14		23.01
23.02 PARAMED ED PRGM-DIETETICS		345				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,994	20,795	97,937	13,865	816	30
31 INTENSIVE CARE UNIT	11,854	3,007	14,162	3,569	39	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	6,898	531	2,500	4		40
41 SUBPROVIDER - IRF	20,748	3,145		1,733	58	41
43 NURSERY		649	3,056	351		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		4,384	20,644	53,494	404	50
51 RECOVERY ROOM		477	2,247	812	15	51
53 ANESTHESIOLOGY		325	1,531	2,357		53
54 RADIOLOGY-DIAGNOSTIC		4,154		942	2,181	54
54.01 ULTRASOUND		798		362	1	54.01
54.02 SPECIAL PROCEDURES		793		19,014	3,302	54.02
56 RADIOISOTOPE		274		5,900	65,872	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		486		1,794	302	57
58 MAGNETIC RESONANCE IMAGING (MRI)		531		1,199		58
59 CARDIAC CATHETERIZATION		335		11,246	6,607	59
60 LABORATORY		5,726		24,207	64,161	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		315		1,463	3,770	63
65 RESPIRATORY THERAPY		1,557		2,978	2	65
65.01 PULMONARY FUNCTION		46		6		65.01
66 PHYSICAL THERAPY				2,333	1,212	66
67 OCCUPATIONAL THERAPY				19		67
68 SPEECH PATHOLOGY				20		68
69 ELECTROCARDIOLOGY		676		488		69
70 ELECTROENCEPHALOGRAPHY		94		10		70
70.01 SLEEP LAB		112		159		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,368		71
72 IMPL. DEV. CHARGED TO PATIENT				104,365		72
73 DRUGS CHARGED TO PATIENTS				69,255	233,224	73
73.01 INFUSION THERAPY		390		821	123	73.01
74 RENAL DIALYSIS		79		579		74
76.97 CARDIAC REHABILITATION		486		85	169	76.97
76.98 HYPERBARIC OXYGEN THERAPY		330		986	516	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,108	530	2,495			90.02
90.03 RETINAL VASCULAR		297			217	90.03
91 EMERGENCY	1,109	3,342	15,738	8,923	13	91
91.01 IFCC				12,639	28,372	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)	174,711	65,719	171,879	348,360	411,376	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	174,711	65,719	171,879	348,360	411,376	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	159,732				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
23.01 PARAMED ED PRGM-EMS		58,746			23.01
23.02 PARAMED ED PRGM-DIETETICS			6,759		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	68,223			2,329,486	30
31 INTENSIVE CARE UNIT	6,442			472,326	31
32 CORONARY CARE UNIT				1,950	32
40 SUBPROVIDER - IPF	3,477			90,046	40
41 SUBPROVIDER - IRF	10,320			486,965	41
43 NURSERY	3,441			154,301	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	8,656			1,218,705	50
51 RECOVERY ROOM	616			75,273	51
53 ANESTHESIOLOGY	1,465			135,906	53
54 RADIOLOGY-DIAGNOSTIC	4,014			1,458,044	54
54.01 ULTRASOUND	1,513			224,694	54.01
54.02 SPECIAL PROCEDURES	2,698			234,797	54.02
56 RADIOISOTOPE	1,256			290,392	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	5,118			267,967	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,643			597,253	58
59 CARDIAC CATHETERIZATION	1,815			797,186	59
60 LABORATORY	13,314			513,858	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	793			52,784	63
65 RESPIRATORY THERAPY	1,500			135,691	65
65.01 PULMONARY FUNCTION	110			13,179	65.01
66 PHYSICAL THERAPY	4,342			210,808	66
67 OCCUPATIONAL THERAPY	1,342			36,332	67
68 SPEECH PATHOLOGY	621			29,303	68
69 ELECTROCARDIOLOGY	2,828			295,556	69
70 ELECTROENCEPHALOGRAPHY	114			17,332	70
70.01 SLEEP LAB				3,312	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	444			4,532	71
72 IMPL. DEV. CHARGED TO PATIENT				361,565	72
73 DRUGS CHARGED TO PATIENTS	5,712			455,035	73
73.01 INFUSION THERAPY				45,392	73.01
74 RENAL DIALYSIS				33,006	74
76.97 CARDIAC REHABILITATION				72,204	76.97
76.98 HYPERBARIC OXYGEN THERAPY				19,339	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	740			137,032	90.02
90.03 RETINAL VASCULAR	113			126,990	90.03
91 EMERGENCY	7,062			256,275	91
91.01 IFCC				2,678,841	91.01
92 OBSERVATION BEDS					92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
100 I&R SERVICES-NOT APPRVD PRGM				701	100
101 HOME HEALTH AGENCY				266,309	101

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 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				60,404	116
118 SUBTOTALS (SUM OF LINES 1-117)	159,732			14,661,071	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES				44,215	192
192.01 REFERENCE LAB					192.01
192.02 O/P PHARMACY				6,415	192.02
192.03 RETINAL VASCULAR GRANTS				3,629	192.03
200 CROSS FOOT ADJUSTMENTS		58,746	6,759	65,505	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	159,732	58,746	6,759	14,780,835	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5	ADMINISTRATIVE & GENERAL		5
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
23.01	PARAMED ED PRGM-EMS		23.01
23.02	PARAMED ED PRGM-DIETETICS		23.02
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	2,329,486	30
31	INTENSIVE CARE UNIT	472,326	31
32	CORONARY CARE UNIT	1,950	32
40	SUBPROVIDER - IPF	90,046	40
41	SUBPROVIDER - IRF	486,965	41
43	NURSERY	154,301	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,218,705	50
51	RECOVERY ROOM	75,273	51
53	ANESTHESIOLOGY	135,906	53
54	RADIOLOGY-DIAGNOSTIC	1,458,044	54
54.01	ULTRASOUND	224,694	54.01
54.02	SPECIAL PROCEDURES	234,797	54.02
56	RADIOISOTOPE	290,392	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	267,967	57
58	MAGNETIC RESONANCE IMAGING (MRI)	597,253	58
59	CARDIAC CATHETERIZATION	797,186	59
60	LABORATORY	513,858	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	52,784	63
65	RESPIRATORY THERAPY	135,691	65
65.01	PULMONARY FUNCTION	13,179	65.01
66	PHYSICAL THERAPY	210,808	66
67	OCCUPATIONAL THERAPY	36,332	67
68	SPEECH PATHOLOGY	29,303	68
69	ELECTROCARDIOLOGY	295,556	69
70	ELECTROENCEPHALOGRAPHY	17,332	70
70.01	SLEEP LAB	3,312	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,532	71
72	IMPL. DEV. CHARGED TO PATIENT	361,565	72
73	DRUGS CHARGED TO PATIENTS	455,035	73
73.01	INFUSION THERAPY	45,392	73.01
74	RENAL DIALYSIS	33,006	74
76.97	CARDIAC REHABILITATION	72,204	76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,339	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.02	PSYCH ANCILLARY	137,032	90.02
90.03	RETINAL VASCULAR	126,990	90.03
91	EMERGENCY	256,275	91
91.01	IFCC	2,678,841	91.01
92	OBSERVATION BEDS		92
92.01	OBSERVATION BEDS-DISTINCT		92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
100	I&R SERVICES-NOT APPRVD PRGM	701	100
101	HOME HEALTH AGENCY	266,309	101

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WORKSHEET B
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
	SPECIAL PURPOSE COST CENTERS		
116	HOSPICE	60,404	116
118	SUBTOTALS (SUM OF LINES 1-117)	14,661,071	118
	NONREIMBURSABLE COST CENTERS		
192	PHYSICIANS' PRIVATE OFFICES	44,215	192
192.01	REFERENCE LAB		192.01
192.02	O/P PHARMACY	6,415	192.02
192.03	RETINAL VASCULAR GRANTS	3,629	192.03
200	CROSS FOOT ADJUSTMENTS	65,505	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	14,780,835	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	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	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	729,308					1
2 CAP REL COSTS-MVBLE EQUIP		8,201,319				2
4 EMPLOYEE BENEFITS	3,948	755	94,592,360			4
5 ADMINISTRATIVE & GENERAL	223,150	2,050,633	9,807,952	-63,219,245	209,495,143	5
6 MAINTENANCE & REPAIRS	18,642	5,765			3,820,251	6
7 OPERATION OF PLANT	53,069	86,753	2,341,472		7,729,302	7
8 LAUNDRY & LINEN SERVICE	3,656	1,222	82,934		1,203,293	8
9 HOUSEKEEPING	4,336	16,182	1,090,493		3,682,496	9
10 DIETARY	13,305	18,206	652,096		3,029,047	10
11 CAFETERIA	6,350	849	676,941		1,035,017	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,576	70,000	2,205,137		3,226,780	13
14 CENTRAL SERVICES & SUPPLY	4,801	22,374	228,682		924,204	14
15 PHARMACY	6,930	217,735	2,856,086		4,100,799	15
16 MEDICAL RECORDS & LIBRARY	10,196	11,041	2,557,327		3,742,100	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	2,313	8,163	790,932		944,571	23.01
23.02 PARAMED ED PRGM-DIETETICS	750		62,669		56,121	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,168	303,900	20,546,966		34,006,427	30
31 INTENSIVE CARE UNIT	12,721	183,614	3,475,155		5,409,152	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	3,994	1,672	886,199		2,436,603	40
41 SUBPROVIDER - IRF	50,535	2,151	3,046,899		4,526,456	41
43 NURSERY	5,950	56,889	857,524		1,594,584	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,250	447,029	4,118,189		12,284,222	50
51 RECOVERY ROOM	3,327	21,542	681,733		1,004,483	51
53 ANESTHESIOLOGY	431	89,744	761,517		547,120	53
54 RADIOLOGY-DIAGNOSTIC	26,286	873,496	3,482,594		6,433,794	54
54.01 ULTRASOUND	2,853	131,305	1,078,919		1,607,956	54.01
54.02 SPECIAL PROCEDURES	1,833	109,295	974,487		2,897,194	54.02
56 RADIOISOTOPE	1,925	137,060	359,069		1,334,870	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,055	170,254	595,050		1,249,341	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,427	405,138	579,941		1,454,698	58
59 CARDIAC CATHETERIZATION	3,670	534,516	662,125		2,955,034	59
60 LABORATORY	13,771	97,608	4,722,436		9,790,487	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	525	2,539	337,162		2,142,610	63
65 RESPIRATORY THERAPY	1,649	50,190	1,523,352		2,432,521	65
65.01 PULMONARY FUNCTION	794	4,583	47,367		73,505	65.01
66 PHYSICAL THERAPY	6,373	42,414	3,470,951		5,456,014	66
67 OCCUPATIONAL THERAPY	1,058	5,147	531,578		1,121,298	67
68 SPEECH PATHOLOGY	724	13,090	265,651		346,803	68
69 ELECTROCARDIOLOGY	3,752	181,804	851,686		1,477,634	69
70 ELECTROENCEPHALOGRAPHY	2,041		81,382		130,791	70
70.01 SLEEP LAB			114,370		164,400	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					93,756	71
72 IMPL. DEV. CHARGED TO PATIENT					14,023,216	72
73 DRUGS CHARGED TO PATIENTS					8,006,329	73
73.01 INFUSION THERAPY	1,554	15,169	425,668		705,509	73.01
74 RENAL DIALYSIS	1,801	2,130	105,689		893,258	74
76.97 CARDIAC REHABILITATION	2,039	32,563	528,683		779,630	76.97
76.98 HYPERBARIC OXYGEN THERAPY			463,936		948,723	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	13,999	2,490	414,885		1,525,576	90.02
90.03 RETINAL VASCULAR	10,844	31,245	194,044		433,378	90.03
91 EMERGENCY	9,372	35,184	3,119,776		5,515,147	91
91.01 IFCC		1,707,880	11,904,656		22,343,028	91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM			30,000		37,823	100

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		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	2	4	5A	5	
101	HOME HEALTH AGENCY	6,181				12,106,399	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE					3,293,403	116
118	SUBTOTALS (SUM OF LINES 1-117)	727,924	8,201,319	94,592,360	-63,219,245	207,077,153	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES					2,410,744	192
192.01	REFERENCE LAB						192.01
192.02	O/P PHARMACY	884				4,628	192.02
192.03	RETINAL VASCULAR GRANTS	500				2,618	192.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,818,064	10,686,047	24,665,386		63,219,245	202
203	UNIT COST MULT-WS B PT I	5.235187	1.302967	0.260755		0.301770	203
204	COST TO BE ALLOC PER B PT II			21,653		3,842,386	204
205	UNIT COST MULT-WS B PT II			0.000229		0.018341	205

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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)	
		6	7	8	9	10	
101	HOME HEALTH AGENCY	6,181	6,181		6,181		101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	482,184	429,115	1,610,869	421,123	371,925	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	REFERENCE LAB						192.01
192.02	O/P PHARMACY	884	884		884		192.02
192.03	RETINAL VASCULAR GRANTS	500	500		500		192.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	4,973,088	10,607,543	1,694,094	4,945,195	4,563,518	202
203	UNIT COST MULT-WS B PT I	10.284154	24.640111	1.051665	11.704410	12.269995	203
204	COST TO BE ALLOC PER B PT II	175,173	552,385	48,836	118,711	174,711	204
205	UNIT COST MULT-WS B PT II	0.362251	1.283127	0.030317	0.280968	0.469748	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTE'S 0	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,412,700					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	93,099	1,339,963				13
14 CENTRAL SERVICES & SUPPLY	15,888		40,432,651			14
15 PHARMACY	79,963			3,840,952		15
16 MEDICAL RECORDS & LIBRARY	114,012				3,140,725	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 PARAMED ED PRGM-EMS	90,191	90,191	1,586			23.01
23.02 PARAMED ED PRGM-DIETETICS	12,666					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	763,512	763,512	1,609,203	7,622	1,341,407	30
31 INTENSIVE CARE UNIT	110,409	110,409	414,227	367	126,669	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	19,489	19,489	515		68,369	40
41 SUBPROVIDER - IRF	115,447		201,181	539	202,918	41
43 NURSERY	23,825	23,825	40,772		67,657	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	160,944	160,944	6,208,677	3,769	170,208	50
51 RECOVERY ROOM	17,516	17,516	94,275	139	12,109	51
53 ANESTHESIOLOGY	11,932	11,932	273,519		28,802	53
54 RADIOLOGY-DIAGNOSTIC	152,494		109,321	20,363	78,925	54
54.01 ULTRASOUND	29,278		41,962	9	29,751	54.01
54.02 SPECIAL PROCEDURES	29,098		2,206,833	30,833	53,059	54.02
56 RADIOISOTOPE	10,076		684,747	615,036	24,688	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,843		208,269	2,824	100,626	57
58 MAGNETIC RESONANCE IMAGING (MRI)	19,491		139,186		32,311	58
59 CARDIAC CATHETERIZATION	12,285		1,305,229	61,688	35,689	59
60 LABORATORY	210,200		2,809,521	599,060	261,789	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	11,561		169,822	35,202	15,588	63
65 RESPIRATORY THERAPY	57,154		345,613	20	29,501	65
65.01 PULMONARY FUNCTION	1,676		666		2,162	65.01
66 PHYSICAL THERAPY			270,726	11,313	85,375	66
67 OCCUPATIONAL THERAPY			2,240		26,397	67
68 SPEECH PATHOLOGY			2,365		12,209	68
69 ELECTROCARDIOLOGY	24,824		56,599		55,606	69
70 ELECTROENCEPHALOGRAPHY	3,449		1,167		2,248	70
70.01 SLEEP LAB	4,128		18,479			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			274,861		8,726	71
72 IMPL. DEV. CHARGED TO PATIENT			12,113,716			72
73 DRUGS CHARGED TO PATIENTS			8,037,960	2,177,570	112,313	73
73.01 INFUSION THERAPY	14,310		95,324	1,153		73.01
74 RENAL DIALYSIS	2,914		67,220			74
76.97 CARDIAC REHABILITATION	17,847		9,861	1,576		76.97
76.98 HYPERBARIC OXYGEN THERAPY	12,119		114,479	4,815		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	19,454	19,454			14,552	90.02
90.03 RETINAL VASCULAR	10,915			2,030	2,217	90.03
91 EMERGENCY	122,691	122,691	1,035,599	119	138,854	91
91.01 IFCC			1,466,931	264,905		91.01
92 OBSERVATION BEDS						92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRGM						100

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINI- STRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		FTE'S					
		0					
		11	13	14	15	16	
101	HOME HEALTH AGENCY						101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	2,412,700	1,339,963	40,432,651	3,840,952	3,140,725	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	REFERENCE LAB						192.01
192.02	O/P PHARMACY						192.02
192.03	RETINAL VASCULAR GRANTS						192.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,643,446	4,384,057	1,441,270	5,715,902	5,424,441	202
203	UNIT COST MULT-WS B PT I	0.681165	3.271775	0.035646	1.488147	1.727130	203
204	COST TO BE ALLOC PER B PT II	65,719	171,879	348,360	411,376	159,732	204
205	UNIT COST MULT-WS B PT II	0.027239	0.128271	0.008616	0.107103	0.050858	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED	PARAMED ED	
	PROGRAM EMS ASSIGNED TIME	PROGRAM DIETETICS PATIENT MEALS	
	23.01	23.02	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
23.01 PARAMED ED PRGM-EMS	120		23.01
23.02 PARAMED ED PRGM-DIETETICS		371,925	23.02
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	16	283,118	30
31 INTENSIVE CARE UNIT	12	25,235	31
32 CORONARY CARE UNIT			32
40 SUBPROVIDER - IPF		14,685	40
41 SUBPROVIDER - IRF		44,168	41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	4		50
51 RECOVERY ROOM			51
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 SPECIAL PROCEDURES			54.02
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY	4		65
65.01 PULMONARY FUNCTION			65.01
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY	4		69
70 ELECTROENCEPHALOGRAPHY			70
70.01 SLEEP LAB			70.01
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
73.01 INFUSION THERAPY			73.01
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.02 PSYCH ANCILLARY		2,359	90.02
90.03 RETINAL VASCULAR			90.03
91 EMERGENCY	80	2,360	91
91.01 IFCC			91.01
92 OBSERVATION BEDS			92
92.01 OBSERVATION BEDS-DISTINCT			92.01
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
100 I&R SERVICES-NOT APPRVD PRGM			100

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED PROGRAM EMS ASSIGNED TIME	PARAMED ED PROGRAM DIETETICS PATIENT MEALS	
	23.01	23.02	
101 HOME HEALTH AGENCY			101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	120	371,925	118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 REFERENCE LAB			192.01
192.02 O/P PHARMACY			192.02
192.03 RETINAL VASCULAR GRANTS			192.03
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,694,043	116,656	202
203 UNIT COST MULT-WS B PT I	14,117.025000	0.313655	203
204 COST TO BE ALLOC PER B PT II	58,746	6,759	204
205 UNIT COST MULT-WS B PT II	489.550000	0.018173	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	60,452,817		60,452,817		60,452,817	30
31 INTENSIVE CARE UNIT	8,892,806		8,892,806		8,892,806	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	3,771,412		3,771,412		3,771,412	40
41 SUBPROVIDER - IRF	9,329,488		9,329,488	11,350	9,340,838	41
43 NURSERY	2,587,470		2,587,470	165,925	2,753,395	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,459,367		19,459,367		19,459,367	50
51 RECOVERY ROOM	1,578,367		1,578,367		1,578,367	51
53 ANESTHESIOLOGY	838,983		838,983		838,983	53
54 RADIOLOGY-DIAGNOSTIC	9,929,800		9,929,800	20,200	9,950,000	54
54.01 ULTRASOUND	2,325,485		2,325,485		2,325,485	54.01
54.02 SPECIAL PROCEDURES	4,096,264		4,096,264		4,096,264	54.02
56 RADIOISOTOPE	2,821,972		2,821,972		2,821,972	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,942,841		1,942,841		1,942,841	57
58 MAGNETIC RESONANCE IMAGING	2,231,851		2,231,851		2,231,851	58
59 CARDIAC CATHETERIZATION	4,229,509		4,229,509		4,229,509	59
60 LABORATORY	14,974,047		14,974,047		14,974,047	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,906,902		2,906,902		2,906,902	63
65 RESPIRATORY THERAPY	3,402,176		3,402,176	8,625	3,410,801	65
65.01 PULMONARY FUNCTION	137,610		137,610		137,610	65.01
66 PHYSICAL THERAPY	7,613,534		7,613,534		7,613,534	66
67 OCCUPATIONAL THERAPY	1,554,676		1,554,676		1,554,676	67
68 SPEECH PATHOLOGY	506,388		506,388		506,388	68
69 ELECTROCARDIOLOGY	2,287,759		2,287,759	21,250	2,309,009	69
70 ELECTROENCEPHALOGRAPHY	274,467		274,467		274,467	70
70.01 SLEEP LAB	217,482		217,482		217,482	70.01
71 MEDICAL SUPPLIES CHRGD TO	146,918		146,918		146,918	71
72 IMPL. DEV. CHARGED TO PATIE	18,686,813		18,686,813		18,686,813	72
73 DRUGS CHARGED TO PATIENTS	14,143,444		14,143,444		14,143,444	73
73.01 INFUSION THERAPY	1,010,147		1,010,147	150	1,010,297	73.01
74 RENAL DIALYSIS	1,260,485		1,260,485		1,260,485	74
76.97 CARDIAC REHABILITATION	1,125,231		1,125,231	4,150	1,129,381	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,254,520		1,254,520		1,254,520	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	2,790,739		2,790,739		2,790,739	90.02
90.03 RETINAL VASCULAR	1,084,084		1,084,084	12,000	1,096,084	90.03
91 EMERGENCY	9,719,892		9,719,892		9,719,892	91
91.01 IFCC	29,531,992		29,531,992		29,531,992	91.01
92 OBSERVATION BEDS	4,940,618		4,940,618		4,940,618	92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRG	49,237		49,237		49,237	100
101 HOME HEALTH AGENCY	16,047,959		16,047,959		16,047,959	101
116 HOSPICE	4,287,253		4,287,253		4,287,253	116
200 SUBTOTAL (SEE INSTRUCTIONS)	274,442,805		274,442,805	243,650	274,686,455	200
201 LESS OBSERVATION BEDS	4,940,618		4,940,618		4,940,618	201
202 TOTAL (SEE INSTRUCTIONS)	269,502,187		269,502,187		269,745,837	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	78,030,051		78,030,051			30
31 INTENSIVE CARE UNIT	10,827,447		10,827,447			31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	3,388,892		3,388,892			40
41 SUBPROVIDER - IRF	8,711,680		8,711,680			41
43 NURSERY	2,932,554		2,932,554			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,172,319	40,603,942	92,776,261	0.209745	0.209745	0.209745 50
51 RECOVERY ROOM	3,222,261	3,378,044	6,600,305	0.239135	0.239135	0.239135 51
53 ANESTHESIOLOGY	8,798,358	6,901,108	15,699,466	0.053440	0.053440	0.053440 53
54 RADIOLOGY-DIAGNOSTIC	8,435,058	20,903,001	29,338,059	0.338461	0.338461	0.339150 54
54.01 ULTRASOUND	4,503,558	8,029,358	12,532,916	0.185550	0.185550	0.185550 54.01
54.02 SPECIAL PROCEDURES	12,314,174	14,322,995	26,637,169	0.153780	0.153780	0.153780 54.02
56 RADIOISOTOPE	3,848,453	7,542,041	11,390,494	0.247748	0.247748	0.247748 56
57 COMPUTED TOMOGRAPHY (CT) SC	21,052,956	29,350,576	50,403,532	0.038546	0.038546	0.038546 57
58 MAGNETIC RESONANCE IMAGING	7,325,988	9,307,245	16,633,233	0.134180	0.134180	0.134180 58
59 CARDIAC CATHETERIZATION	12,310,911	6,516,241	18,827,152	0.224649	0.224649	0.224649 59
60 LABORATORY	55,849,693	86,850,831	142,700,524	0.104933	0.104933	0.104933 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	6,641,098	1,855,678	8,496,776	0.342118	0.342118	0.342118 63
65 RESPIRATORY THERAPY	14,600,933	1,479,213	16,080,146	0.211576	0.211576	0.212113 65
65.01 PULMONARY FUNCTION	294,164	884,532	1,178,696	0.116748	0.116748	0.116748 65.01
66 PHYSICAL THERAPY	8,243,855	18,095,591	26,339,446	0.289054	0.289054	0.289054 66
67 OCCUPATIONAL THERAPY	5,959,836		5,959,836	0.260859	0.260859	0.260859 67
68 SPEECH PATHOLOGY	3,024,330		3,024,330	0.167438	0.167438	0.167438 68
69 ELECTROCARDIOLOGY	13,684,328	9,999,661	23,683,989	0.096595	0.096595	0.097492 69
70 ELECTROENCEPHALOGRAPHY	772,668	216,024	988,692	0.277606	0.277606	0.277606 70
70.01 SLEEP LAB	541,921	1,053,913	1,595,834	0.136281	0.136281	0.136281 70.01
71 MEDICAL SUPPLIES CHRGD TO	3,053,037	1,703,047	4,756,084	0.030891	0.030891	0.030891 71
72 IMPL. DEV. CHARGED TO PATIE	28,008,635	9,179,279	37,187,914	0.502497	0.502497	0.502497 72
73 DRUGS CHARGED TO PATIENTS	39,274,674	21,944,226	61,218,900	0.231031	0.231031	0.231031 73
73.01 INFUSION THERAPY	50,409	5,037,745	5,088,154	0.198529	0.198529	0.198529 73.01
74 RENAL DIALYSIS	1,361,023	124,999	1,486,022	0.848228	0.848228	0.848228 74
76.97 CARDIAC REHABILITATION	72,679	1,201,141	1,273,820	0.883352	0.883352	0.886610 76.97
76.98 HYPERBARIC OXYGEN THERAPY	724,487	4,135,721	4,860,208	0.258121	0.258121	0.258121 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	5,685,588	2,246,427	7,932,015	0.351832	0.351832	0.351832 90.02
90.03 RETINAL VASCULAR	2,187	1,205,987	1,208,174	0.897291	0.897291	0.907224 90.03
91 EMERGENCY	16,277,586	59,408,305	75,685,891	0.128424	0.128424	0.128424 91
91.01 IFCC	4,528,971	142,019,039	146,548,010	0.201518	0.201518	0.201518 91.01
92 OBSERVATION BEDS		5,798,691	5,798,691	0.852023	0.852023	0.852023 92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
100 I&R SERVICES-NOT APPRVD PRG						100
101 HOME HEALTH AGENCY						101
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	446,526,762	521,294,601	967,821,363			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	446,526,762	521,294,601	967,821,363			202

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	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,329,486		2,329,486	73,232	31.81	34,568	1,099,608	30
31 INTENSIVE CARE UNIT	472,326		472,326	5,994	78.80	1,996	157,285	31
32 CORONARY CARE UNIT	1,950		1,950					32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	90,046		90,046	3,488	25.82	1,583	40,873	40
41 SUBPROVIDER - IRF	486,965		486,965	10,491	46.42	8,132	377,487	41
42 SUBPROVIDER I								42
43 NURSERY	154,301		154,301	3,495	44.15			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,535,074		3,535,074	96,700		46,279	1,675,253	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,218,705	92,776,261	0.013136	20,269,908	266,266	50
51 RECOVERY ROOM	75,273	6,600,305	0.011404	1,277,337	14,567	51
53 ANESTHESIOLOGY	135,906	15,699,466	0.008657	3,208,053	27,772	53
54 RADIOLOGY-DIAGNOSTIC	1,458,044	29,338,059	0.049698	6,676,412	331,804	54
54.01 ULTRASOUND	224,694	12,532,916	0.017928	3,368,228	60,386	54.01
54.02 SPECIAL PROCEDURES	234,797	26,637,169	0.008815	8,013,878	70,642	54.02
56 RADIOISOTOPE	290,392	11,390,494	0.025494	3,056,110	77,912	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	267,967	50,403,532	0.005316	17,043,159	90,601	57
58 MAGNETIC RESONANCE IMAGING (M	597,253	16,633,233	0.035907	4,982,966	178,923	58
59 CARDIAC CATHETERIZATION	797,186	18,827,152	0.042342	7,887,777	333,984	59
60 LABORATORY	513,858	142,700,524	0.003601	38,565,905	138,876	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	52,784	8,496,776	0.006212	4,406,259	27,372	63
65 RESPIRATORY THERAPY	135,691	16,080,146	0.008438	10,195,210	86,027	65
65.01 PULMONARY FUNCTION	13,179	1,178,696	0.011181	101,547	1,135	65.01
66 PHYSICAL THERAPY	210,808	26,339,446	0.008004	2,530,147	20,251	66
67 OCCUPATIONAL THERAPY	36,332	5,959,836	0.006096	1,183,046	7,212	67
68 SPEECH PATHOLOGY	29,303	3,024,330	0.009689	539,673	5,229	68
69 ELECTROCARDIOLOGY	295,556	23,683,989	0.012479	10,118,095	126,264	69
70 ELECTROENCEPHALOGRAPHY	17,332	988,692	0.017530	555,473	9,737	70
70.01 SLEEP LAB	3,312	1,595,834	0.002075	340,755	707	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	4,532	4,756,084	0.000953	1,913,917	1,824	71
72 IMPL. DEV. CHARGED TO PATIENT	361,565	37,187,914	0.009723	15,839,892	154,011	72
73 DRUGS CHARGED TO PATIENTS	455,035	61,218,900	0.007433	2,535,639	18,847	73
73.01 INFUSION THERAPY	45,392	5,088,154	0.008921	30,578	273	73.01
74 RENAL DIALYSIS	33,006	1,486,022	0.022211	914,033	20,302	74
76.97 CARDIAC REHABILITATION	72,204	1,273,820	0.056683	55,378	3,139	76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,339	4,860,208	0.003979	408,800	1,627	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	137,032	7,932,015	0.017276	4,477	77	90.02
90.03 RETINAL VASCULAR	126,990	1,208,174	0.105109			90.03
91 EMERGENCY	256,275	75,685,891	0.003386	12,224,745	41,393	91
91.01 IFCC	2,678,841	146,548,010	0.018280	2,730,517	49,914	91.01
92 OBSERVATION BEDS	190,382	5,798,691	0.032832			92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	10,988,965	863,930,739	863,930,739	180,977,914	2,167,074	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/02/2012 09:22

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		314,673			314,673	30
31 INTENSIVE CARE UNIT		177,319			177,319	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		4,606			4,606	40
41 SUBPROVIDER - IRF		13,854			13,854	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		510,452			510,452	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/02/2012 09:22

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 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	73,232	4.30	34,568	148,642	30
31 INTENSIVE CARE UNIT	5,994	29.58	1,996	59,042	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,488	1.32	1,583	2,090	40
41 SUBPROVIDER - IRF	10,491	1.32	8,132	10,734	41
42 SUBPROVIDER I					42
43 NURSERY	3,495				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	96,700		46,279	220,508	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5		COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,468		56,468	56,468	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,468		56,468	56,468	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,468		56,468	56,468	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,103		1,130,103	1,130,103	91
91.01 IFCC							91.01
92 OBSERVATION BEDS			25,716		25,716	25,716	92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			1,325,963		1,325,963	1,325,963	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0191)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS				
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA				
BOXES	[] TITLE XIX	[] IRF	[] NF						
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	92,776,261	0.000609	0.000609	20,269,908	12,344	9,970,718	6,072	50
51	RECOVERY ROOM	6,600,305			1,277,337		649,768		51
53	ANESTHESIOLOGY	15,699,466			3,208,053		1,284,098		53
54	RADIOLOGY-DIAGNOSTIC	29,338,059			6,676,412		7,683,634		54
54.01	ULTRASOUND	12,532,916			3,368,228		1,564,236		54.01
54.02	SPECIAL PROCEDURES	26,637,169			8,013,878		6,608,402		54.02
56	RADIOISOTOPE	11,390,494			3,056,110		3,250,982		56
57	COMPUTED TOMOGRAPHY (CT) SCA	50,403,532			17,043,159		7,080,782		57
58	MAGNETIC RESONANCE IMAGING (	16,633,233			4,982,966		3,187,058		58
59	CARDIAC CATHETERIZATION	18,827,152			7,887,777		3,416,934		59
60	LABORATORY	142,700,524			38,565,905		1,456,617		60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	8,496,776			4,406,259		660,501		63
65	RESPIRATORY THERAPY	16,080,146	0.003512	0.003512	10,195,210	35,806	129,118	453	65
65.01	PULMONARY FUNCTION	1,178,696			101,547		284,980		65.01
66	PHYSICAL THERAPY	26,339,446			2,530,147				66
67	OCCUPATIONAL THERAPY	5,959,836			1,183,046				67
68	SPEECH PATHOLOGY	3,024,330			539,673				68
69	ELECTROCARDIOLOGY	23,683,989	0.002384	0.002384	10,118,095	24,122	2,377,601	5,668	69
70	ELECTROENCEPHALOGRAPHY	988,692			555,473		64,440		70
70.01	SLEEP LAB	1,595,834			340,755		250,949		70.01
71	MEDICAL SUPPLIES CHRGD TO P	4,756,084			1,913,917		543,456		71
72	IMPL. DEV. CHARGED TO PATIEN	37,187,914			15,839,892		4,041,705		72
73	DRUGS CHARGED TO PATIENTS	61,218,900			2,535,639		9,461,651		73
73.01	INFUSION THERAPY	5,088,154			30,578		5,026,280		73.01
74	RENAL DIALYSIS	1,486,022			914,033				74
76.97	CARDIAC REHABILITATION	1,273,820			55,378		1,108,280		76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,860,208			408,800		2,154,867		76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	PSYCH ANCILLARY	7,932,015	0.000093	0.000093	4,477		92,261	9	90.02
90.03	RETINAL VASCULAR	1,208,174					663,839		90.03
91	EMERGENCY	75,685,891	0.014931	0.014931	12,224,745	182,528	4,780,334	71,375	91
91.01	IFCC	146,548,010			2,730,517		32,915,423		91.01
92	OBSERVATION BEDS	5,798,691	0.004435	0.004435			902,751	4,004	92
92.01	OBSERVATION BEDS-DISTINCT								92.01
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	863,930,739			180,977,914	254,800	111,611,665	87,581	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS					
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST				
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS							
	1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS										
50 OPERATING ROOM	0.209745	9,970,718			2,091,308				50	
51 RECOVERY ROOM	0.239135	649,768			155,382				51	
53 ANESTHESIOLOGY	0.053440	1,284,098			68,622				53	
54 RADIOLOGY-DIAGNOSTIC	0.338461	7,683,634		542	2,600,610		183		54	
54.01 ULTRASOUND	0.185550	1,564,236			290,244				54.01	
54.02 SPECIAL PROCEDURES	0.153780	6,608,402			1,016,240				54.02	
56 RADIOISOTOPE	0.247748	3,250,982			805,424				56	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546	7,080,782			272,936				57	
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180	3,187,058			427,639				58	
59 CARDIAC CATHETERIZATION	0.224649	3,416,934			767,611				59	
60 LABORATORY	0.104933	1,456,617		2,024	152,847		212		60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30	
63 BLOOD STORING, PROCESSING & TRA	0.342118	660,501			225,969				63	
65 RESPIRATORY THERAPY	0.211576	129,118		2,816	27,318		596		65	
65.01 PULMONARY FUNCTION	0.116748	284,980			33,271				65.01	
66 PHYSICAL THERAPY	0.289054								66	
67 OCCUPATIONAL THERAPY	0.260859								67	
68 SPEECH PATHOLOGY	0.167438								68	
69 ELECTROCARDIOLOGY	0.096595	2,377,601			229,664				69	
70 ELECTROENCEPHALOGRAPHY	0.277606	64,440			17,889				70	
70.01 SLEEP LAB	0.136281	250,949			34,200				70.01	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891	543,456			16,788				71	
72 IMPL. DEV. CHARGED TO PATIENT	0.502497	4,041,705			2,030,945				72	
73 DRUGS CHARGED TO PATIENTS	0.231031	9,461,651		25	38,894		2,185,935	6	8,986	
73.01 INFUSION THERAPY	0.198529	5,026,280			997,862				73.01	
74 RENAL DIALYSIS	0.848228								74	
76.97 CARDIAC REHABILITATION	0.883352	1,108,280			979,001				76.97	
76.98 HYPERBARIC OXYGEN THERAPY	0.258121	2,154,867			556,216				76.98	
76.99 LITHOTRIPSY									76.99	
OUTPATIENT SERVICE COST CENTERS										
90.02 PSYCH ANCILLARY	0.351832	92,261		107,098	32,460		37,681		90.02	
90.03 RETINAL VASCULAR	0.897291	663,839			595,657				90.03	
91 EMERGENCY	0.128424	4,780,334		5,436	613,910		698		91	
91.01 IFCC	0.201518	32,915,423			6,633,050				91.01	
92 OBSERVATION BEDS	0.852023	902,751			769,165				92	
92.01 OBSERVATION BEDS-DISTINCT									92.01	
OTHER REIMBURSABLE COST CENTERS										
200 SUBTOTAL (SEE INSTRUCTIONS)		111,611,665		117,941	38,894	24,628,163		39,376	8,986	200
201 LESS PBP CLINIC LAB SERVICES										201
202 NET CHARGES (LINE 200 - LINE 201)		111,611,665		117,941	38,894	24,628,163		39,376	8,986	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S191) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
					1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS									
50					1,218,705	92,776,261	0.013136	45	1	50
51					75,273	6,600,305	0.011404			51
53					135,906	15,699,466	0.008657			53
54					1,458,044	29,338,059	0.049698	13,859	689	54
54.01					224,694	12,532,916	0.017928	8,940	160	54.01
54.02					234,797	26,637,169	0.008815	20,128	177	54.02
56					290,392	11,390,494	0.025494	11,487	293	56
57					267,967	50,403,532	0.005316	89,994	478	57
58					597,253	16,633,233	0.035907	13,354	480	58
59					797,186	18,827,152	0.042342			59
60					513,858	142,700,524	0.003601	424,553	1,529	60
62.30										62.30
63					52,784	8,496,776	0.006212			63
65					135,691	16,080,146	0.008438	30,366	256	65
65.01					13,179	1,178,696	0.011181	2,459	27	65.01
66					210,808	26,339,446	0.008004	16,298	130	66
67					36,332	5,959,836	0.006096	170,823	1,041	67
68					29,303	3,024,330	0.009689	1,652	16	68
69					295,556	23,683,989	0.012479	55,769	696	69
70					17,332	988,692	0.017530	3,435	60	70
70.01					3,312	1,595,834	0.002075			70.01
71					4,532	4,756,084	0.000953	7,124	7	71
72					361,565	37,187,914	0.009723			72
73					455,035	61,218,900	0.007433	196,724	1,462	73
73.01					45,392	5,088,154	0.008921	7,168	64	73.01
74					33,006	1,486,022	0.022211	531	12	74
76.97					72,204	1,273,820	0.056683			76.97
76.98					19,339	4,860,208	0.003979	1,750	7	76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
90.02					137,032	7,932,015	0.017276	392,494	6,781	90.02
90.03					126,990	1,208,174	0.105109			90.03
91					256,275	75,685,891	0.003386	342,913	1,161	91
91.01					2,678,841	146,548,010	0.018280			91.01
92					190,382	5,798,691	0.032832			92
92.01										92.01
	OTHER REIMBURSABLE COST CENTERS									
200					10,988,965	863,930,739	863,930,739	1,811,866	15,527	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5		COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,468		56,468	56,468	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,468		56,468	56,468	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,468		56,468	56,468	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,103		1,130,103	1,130,103	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			1,300,247		1,300,247	1,300,247	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S191)	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	92,776,261	0.000609	0.000609	45		50
51	RECOVERY ROOM	6,600,305					51
53	ANESTHESIOLOGY	15,699,466					53
54	RADIOLOGY-DIAGNOSTIC	29,338,059			13,859		54
54.01	ULTRASOUND	12,532,916			8,940		54.01
54.02	SPECIAL PROCEDURES	26,637,169			20,128		54.02
56	RADIOISOTOPE	11,390,494			11,487		56
57	COMPUTED TOMOGRAPHY (CT) SCA	50,403,532			89,994		57
58	MAGNETIC RESONANCE IMAGING (	16,633,233			13,354		58
59	CARDIAC CATHETERIZATION	18,827,152					59
60	LABORATORY	142,700,524			424,553		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,496,776					63
65	RESPIRATORY THERAPY	16,080,146	0.003512	0.003512	30,366	107	65
65.01	PULMONARY FUNCTION	1,178,696			2,459		65.01
66	PHYSICAL THERAPY	26,339,446			16,298		66
67	OCCUPATIONAL THERAPY	5,959,836			170,823		67
68	SPEECH PATHOLOGY	3,024,330			1,652		68
69	ELECTROCARDIOLOGY	23,683,989	0.002384	0.002384	55,769	133	69
70	ELECTROENCEPHALOGRAPHY	988,692			3,435		70
70.01	SLEEP LAB	1,595,834					70.01
71	MEDICAL SUPPLIES CHRGD TO P	4,756,084			7,124		71
72	IMPL. DEV. CHARGED TO PATIEN	37,187,914					72
73	DRUGS CHARGED TO PATIENTS	61,218,900			196,724		73
73.01	INFUSION THERAPY	5,088,154			7,168		73.01
74	RENAL DIALYSIS	1,486,022			531		74
76.97	CARDIAC REHABILITATION	1,273,820					76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,860,208			1,750		76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	7,932,015	0.000093	0.000093	392,494	37	90.02
90.03	RETINAL VASCULAR	1,208,174					90.03
91	EMERGENCY	75,685,891	0.014931	0.014931	342,913	5,120	91
91.01	IFCC	146,548,010					91.01
92	OBSERVATION BEDS	5,798,691					92
92.01	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	863,930,739			1,811,866	5,397	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (14-S191) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209745						50
51 RECOVERY ROOM	0.239135						51
53 ANESTHESIOLOGY	0.053440						53
54 RADIOLOGY-DIAGNOSTIC	0.338461						54
54.01 ULTRASOUND	0.185550						54.01
54.02 SPECIAL PROCEDURES	0.153780						54.02
56 RADIOISOTOPE	0.247748						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180						58
59 CARDIAC CATHETERIZATION	0.224649						59
60 LABORATORY	0.104933						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118						63
65 RESPIRATORY THERAPY	0.211576						65
65.01 PULMONARY FUNCTION	0.116748						65.01
66 PHYSICAL THERAPY	0.289054						66
67 OCCUPATIONAL THERAPY	0.260859						67
68 SPEECH PATHOLOGY	0.167438						68
69 ELECTROCARDIOLOGY	0.096595						69
70 ELECTROENCEPHALOGRAPHY	0.277606						70
70.01 SLEEP LAB	0.136281						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497						72
73 DRUGS CHARGED TO PATIENTS	0.231031						73
73.01 INFUSION THERAPY	0.198529						73.01
74 RENAL DIALYSIS	0.848228						74
76.97 CARDIAC REHABILITATION	0.883352						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351832						90.02
90.03 RETINAL VASCULAR	0.897291						90.03
91 EMERGENCY	0.128424						91
91.01 IFCC	0.201518						91.01
92 OBSERVATION BEDS	0.852023						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T191)

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,218,705	92,776,261	0.013136	260,232	3,418	50
51 RECOVERY ROOM	75,273	6,600,305	0.011404	9,034	103	51
53 ANESTHESIOLOGY	135,906	15,699,466	0.008657			53
54 RADIOLOGY-DIAGNOSTIC	1,458,044	29,338,059	0.049698	303,765	15,097	54
54.01 ULTRASOUND	224,694	12,532,916	0.017928	32,517	583	54.01
54.02 SPECIAL PROCEDURES	234,797	26,637,169	0.008815	48,376	426	54.02
56 RADIOISOTOPE	290,392	11,390,494	0.025494	70,302	1,792	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	267,967	50,403,532	0.005316	165,432	879	57
58 MAGNETIC RESONANCE IMAGING (M	597,253	16,633,233	0.035907	29,916	1,074	58
59 CARDIAC CATHETERIZATION	797,186	18,827,152	0.042342			59
60 LABORATORY	513,858	142,700,524	0.003601	1,608,089	5,791	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	52,784	8,496,776	0.006212	79,708	495	63
65 RESPIRATORY THERAPY	135,691	16,080,146	0.008438	576,560	4,865	65
65.01 PULMONARY FUNCTION	13,179	1,178,696	0.011181	35,864	401	65.01
66 PHYSICAL THERAPY	210,808	26,339,446	0.008004	3,485,509	27,898	66
67 OCCUPATIONAL THERAPY	36,332	5,959,836	0.006096	3,301,005	20,123	67
68 SPEECH PATHOLOGY	29,303	3,024,330	0.009689	1,409,652	13,658	68
69 ELECTROCARDIOLOGY	295,556	23,683,989	0.012479	41,038	512	69
70 ELECTROENCEPHALOGRAPHY	17,332	988,692	0.017530	7,795	137	70
70.01 SLEEP LAB	3,312	1,595,834	0.002075			70.01
71 MEDICAL SUPPLIES CHRGD TO PA	4,532	4,756,084	0.000953	234,665	224	71
72 IMPL. DEV. CHARGED TO PATIENT	361,565	37,187,914	0.009723	54,511	530	72
73 DRUGS CHARGED TO PATIENTS	455,035	61,218,900	0.007433	2,249,251	16,719	73
73.01 INFUSION THERAPY	45,392	5,088,154	0.008921	519	5	73.01
74 RENAL DIALYSIS	33,006	1,486,022	0.022211	160,648	3,568	74
76.97 CARDIAC REHABILITATION	72,204	1,273,820	0.056683			76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,339	4,860,208	0.003979	63,994	255	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	137,032	7,932,015	0.017276			90.02
90.03 RETINAL VASCULAR	126,990	1,208,174	0.105109			90.03
91 EMERGENCY	256,275	75,685,891	0.003386	12,520	42	91
91.01 IFCC	2,678,841	146,548,010	0.018280			91.01
92 OBSERVATION BEDS	190,382	5,798,691	0.032832			92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	10,988,965	863,930,739	863,930,739	14,240,902	118,595	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5		COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,468		56,468	56,468	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,468		56,468	56,468	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,468		56,468	56,468	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,103		1,130,103	1,130,103	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			1,300,247		1,300,247	1,300,247	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T191)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA							
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13					
ANCILLARY SERVICE COST CENTERS												
50	OPERATING ROOM	92,776,261	0.000609	0.000609	260,232	158						50
51	RECOVERY ROOM	6,600,305			9,034							51
53	ANESTHESIOLOGY	15,699,466										53
54	RADIOLOGY-DIAGNOSTIC	29,338,059			303,765		861					54
54.01	ULTRASOUND	12,532,916			32,517							54.01
54.02	SPECIAL PROCEDURES	26,637,169			48,376							54.02
56	RADIOISOTOPE	11,390,494			70,302							56
57	COMPUTED TOMOGRAPHY (CT) SCA	50,403,532			165,432							57
58	MAGNETIC RESONANCE IMAGING (	16,633,233			29,916							58
59	CARDIAC CATHETERIZATION	18,827,152										59
60	LABORATORY	142,700,524			1,608,089							60
62.30	BLOOD CLOTTING FOR HEMOPHILI											62.30
63	BLOOD STORING, PROCESSING &	8,496,776			79,708							63
65	RESPIRATORY THERAPY	16,080,146	0.003512	0.003512	576,560	2,025						65
65.01	PULMONARY FUNCTION	1,178,696			35,864		3,608					65.01
66	PHYSICAL THERAPY	26,339,446			3,485,509							66
67	OCCUPATIONAL THERAPY	5,959,836			3,301,005							67
68	SPEECH PATHOLOGY	3,024,330			1,409,652							68
69	ELECTROCARDIOLOGY	23,683,989	0.002384	0.002384	41,038	98	232				1	69
70	ELECTROENCEPHALOGRAPHY	988,692			7,795							70
70.01	SLEEP LAB	1,595,834										70.01
71	MEDICAL SUPPLIES CHRGD TO P	4,756,084			234,665		4,243					71
72	IMPL. DEV. CHARGED TO PATIEN	37,187,914			54,511							72
73	DRUGS CHARGED TO PATIENTS	61,218,900			2,249,251							73
73.01	INFUSION THERAPY	5,088,154			519							73.01
74	RENAL DIALYSIS	1,486,022			160,648							74
76.97	CARDIAC REHABILITATION	1,273,820										76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,860,208			63,994							76.98
76.99	LITHOTRIPSY											76.99
OUTPATIENT SERVICE COST CENTERS												
90.02	PSYCH ANCILLARY	7,932,015	0.000093	0.000093								90.02
90.03	RETINAL VASCULAR	1,208,174										90.03
91	EMERGENCY	75,685,891	0.014931	0.014931	12,520	187						91
91.01	IFCC	146,548,010										91.01
92	OBSERVATION BEDS	5,798,691										92
92.01	OBSERVATION BEDS-DISTINCT											92.01
OTHER REIMBURSABLE COST CENTERS												
200	TOTAL (SUM OF LINES 50-199)	863,930,739			14,240,902	2,468	8,944				1	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T191) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209745						50
51 RECOVERY ROOM	0.239135						51
53 ANESTHESIOLOGY	0.053440						53
54 RADIOLOGY-DIAGNOSTIC	0.338461	861			291		54
54.01 ULTRASOUND	0.185550						54.01
54.02 SPECIAL PROCEDURES	0.153780						54.02
56 RADIOISOTOPE	0.247748						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180						58
59 CARDIAC CATHETERIZATION	0.224649						59
60 LABORATORY	0.104933						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118						63
65 RESPIRATORY THERAPY	0.211576						65
65.01 PULMONARY FUNCTION	0.116748	3,608			421		65.01
66 PHYSICAL THERAPY	0.289054						66
67 OCCUPATIONAL THERAPY	0.260859						67
68 SPEECH PATHOLOGY	0.167438						68
69 ELECTROCARDIOLOGY	0.096595	232			22		69
70 ELECTROENCEPHALOGRAPHY	0.277606						70
70.01 SLEEP LAB	0.136281						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891	4,243			131		71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497						72
73 DRUGS CHARGED TO PATIENTS	0.231031						73
73.01 INFUSION THERAPY	0.198529						73.01
74 RENAL DIALYSIS	0.848228						74
76.97 CARDIAC REHABILITATION	0.883352						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351832						90.02
90.03 RETINAL VASCULAR	0.897291						90.03
91 EMERGENCY	0.128424						91
91.01 IFCC	0.201518						91.01
92 OBSERVATION BEDS	0.852023						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		8,944			865		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		8,944			865		202

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	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,329,486		2,329,486	73,232	31.81	14,428	458,955	30
31 INTENSIVE CARE UNIT	472,326		472,326	5,994	78.80	301	23,719	31
32 CORONARY CARE UNIT	1,950		1,950					32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	90,046		90,046	3,488	25.82	471	12,161	40
41 SUBPROVIDER - IRF	486,965		486,965	10,491	46.42	480	22,282	41
42 SUBPROVIDER I								42
43 NURSERY	154,301		154,301	3,495	44.15	2,458	108,521	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,535,074		3,535,074	96,700		18,138	625,638	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 ÷ COL.2)		(COL.3 x COL.4)
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,218,705	92,776,261	0.013136		50
51 RECOVERY ROOM	75,273	6,600,305	0.011404		51
53 ANESTHESIOLOGY	135,906	15,699,466	0.008657		53
54 RADIOLOGY-DIAGNOSTIC	1,458,044	29,338,059	0.049698		54
54.01 ULTRASOUND	224,694	12,532,916	0.017928		54.01
54.02 SPECIAL PROCEDURES	234,797	26,637,169	0.008815		54.02
56 RADIOISOTOPE	290,392	11,390,494	0.025494		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	267,967	50,403,532	0.005316		57
58 MAGNETIC RESONANCE IMAGING (M	597,253	16,633,233	0.035907		58
59 CARDIAC CATHETERIZATION	797,186	18,827,152	0.042342		59
60 LABORATORY	513,858	142,700,524	0.003601		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	52,784	8,496,776	0.006212		63
65 RESPIRATORY THERAPY	135,691	16,080,146	0.008438		65
65.01 PULMONARY FUNCTION	13,179	1,178,696	0.011181		65.01
66 PHYSICAL THERAPY	210,808	26,339,446	0.008004		66
67 OCCUPATIONAL THERAPY	36,332	5,959,836	0.006096		67
68 SPEECH PATHOLOGY	29,303	3,024,330	0.009689		68
69 ELECTROCARDIOLOGY	295,556	23,683,989	0.012479		69
70 ELECTROENCEPHALOGRAPHY	17,332	988,692	0.017530		70
70.01 SLEEP LAB	3,312	1,595,834	0.002075		70.01
71 MEDICAL SUPPLIES CHRGD TO PA	4,532	4,756,084	0.000953		71
72 IMPL. DEV. CHARGED TO PATIENT	361,565	37,187,914	0.009723		72
73 DRUGS CHARGED TO PATIENTS	455,035	61,218,900	0.007433		73
73.01 INFUSION THERAPY	45,392	5,088,154	0.008921		73.01
74 RENAL DIALYSIS	33,006	1,486,022	0.022211		74
76.97 CARDIAC REHABILITATION	72,204	1,273,820	0.056683		76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,339	4,860,208	0.003979		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	137,032	7,932,015	0.017276		90.02
90.03 RETINAL VASCULAR	126,990	1,208,174	0.105109		90.03
91 EMERGENCY	256,275	75,685,891	0.003386		91
91.01 IFCC	2,678,841	146,548,010	0.018280		91.01
92 OBSERVATION BEDS	190,382	5,798,691	0.032832		92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	10,988,965	863,930,739	863,930,739		200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/02/2012 09:22

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS		314,673			314,673	30
31 INTENSIVE CARE UNIT		177,319			177,319	31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF		4,606			4,606	40
41 SUBPROVIDER - IRF		13,854			13,854	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		510,452			510,452	200

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 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	73,232	4.30	14,428	62,040	30
31 INTENSIVE CARE UNIT	5,994	29.58	301	8,904	31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	3,488	1.32	471	622	40
41 SUBPROVIDER - IRF	10,491	1.32	480	634	41
42 SUBPROVIDER I					42
43 NURSERY	3,495		2,458		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	96,700		18,138	72,200	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5		COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,468		56,468	56,468	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,468		56,468	56,468	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,468		56,468	56,468	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,103		1,130,103	1,130,103	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			1,300,247		1,300,247	1,300,247	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209745						50
51 RECOVERY ROOM	0.239135						51
53 ANESTHESIOLOGY	0.053440						53
54 RADIOLOGY-DIAGNOSTIC	0.338461						54
54.01 ULTRASOUND	0.185550						54.01
54.02 SPECIAL PROCEDURES	0.153780						54.02
56 RADIOISOTOPE	0.247748						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180						58
59 CARDIAC CATHETERIZATION	0.224649						59
60 LABORATORY	0.104933						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118						63
65 RESPIRATORY THERAPY	0.211576						65
65.01 PULMONARY FUNCTION	0.116748						65.01
66 PHYSICAL THERAPY	0.289054						66
67 OCCUPATIONAL THERAPY	0.260859						67
68 SPEECH PATHOLOGY	0.167438						68
69 ELECTROCARDIOLOGY	0.096595						69
70 ELECTROENCEPHALOGRAPHY	0.277606						70
70.01 SLEEP LAB	0.136281						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497						72
73 DRUGS CHARGED TO PATIENTS	0.231031						73
73.01 INFUSION THERAPY	0.198529						73.01
74 RENAL DIALYSIS	0.848228						74
76.97 CARDIAC REHABILITATION	0.883352						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351832						90.02
90.03 RETINAL VASCULAR	0.897291						90.03
91 EMERGENCY	0.128424						91
91.01 IFCC	0.201518						91.01
92 OBSERVATION BEDS	0.852023						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S191) [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER				
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5			
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	1,218,705	92,776,261	0.013136				50
51	RECOVERY ROOM	75,273	6,600,305	0.011404				51
53	ANESTHESIOLOGY	135,906	15,699,466	0.008657				53
54	RADIOLOGY-DIAGNOSTIC	1,458,044	29,338,059	0.049698				54
54.01	ULTRASOUND	224,694	12,532,916	0.017928				54.01
54.02	SPECIAL PROCEDURES	234,797	26,637,169	0.008815				54.02
56	RADIOISOTOPE	290,392	11,390,494	0.025494				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	267,967	50,403,532	0.005316				57
58	MAGNETIC RESONANCE IMAGING (M	597,253	16,633,233	0.035907				58
59	CARDIAC CATHETERIZATION	797,186	18,827,152	0.042342				59
60	LABORATORY	513,858	142,700,524	0.003601				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	52,784	8,496,776	0.006212				63
65	RESPIRATORY THERAPY	135,691	16,080,146	0.008438				65
65.01	PULMONARY FUNCTION	13,179	1,178,696	0.011181				65.01
66	PHYSICAL THERAPY	210,808	26,339,446	0.008004				66
67	OCCUPATIONAL THERAPY	36,332	5,959,836	0.006096				67
68	SPEECH PATHOLOGY	29,303	3,024,330	0.009689				68
69	ELECTROCARDIOLOGY	295,556	23,683,989	0.012479				69
70	ELECTROENCEPHALOGRAPHY	17,332	988,692	0.017530				70
70.01	SLEEP LAB	3,312	1,595,834	0.002075				70.01
71	MEDICAL SUPPLIES CHRGD TO PA	4,532	4,756,084	0.000953				71
72	IMPL. DEV. CHARGED TO PATIENT	361,565	37,187,914	0.009723				72
73	DRUGS CHARGED TO PATIENTS	455,035	61,218,900	0.007433				73
73.01	INFUSION THERAPY	45,392	5,088,154	0.008921				73.01
74	RENAL DIALYSIS	33,006	1,486,022	0.022211				74
76.97	CARDIAC REHABILITATION	72,204	1,273,820	0.056683				76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,339	4,860,208	0.003979				76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	137,032	7,932,015	0.017276				90.02
90.03	RETINAL VASCULAR	126,990	1,208,174	0.105109				90.03
91	EMERGENCY	256,275	75,685,891	0.003386				91
91.01	IFCC	2,678,841	146,548,010	0.018280				91.01
92	OBSERVATION BEDS	190,382	5,798,691	0.032832				92
92.01	OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	10,988,965	863,930,739	863,930,739				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5		COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,468		56,468	56,468	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,468		56,468	56,468	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,468		56,468	56,468	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,103		1,130,103	1,130,103	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			1,300,247		1,300,247	1,300,247	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (14-S191) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	92,776,261	0.000609	0.000609			50
51						RECOVERY ROOM	6,600,305					51
53						ANESTHESIOLOGY	15,699,466					53
54						RADIOLOGY-DIAGNOSTIC	29,338,059					54
54.01						ULTRASOUND	12,532,916					54.01
54.02						SPECIAL PROCEDURES	26,637,169					54.02
56						RADIOISOTOPE	11,390,494					56
57						COMPUTED TOMOGRAPHY (CT) SCA	50,403,532					57
58						MAGNETIC RESONANCE IMAGING (	16,633,233					58
59						CARDIAC CATHETERIZATION	18,827,152					59
60						LABORATORY	142,700,524					60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	8,496,776					63
65						RESPIRATORY THERAPY	16,080,146	0.003512	0.003512			65
65.01						PULMONARY FUNCTION	1,178,696					65.01
66						PHYSICAL THERAPY	26,339,446					66
67						OCCUPATIONAL THERAPY	5,959,836					67
68						SPEECH PATHOLOGY	3,024,330					68
69						ELECTROCARDIOLOGY	23,683,989	0.002384	0.002384			69
70						ELECTROENCEPHALOGRAPHY	988,692					70
70.01						SLEEP LAB	1,595,834					70.01
71						MEDICAL SUPPLIES CHRGD TO P	4,756,084					71
72						IMPL. DEV. CHARGED TO PATIEN	37,187,914					72
73						DRUGS CHARGED TO PATIENTS	61,218,900					73
73.01						INFUSION THERAPY	5,088,154					73.01
74						RENAL DIALYSIS	1,486,022					74
76.97						CARDIAC REHABILITATION	1,273,820					76.97
76.98						HYPERBARIC OXYGEN THERAPY	4,860,208					76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.02						PSYCH ANCILLARY	7,932,015	0.000093	0.000093			90.02
90.03						RETINAL VASCULAR	1,208,174					90.03
91						EMERGENCY	75,685,891	0.014931	0.014931			91
91.01						IFCC	146,548,010					91.01
92						OBSERVATION BEDS	5,798,691					92
92.01						OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	863,930,739					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [XX] IPF (14-S191) [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209745						50
51 RECOVERY ROOM	0.239135						51
53 ANESTHESIOLOGY	0.053440						53
54 RADIOLOGY-DIAGNOSTIC	0.338461						54
54.01 ULTRASOUND	0.185550						54.01
54.02 SPECIAL PROCEDURES	0.153780						54.02
56 RADIOISOTOPE	0.247748						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180						58
59 CARDIAC CATHETERIZATION	0.224649						59
60 LABORATORY	0.104933						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118						63
65 RESPIRATORY THERAPY	0.211576						65
65.01 PULMONARY FUNCTION	0.116748						65.01
66 PHYSICAL THERAPY	0.289054						66
67 OCCUPATIONAL THERAPY	0.260859						67
68 SPEECH PATHOLOGY	0.167438						68
69 ELECTROCARDIOLOGY	0.096595						69
70 ELECTROENCEPHALOGRAPHY	0.277606						70
70.01 SLEEP LAB	0.136281						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497						72
73 DRUGS CHARGED TO PATIENTS	0.231031						73
73.01 INFUSION THERAPY	0.198529						73.01
74 RENAL DIALYSIS	0.848228						74
76.97 CARDIAC REHABILITATION	0.883352						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351832						90.02
90.03 RETINAL VASCULAR	0.897291						90.03
91 EMERGENCY	0.128424						91
91.01 IFCC	0.201518						91.01
92 OBSERVATION BEDS	0.852023						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T191) [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 ÷ COL.2)		(COL.3 x COL.4)
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,218,705	92,776,261	0.013136		50
51 RECOVERY ROOM	75,273	6,600,305	0.011404		51
53 ANESTHESIOLOGY	135,906	15,699,466	0.008657		53
54 RADIOLOGY-DIAGNOSTIC	1,458,044	29,338,059	0.049698		54
54.01 ULTRASOUND	224,694	12,532,916	0.017928		54.01
54.02 SPECIAL PROCEDURES	234,797	26,637,169	0.008815		54.02
56 RADIOISOTOPE	290,392	11,390,494	0.025494		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	267,967	50,403,532	0.005316		57
58 MAGNETIC RESONANCE IMAGING (M	597,253	16,633,233	0.035907		58
59 CARDIAC CATHETERIZATION	797,186	18,827,152	0.042342		59
60 LABORATORY	513,858	142,700,524	0.003601		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	52,784	8,496,776	0.006212		63
65 RESPIRATORY THERAPY	135,691	16,080,146	0.008438		65
65.01 PULMONARY FUNCTION	13,179	1,178,696	0.011181		65.01
66 PHYSICAL THERAPY	210,808	26,339,446	0.008004		66
67 OCCUPATIONAL THERAPY	36,332	5,959,836	0.006096		67
68 SPEECH PATHOLOGY	29,303	3,024,330	0.009689		68
69 ELECTROCARDIOLOGY	295,556	23,683,989	0.012479		69
70 ELECTROENCEPHALOGRAPHY	17,332	988,692	0.017530		70
70.01 SLEEP LAB	3,312	1,595,834	0.002075		70.01
71 MEDICAL SUPPLIES CHRGD TO PA	4,532	4,756,084	0.000953		71
72 IMPL. DEV. CHARGED TO PATIENT	361,565	37,187,914	0.009723		72
73 DRUGS CHARGED TO PATIENTS	455,035	61,218,900	0.007433		73
73.01 INFUSION THERAPY	45,392	5,088,154	0.008921		73.01
74 RENAL DIALYSIS	33,006	1,486,022	0.022211		74
76.97 CARDIAC REHABILITATION	72,204	1,273,820	0.056683		76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,339	4,860,208	0.003979		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	137,032	7,932,015	0.017276		90.02
90.03 RETINAL VASCULAR	126,990	1,208,174	0.105109		90.03
91 EMERGENCY	256,275	75,685,891	0.003386		91
91.01 IFCC	2,678,841	146,548,010	0.018280		91.01
92 OBSERVATION BEDS	190,382	5,798,691	0.032832		92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	10,988,965	863,930,739	863,930,739		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF
 BOXES [XX] TITLE XIX [XX] IRF (14-T191) [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5		COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			56,468		56,468	56,468	50
51 RECOVERY ROOM							51
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC							54
54.01 ULTRASOUND							54.01
54.02 SPECIAL PROCEDURES							54.02
56 RADIOISOTOPE							56
57 COMPUTED TOMOGRAPHY (CT) SCAN							57
58 MAGNETIC RESONANCE IMAGING (M							58
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIA							62.30
63 BLOOD STORING, PROCESSING & T							63
65 RESPIRATORY THERAPY			56,468		56,468	56,468	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			56,468		56,468	56,468	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PA							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
73.01 INFUSION THERAPY							73.01
74 RENAL DIALYSIS							74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY			740		740	740	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,130,103		1,130,103	1,130,103	91
91.01 IFCC							91.01
92 OBSERVATION BEDS							92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			1,300,247		1,300,247	1,300,247	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T191) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209745						50
51 RECOVERY ROOM	0.239135						51
53 ANESTHESIOLOGY	0.053440						53
54 RADIOLOGY-DIAGNOSTIC	0.338461						54
54.01 ULTRASOUND	0.185550						54.01
54.02 SPECIAL PROCEDURES	0.153780						54.02
56 RADIOISOTOPE	0.247748						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180						58
59 CARDIAC CATHETERIZATION	0.224649						59
60 LABORATORY	0.104933						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118						63
65 RESPIRATORY THERAPY	0.211576						65
65.01 PULMONARY FUNCTION	0.116748						65.01
66 PHYSICAL THERAPY	0.289054						66
67 OCCUPATIONAL THERAPY	0.260859						67
68 SPEECH PATHOLOGY	0.167438						68
69 ELECTROCARDIOLOGY	0.096595						69
70 ELECTROENCEPHALOGRAPHY	0.277606						70
70.01 SLEEP LAB	0.136281						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891						71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497						72
73 DRUGS CHARGED TO PATIENTS	0.231031						73
73.01 INFUSION THERAPY	0.198529						73.01
74 RENAL DIALYSIS	0.848228						74
76.97 CARDIAC REHABILITATION	0.883352						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.351832						90.02
90.03 RETINAL VASCULAR	0.897291						90.03
91 EMERGENCY	0.128424						91
91.01 IFCC	0.201518						91.01
92 OBSERVATION BEDS	0.852023						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	73,232	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	73,232	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	73,232	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	34,568	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	60,452,817	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	60,452,817	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.774738	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,065.52	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	60,452,817	37

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,488	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,488	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,488	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,583	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,771,412	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,771,412	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.112875	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	971.59	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,771,412	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S191)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,081.25 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,711,619 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,711,619 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	354,912 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,066,531 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	42,963 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	20,924 51
52	TOTAL PROGRAM EXCLUDABLE COST	63,887 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,002,644 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T191)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	890.37 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	7,240,489 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	7,240,489 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	3,343,114 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	10,583,603 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	388,221 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	121,063 51
52	TOTAL PROGRAM EXCLUDABLE COST	509,284 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	10,074,319 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	73,232	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	73,232	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	73,232	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	14,428	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,495	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,458	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	60,452,817	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	60,452,817	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	78,030,051	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.774738	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,065.52	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	60,452,817	37

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,488	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,488	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,488	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	471	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,771,412	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,771,412	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,388,892	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.112875	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	971.59	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	3,771,412	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S191)			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,081.25 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	509,269 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	509,269 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	509,269 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	12,783 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	12,783 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T191) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	10,491	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,491	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,491	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	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 (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,329,488	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,329,488	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,711,680	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,711,680	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.070917	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	830.40	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,329,488	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T191)			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	889.28 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	426,854 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	426,854 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	426,854 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	22,916 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52	TOTAL PROGRAM EXCLUDABLE COST	22,916 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		38,643,969			30
31 INTENSIVE CARE UNIT		6,244,211			31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209745	20,269,908	4,251,512		50
51 RECOVERY ROOM	0.239135	1,277,337	305,456		51
53 ANESTHESIOLOGY	0.053440	3,208,053	171,438		53
54 RADIOLOGY-DIAGNOSTIC	0.339150	6,676,412	2,264,305		54
54.01 ULTRASOUND	0.185550	3,368,228	624,975		54.01
54.02 SPECIAL PROCEDURES	0.153780	8,013,878	1,232,374		54.02
56 RADIOISOTOPE	0.247748	3,056,110	757,145		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546	17,043,159	656,946		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180	4,982,966	668,614		58
59 CARDIAC CATHETERIZATION	0.224649	7,887,777	1,771,981		59
60 LABORATORY	0.104933	38,565,905	4,046,836		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118	4,406,259	1,507,461		63
65 RESPIRATORY THERAPY	0.212113	10,195,210	2,162,537		65
65.01 PULMONARY FUNCTION	0.116748	101,547	11,855		65.01
66 PHYSICAL THERAPY	0.289054	2,530,147	731,349		66
67 OCCUPATIONAL THERAPY	0.260859	1,183,046	308,608		67
68 SPEECH PATHOLOGY	0.167438	539,673	90,362		68
69 ELECTROCARDIOLOGY	0.097492	10,118,095	986,433		69
70 ELECTROENCEPHALOGRAPHY	0.277606	555,473	154,203		70
70.01 SLEEP LAB	0.136281	340,755	46,438		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891	1,913,917	59,123		71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497	15,839,892	7,959,498		72
73 DRUGS CHARGED TO PATIENTS	0.231031	2,535,639	585,811		73
73.01 INFUSION THERAPY	0.198559	30,578	6,072		73.01
74 RENAL DIALYSIS	0.848228	914,033	775,308		74
76.97 CARDIAC REHABILITATION	0.886610	55,378	49,099		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121	408,800	105,520		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351832	4,477	1,575		90.02
90.03 RETINAL VASCULAR	0.907224				90.03
91 EMERGENCY	0.128424	12,224,745	1,569,951		91
91.01 IFCC	0.201518	2,730,517	550,248		91.01
92 OBSERVATION BEDS	0.852023				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		180,977,914	34,413,033		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		180,977,914			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S191) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF		1,370,810			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209745	45		9	50
51 RECOVERY ROOM	0.239135				51
53 ANESTHESIOLOGY	0.053440				53
54 RADIOLOGY-DIAGNOSTIC	0.339150	13,859		4,700	54
54.01 ULTRASOUND	0.185550	8,940		1,659	54.01
54.02 SPECIAL PROCEDURES	0.153780	20,128		3,095	54.02
56 RADIOISOTOPE	0.247748	11,487		2,846	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546	89,994		3,469	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180	13,354		1,792	58
59 CARDIAC CATHETERIZATION	0.224649				59
60 LABORATORY	0.104933	424,553		44,550	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118				63
65 RESPIRATORY THERAPY	0.212113	30,366		6,441	65
65.01 PULMONARY FUNCTION	0.116748	2,459		287	65.01
66 PHYSICAL THERAPY	0.289054	16,298		4,711	66
67 OCCUPATIONAL THERAPY	0.260859	170,823		44,561	67
68 SPEECH PATHOLOGY	0.167438	1,652		277	68
69 ELECTROCARDIOLOGY	0.097492	55,769		5,437	69
70 ELECTROENCEPHALOGRAPHY	0.277606	3,435		954	70
70.01 SLEEP LAB	0.136281				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891	7,124		220	71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497				72
73 DRUGS CHARGED TO PATIENTS	0.231031	196,724		45,449	73
73.01 INFUSION THERAPY	0.198559	7,168		1,423	73.01
74 RENAL DIALYSIS	0.848228	531		450	74
76.97 CARDIAC REHABILITATION	0.886610				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121	1,750		452	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351832	392,494		138,092	90.02
90.03 RETINAL VASCULAR	0.907224				90.03
91 EMERGENCY	0.128424	342,913		44,038	91
91.01 IFCC	0.201518				91.01
92 OBSERVATION BEDS	0.852023				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,811,866		354,912	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,811,866			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T191) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		6,751,895			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209745	260,232	54,582		50
51 RECOVERY ROOM	0.239135	9,034	2,160		51
53 ANESTHESIOLOGY	0.053440				53
54 RADIOLOGY-DIAGNOSTIC	0.339150	303,765	103,022		54
54.01 ULTRASOUND	0.185550	32,517	6,034		54.01
54.02 SPECIAL PROCEDURES	0.153780	48,376	7,439		54.02
56 RADIOISOTOPE	0.247748	70,302	17,417		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546	165,432	6,377		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180	29,916	4,014		58
59 CARDIAC CATHETERIZATION	0.224649				59
60 LABORATORY	0.104933	1,608,089	168,742		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118	79,708	27,270		63
65 RESPIRATORY THERAPY	0.212113	576,560	122,296		65
65.01 PULMONARY FUNCTION	0.116748	35,864	4,187		65.01
66 PHYSICAL THERAPY	0.289054	3,485,509	1,007,500		66
67 OCCUPATIONAL THERAPY	0.260859	3,301,005	861,097		67
68 SPEECH PATHOLOGY	0.167438	1,409,652	236,029		68
69 ELECTROCARDIOLOGY	0.097492	41,038	4,001		69
70 ELECTROENCEPHALOGRAPHY	0.277606	7,795	2,164		70
70.01 SLEEP LAB	0.136281				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891	234,665	7,249		71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497	54,511	27,392		72
73 DRUGS CHARGED TO PATIENTS	0.231031	2,249,251	519,647		73
73.01 INFUSION THERAPY	0.198559	519	103		73.01
74 RENAL DIALYSIS	0.848228	160,648	136,266		74
76.97 CARDIAC REHABILITATION	0.886610				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121	63,994	16,518		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351832				90.02
90.03 RETINAL VASCULAR	0.907224				90.03
91 EMERGENCY	0.128424	12,520	1,608		91
91.01 IFCC	0.201518				91.01
92 OBSERVATION BEDS	0.852023				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		14,240,902	3,343,114		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		14,240,902			202

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/02/2012 09:22

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209745				50
51 RECOVERY ROOM	0.239135				51
53 ANESTHESIOLOGY	0.053440				53
54 RADIOLOGY-DIAGNOSTIC	0.338461				54
54.01 ULTRASOUND	0.185550				54.01
54.02 SPECIAL PROCEDURES	0.153780				54.02
56 RADIOISOTOPE	0.247748				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180				58
59 CARDIAC CATHETERIZATION	0.224649				59
60 LABORATORY	0.104933				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118				63
65 RESPIRATORY THERAPY	0.211576				65
65.01 PULMONARY FUNCTION	0.116748				65.01
66 PHYSICAL THERAPY	0.289054				66
67 OCCUPATIONAL THERAPY	0.260859				67
68 SPEECH PATHOLOGY	0.167438				68
69 ELECTROCARDIOLOGY	0.096595				69
70 ELECTROENCEPHALOGRAPHY	0.277606				70
70.01 SLEEP LAB	0.136281				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.030891				71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497				72
73 DRUGS CHARGED TO PATIENTS	0.231031				73
73.01 INFUSION THERAPY	0.198529				73.01
74 RENAL DIALYSIS	0.848228				74
76.97 CARDIAC REHABILITATION	0.883352				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351832				90.02
90.03 RETINAL VASCULAR	0.897291				90.03
91 EMERGENCY	0.128424				91
91.01 IFCC	0.201518				91.01
92 OBSERVATION BEDS	0.852023				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	S/B SNF	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S191)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	S/B NF	<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209745				50
51 RECOVERY ROOM	0.239135				51
53 ANESTHESIOLOGY	0.053440				53
54 RADIOLOGY-DIAGNOSTIC	0.338461				54
54.01 ULTRASOUND	0.185550				54.01
54.02 SPECIAL PROCEDURES	0.153780				54.02
56 RADIOISOTOPE	0.247748				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180				58
59 CARDIAC CATHETERIZATION	0.224649				59
60 LABORATORY	0.104933				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118				63
65 RESPIRATORY THERAPY	0.211576				65
65.01 PULMONARY FUNCTION	0.116748				65.01
66 PHYSICAL THERAPY	0.289054				66
67 OCCUPATIONAL THERAPY	0.260859				67
68 SPEECH PATHOLOGY	0.167438				68
69 ELECTROCARDIOLOGY	0.096595				69
70 ELECTROENCEPHALOGRAPHY	0.277606				70
70.01 SLEEP LAB	0.136281				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.030891				71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497				72
73 DRUGS CHARGED TO PATIENTS	0.231031				73
73.01 INFUSION THERAPY	0.198529				73.01
74 RENAL DIALYSIS	0.848228				74
76.97 CARDIAC REHABILITATION	0.883352				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351832				90.02
90.03 RETINAL VASCULAR	0.897291				90.03
91 EMERGENCY	0.128424				91
91.01 IFCC	0.201518				91.01
92 OBSERVATION BEDS	0.852023				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/02/2012 09:22

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	IRF (14-T191)	[]	NF	[]	ICF/MR	[XX]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209745				50
51 RECOVERY ROOM	0.239135				51
53 ANESTHESIOLOGY	0.053440				53
54 RADIOLOGY-DIAGNOSTIC	0.338461				54
54.01 ULTRASOUND	0.185550				54.01
54.02 SPECIAL PROCEDURES	0.153780				54.02
56 RADIOISOTOPE	0.247748				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.038546				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134180				58
59 CARDIAC CATHETERIZATION	0.224649				59
60 LABORATORY	0.104933				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.342118				63
65 RESPIRATORY THERAPY	0.211576				65
65.01 PULMONARY FUNCTION	0.116748				65.01
66 PHYSICAL THERAPY	0.289054				66
67 OCCUPATIONAL THERAPY	0.260859				67
68 SPEECH PATHOLOGY	0.167438				68
69 ELECTROCARDIOLOGY	0.096595				69
70 ELECTROENCEPHALOGRAPHY	0.277606				70
70.01 SLEEP LAB	0.136281				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.030891				71
72 IMPL. DEV. CHARGED TO PATIENT	0.502497				72
73 DRUGS CHARGED TO PATIENTS	0.231031				73
73.01 INFUSION THERAPY	0.198529				73.01
74 RENAL DIALYSIS	0.848228				74
76.97 CARDIAC REHABILITATION	0.883352				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.258121				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.351832				90.02
90.03 RETINAL VASCULAR	0.897291				90.03
91 EMERGENCY	0.128424				91
91.01 IFCC	0.201518				91.01
92 OBSERVATION BEDS	0.852023				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0191)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	52,042,166	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	535,544	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	252.34	4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0830	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2765	31
32	SUM OF LINES 30 AND 31	0.3595	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1888	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	9,825,561	34
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	62,403,271	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	62,403,271	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,615,972	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0191)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	44,374	53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	207,684	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	254,800	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	67,526,101	59
60	PRIMARY PAYER PAYMENTS	35,696	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	67,490,405	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,964,012	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	354,121	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,895,475	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,326,833	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,295,322	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	63,499,105	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	63,499,105	71
72	INTERIM PAYMENTS	60,278,538	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	3,220,567	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	702,570	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: [] HOSPITAL [XX] IPF (14-S191) [] IRF
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1	1.01	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)				2
3	PPS PAYMENTS	306			3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.937	0.937		5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)				13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))				20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)				21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)				22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	306			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	65			26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	241			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)				29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	241			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	241			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)				33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	241			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)				39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	241			40
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)				42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	241			43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44
	TO BE COMPLETED BY CONTRACTOR				
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)				93
94	TOTAL (SUM OF LINES 91 AND 93)				94

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
04/02/2012 09:22

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-0191) CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	16,747 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	36,564 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,167 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	73,241 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	967,821,363 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,353,565 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S191)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,336,046	1
2	NET IPF PPS OUTLIER PAYMENT	225,745	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9.556164	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,561,791	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,561,791	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,561,791	18
19	DEDUCTIBLES	100,236	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,461,555	20
21	COINSURANCE	24,904	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,436,651	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,436,651	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	7,487	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,444,138	31
32	INTERIM PAYMENTS	1,436,651	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	7,487	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T191)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	10,105,825	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.060700	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	516,782	3
4	OUTLIER PAYMENTS	132,031	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	28.742466	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	10,754,638	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	10,754,638	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	10,754,638	19
20	DEDUCTIBLES	32,248	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	10,722,390	21
22	COINSURANCE	76,019	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	10,646,371	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	10,646,371	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	13,202	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,659,573	32
33	INTERIM PAYMENTS	10,499,972	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	159,601	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0191) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	14,176,615 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	14,176,615 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	14,176,615 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	14,176,615 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S191) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	509,269 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	509,269 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	509,269 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	509,269 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	665,157			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	108,573,914			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-68,547,591			6
7	INVENTORY	4,701,600			7
8	PREPAID EXPENSES	883,647			8
9	OTHER CURRENT ASSETS	4,601,581			9
10	DUE FROM OTHER FUNDS	3,999,738			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	54,878,046			11
FIXED ASSETS					
12	LAND	16,214,055			12
13	LAND IMPROVEMENTS	11,895,345			13
14	ACCUMULATED DEPRECIATION	-8,284,239			14
15	BUILDINGS	219,394,013			15
16	ACCUMULATED DEPRECIATION	-125,005,277			16
17	LEASEHOLD IMPROVEMENTS	1,352,732			17
18	ACCUMULATED AMORTIZATION	-1,352,732			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	181,083,582			23
24	ACCUMULATED DEPRECIATION	-131,649,248			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	163,648,231			30
OTHER ASSETS					
31	INVESTMENTS	181,193,610			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,379,780			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	185,573,390			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	404,099,667			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	19,221,529			37
38	SALARIES, WAGES & FEES PAYABLE	9,648,043			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	16,770,936			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	45,640,508			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	132,581,820			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	7,207,600			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	139,789,420			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	185,429,928			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	218,669,739			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	218,669,739			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	404,099,667			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		213,851,597							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		4,702,454							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		218,554,051							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFER FROM IHV									5
6 TRANSFER FROM IDF	115,688								6
7 RESTRICTED CONTRIBUTIONS									7
8 CONTRIBUTIONS RECEIVED FROM									8
9 ROUNDING									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		115,688							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		218,669,739							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14 TRANSFERS TO IHS									14
15									15
16 CONTRIBUTIONS PAID OT IMH									16
17 VALUATION OF INVESTMENTS									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		218,669,739							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	82,739,719		82,739,719	1
3 SUBPROVIDER IPF	4,342,618		4,342,618	2
5 SUBPROVIDER IRF	8,711,680		8,711,680	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	95,794,017		95,794,017	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	10,827,447		10,827,447	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	10,827,447		10,827,447	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	106,621,464		106,621,464	17
18 ANCILLARY SERVICES	339,944,890	523,197,848	863,142,738	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	446,566,354	523,197,848	969,764,202	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		281,360,030	29
30 BAD DEBTS	22,656,167		30
31			31
32			32
33			33
34			34
35 HOME HEALTH			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		22,656,167	36
37 DEDUCT (SPECIFY)			37
38 HOME HEALTH	-12,688,158		38
39 HOSPICE	-3,311,403		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-15,999,561		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		288,016,636	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	969,764,202	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	684,428,947	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	285,335,255	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	288,016,636	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-2,681,381	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	13,303,957	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	REVENUE 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			24
24.01	OTHER (OTHER OPERATING REVENUE- SEE SCH. ENCLOS)	9,132,780	24.01
24.02	OTHER (CHANGE IN UNREALIZED ASSTS)	-11,685,402	24.02
24.03	OTHER (SWAP VALUATION)	-3,111,179	24.03
24.04	OTHER (OTHER NON OPERATING)	-256,321	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	7,383,835	25
26	TOTAL (LINE 5 PLUS LINE 25)	4,702,454	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	4,702,454	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7435

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						
2 CAPITAL RELATED-BLDGS & FIXTURES						1
3 CAPITAL RELATED-MOVABLE EQUIPMENT						2
4 PLANT OPERATION & MAINTENANCE						3
5 TRANSPORTATION (SEE INSTRUCTIONS)						4
6 ADMINISTRATIVE AND GENERAL	2,919,023	506,919	16,941	292,676	1,794,762	5,530,321
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	2,242,643	325,346	103,070		11	2,671,070
9 PHYSICAL THERAPY	967,355	103,024	1,391			1,071,770
10 OCCUPATIONAL THERAPY	178,530	26,238				204,768
11 SPEECH PATHOLOGY	20,255	2,151				22,406
12 MEDICAL SOCIAL SERVICES	65,931	9,717	2,389			78,037
13 HOME HEALTH AIDE	31,871	3,736	6,184			41,791
14 SUPPLIES (SEE INSTRUCTIONS)					274,386	274,386
15 DRUGS						13
16 DME						14
17 HHA NONREIMBURSABLE SERVICES						
18 HOME DIALYSIS AIDE SERVICES						15
19 RESPIRATORY THERAPY						16
20 PRIVATE DUTY NURSING	2,420,221	285,159	4,862	2,487	80,880	2,793,609
21 CLINIC						18
22 HEALTH PROMOTION ACTIVITIES						19
23 DAY CARE PROGRAM						20
24 HOME DELIVERED MEALS PROGRAM						21
25 HOMEMAKER SERVICE						22
26 ALL OTHERS						23
27 TOTAL (SUM OF LINES 1-23)	8,845,829	1,262,290	134,837	295,163	2,150,039	12,688,158

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7435

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-252,985	5,277,336	-361,133	4,916,203	5
6		2,671,070		2,671,070	6
7		1,071,770		1,071,770	7
8		204,768		204,768	8
9		22,406		22,406	9
10		78,037		78,037	10
11		41,791		41,791	11
12		274,386		274,386	12
13					13
14					14
15					15
16					16
17		2,793,609		2,793,609	17
18					18
19					19
20					20
21					21
22					22
23					23
24	-252,985	12,435,173	-361,133	12,074,040	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7435

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4				
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	4,916,203				4,916,203	4,916,203		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	2,671,070				2,671,070	1,834,566	4,505,636	8
9	PHYSICAL THERAPY	1,071,770				1,071,770	736,122	1,807,892	9
10	OCCUPATIONAL THERAPY	204,768				204,768	140,640	345,408	10
11	SPEECH PATHOLOGY	22,406				22,406	15,389	37,795	11
12	MEDICAL SOCIAL SERVICES	78,037				78,037	53,598	131,635	12
13	HOME HEALTH AIDE	41,791				41,791	28,703	70,494	13
14	SUPPLIES (SEE INSTRUCTIONS)	274,386				274,386	188,456	462,842	14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING	2,793,609				2,793,609	1,918,729	4,712,338	20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	12,074,040				12,074,040		12,074,040	27

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 04/02/2012 09:22

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION	ADMIN & GENERAL (ACCUM COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-4,916,203	7,157,837	5
6 SKILLED NURSING CARE						2,671,070	6
7 PHYSICAL THERAPY						1,071,770	7
8 OCCUPATIONAL THERAPY						204,768	8
9 SPEECH PATHOLOGY						22,406	9
10 MEDICAL SOCIAL SERVICES						78,037	10
11 HOME HEALTH AIDE						41,791	11
12 SUPPLIES (SEE INSTRUCTIONS)						274,386	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						2,793,609	17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-4,916,203	7,157,837	24
25 COST TO BE ALLOC (PER W/S H)						4,916,203	25
26 UNIT COST MULTIPLIER						0.688628	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7435

WORKSHEET H-2
 PART I

HHA COST CENTER	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1	ADMINISTRATIVE AND GENERAL		330,336		330,336			1
2	SKILLED NURSING CARE		5,865,302		5,865,302	123,271	5,988,573	2
3	PHYSICAL THERAPY		2,353,460		2,353,460	49,463	2,402,923	3
4	OCCUPATIONAL THERAPY		449,642		449,642	9,450	459,092	4
5	SPEECH PATHOLOGY		49,200		49,200	1,034	50,234	5
6	MEDICAL SOCIAL SERVICES		171,358		171,358	3,601	174,959	6
7	HOME HEALTH AIDE		91,767		91,767	1,929	93,696	7
8	SUPPLIES		602,514		602,514	12,663	615,177	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING		6,134,380		6,134,380	128,925	6,263,305	13
14	CLINIC							14
15	HEALTH PROMOTION ACTIVITIES							15
16	DAY CARE PROGRAM							16
17	HOME DELIVERED MEALS PROGRAM							17
18	HOMEMAKER SERVICE							18
19	ALL OTHERS							19
20	TOTAL (SUM OF LINES 1-19)		16,047,959		16,047,959	330,336	16,047,959	20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.					0.021017		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	6,181					32,359	6,181	6,181	1
2 SKILLED NURSING CARE						4,505,636			2
3 PHYSICAL THERAPY						1,807,892			3
4 OCCUPATIONAL THERAPY						345,408			4
5 SPEECH PATHOLOGY						37,795			5
6 MEDICAL SOCIAL SERVICES						131,635			6
7 HOME HEALTH AIDE						70,494			7
8 SUPPLIES						462,842			8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING						4,712,338			13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	6,181					12,106,399	6,181	6,181	20
21 TOTAL COST TO BE ALLOCATED	32,359					3,653,348	63,566	152,301	21
22 UNIT COST MULTIPLIER	5.235237						10.284096		22
22 UNIT COST MULTIPLIER						0.301770		24.640188	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY (MEALS SERVED) 10	CAFETERIA FTE'S 0	MAINT OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINI- STRATION (DIRECT NRSNG HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	
1 ADMINISTRATIVE AND GENERAL		6,181							1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		6,181							20
21 TOTAL COST TO BE ALLOCATED		72,345							21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		11.704417							22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
PART II

HHA COST CENTER	PARAMED ED PROGRAM DIETETICS PATIENT MEALS 23.02	
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
10 DME		10
11 HOME DIALYSIS AIDE SERVICES		11
12 RESPIRATORY THERAPY		12
13 PRIVATE DUTY NURSING		13
14 CLINIC		14
15 HEALTH PROMOTION ACTIVITIES		15
16 DAY CARE PROGRAM		16
17 HOME DELIVERED MEALS PROGRAM		17
18 HOMEMAKER SERVICE		18
19 ALL OTHERS		19
19.50 TELEMEDICINE		19.50
20 TOTAL (SUM OF LINES 1-19)		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-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	4	(COL.3 ÷ COL.4)	5
1	SKILLED NURSING CARE	2	5,988,573	2	5,988,573	30,382	197.11	1
2	PHYSICAL THERAPY	3	2,402,923		2,402,923	11,988	200.44	2
3	OCCUPATIONAL THERAPY	4	459,092		459,092	2,398	191.45	3
4	SPEECH PATHOLOGY	5	50,234		50,234	246	204.20	4
5	MEDICAL SOCIAL SERVICES	6	174,959		174,959	628	278.60	5
6	HOME HEALTH AIDE	7	93,696		93,696	1,333	70.29	6
7	TOTAL (SUM OF LINES 1-6)		9,169,477		9,169,477	46,975		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	5
15	COST OF MEDICAL SUPPLIES	8	615,177	2	615,177	320,469	1.919615	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7435

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	10,155	10,822		2,001,652	2,133,124		4,134,776
2 PHYSICAL THERAPY	5,886	3,628		1,179,790	727,196		1,906,986
3 OCCUPATIONAL THERAPY	1,326	895		253,863	171,348		425,211
4 SPEECH PATHOLOGY	166	80		33,897	16,336		50,233
5 MEDICAL SOCIAL SERVICES	268	229		74,665	63,799		138,464
6 HOME HEALTH AIDE	551	782		38,730	54,967		93,697
7 TOTAL (SUM OF LINES 1-6)	18,352	16,436		3,582,597	3,166,770		6,749,367

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	COST OF SERVICES		TOTAL PROGRAM COST (SUM OF COLS.9-10)
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		1	2	3	4	5	6
8 SKILLED NURSING CARE	16974	10,155	10,822				8
9 PHYSICAL THERAPY	16974	5,886	3,628				9
10 OCCUPATIONAL THERAPY	16974	1,326	895				10
11 SPEECH PATHOLOGY	16974	166	80				11
12 MEDICAL SOCIAL SERVICES	16974	268	229				12
13 HOME HEALTH AIDE	16974	551	782				13
14 TOTAL (SUM OF LINES 8-13)		18,352	16,436				14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES	92,518		90,192	177,599	173,134		15
16 COST OF DRUGS							16

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

FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	LINE
1 PHYSICAL THERAPY	0.289054			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.260859			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.167438			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	0.030891			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.231031			COL 2, LINE 16	5
5.01 INFUSION THERAPY	0.198529			COL 2, LINE 16	5.01

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7435

WORKSHEET H-4
 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 B -----		
	NOT SUBJECT TO DEDUCTIBLES & COINSURANCE	SUBJECT TO DEDUCTIBLES & COINSURANCE	
	PART A 1	2	3
1 REASONABLE COST OF PART A & PART B SERVICES			1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)			1
2 TOTAL CHARGES	3,849,503		2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)			3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,849,503		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	3,849,503		7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)			8
9 PRIMARY PAYER PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A	PART B	
	SERVICES	SERVICES	
	1	2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,673,485	2,993,081	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	5,919	46,218	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	59,999	75,232	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	51,137	47,218	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3,072	11,383	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	3,793,612	3,173,132	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	3,793,612	3,173,132	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	3,793,612	3,173,132	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	3,793,612	3,173,132	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,793,612	3,173,132	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,793,573	3,172,401	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)	39	731	34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1535

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6	
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
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26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
GENERAL SERVICE COST CENTER							
CAPITAL RELATED COSTS-BLDG AND FIXT.							
CAPITAL RELATED COSTS-MOVABLE EQUIP.							
PLANT OPERATION AND MAINTENANCE							
TRANSPORTATION - STAFF							
VOLUNTEER SERVICE COORDINATION							
ADMINISTRATIVE AND GENERAL	643,379	96,622	3,777	106,356	424,407	1,274,541	
INPATIENT CARE SERVICE							
INPATIENT - GENERAL CARE	515,453	54,274			93,797	663,524	
INPATIENT - RESPITE CARE				529,931		529,931	
VISITING SERVICES							
PHYSICIAN SERVICES							
NURSING CARE	797,156	86,104	55,511		96	938,867	
NURSING CARE-CONTINUOUS HOME CARE							
PHYSICAL THERAPY							
OCCUPATIONAL THERAPY							
SPEECH/LANGUAGE PATHOLOGY							
MEDICAL SOCIAL SERVICES							
SPIRITUAL COUNSELING							
DIETARY COUNSELING							
COUNSELING - OTHER							
HOME HEALTH AIDE AND HOMEMAKER							
HH AIDE & HOMEMAKER-CONT. HOME CARE							
OTHER							
OTHER HOSPICE SERVICE COSTS							
DRUGS, BIOLOGICAL & INFUSION THERAPY							
ANALGESICS							
SEDATIVES/HYPNOTICS							
OTHER - SPECIFY							
DURABLE MEDICAL EQUIPMENT/OXYGEN							
PATIENT TRANSPORTATION							
IMAGING SERVICES							
LABS AND DIAGNOSTICS							
MEDICAL SUPPLIES							
OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							
RADIATION THERAPY							
CHEMOTHERAPY							
OTHER							
HOSPICE NONREIMBURSABLE SERVICE							
BEREAVEMENT PROGRAM COSTS							
VOLUNTEER PROGRAM COSTS							
FUNDRAISING							
OTHER PROGRAM COSTS							
TOTAL (SUM OF LINES 1-38)	1,955,988	237,000	59,288	636,287	518,300	3,406,863	

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1535

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL. 6 ± COL. 7) 8	ADJUST- MENTS 9	TOTAL (COL. 8 ± COL. 9) 10	
1					1
2					2
3					3
4					4
5					5
6	-95,460	1,179,081	-18,000	1,161,081	6
7		663,524		663,524	7
8		529,931		529,931	8
9					9
10		938,867		938,867	10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38					38
39	-190,920	3,311,403	-36,000	3,293,403	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1535

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								
3	CAP REL COSTS-MOVABLE EQUIP.								
4	PLANT OPERATION & MAINT.								
5	TRANSPORTATION - STAFF								
6	VOLUNTEER SERVICE COORD.								
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								
10	INPATIENT - RESPITE CARE								
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								
13	NURSING CARE								
14	NURSING CARE-CONT.HOME CARE								
15	PHYSICAL THERAPY								
16	OCCUPATIONAL THERAPY								
17	SPEECH/LANGUAGE PATHOLOGY								
18	MEDICAL SOCIAL SERVICES								
19	SPIRITUAL COUNSELING								
20	DIETARY COUNSELING								
21	COUNSELING - OTHER								
22	HH AIDE AND HOMEMAKER								
23	HH AIDE & HMKR-CONT.HME CARE								
24	OTHER								
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								
27	ANALGESICS								
28	SEDATIVES / HYPNOTICS								
29	OTHER - SPECIFY								
30	DURABLE MED. EQUIP./OXYGEN								
31	PATIENT TRANSPORTATION								
32	IMAGING SERVICES								
33	LABS AND DIAGNOSTICS								
34	MEDICAL SUPPLIES								
35	OUTPAT.SERV. (INCL.E/R DEPT.)								
36	RADIATION THERAPY								
37	CHEMOTHERAPY								
38	OTHER								
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								
41	VOLUNTEER PROGRAM COSTS								
42	FUNDRAISING								
43	OTHER PROGRAM COSTS								
44	TOTAL (SUM OF LINES 1-38)								
			643,379		515,453			53,557	1,955,988
				643,379	1,259,052			53,557	1,955,988

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1535

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								96,622
10	INPATIENT - RESPITE CARE								54,274
11	VISITING SERVICES								54,274
12	PHYSICIAN SERVICES								8
13	NURSING CARE								9
14	NURSING CARE-CONT.HOME CARE								86,104
15	PHYSICAL THERAPY								86,104
16	OCCUPATIONAL THERAPY								10
17	SPEECH/LANGUAGE PATHOLOGY								11
18	MEDICAL SOCIAL SERVICES								12
19	SPIRITUAL COUNSELING								13
20	DIETARY COUNSELING								14
21	COUNSELING - OTHER								15
22	HH AIDE AND HOMEMAKER								16
23	HH AIDE & HMKR-CONT.HME CARE								17
24	OTHER								18
25	OTHER HOSPICE SERVICE COSTS								19
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								21
28	SEDATIVES / HYPNOTICS								22
29	OTHER - SPECIFY								23
30	DURABLE MED. EQUIP./OXYGEN								24
31	PATIENT TRANSPORTATION								25
32	IMAGING SERVICES								26
33	LABS AND DIAGNOSTICS								27
34	MEDICAL SUPPLIES								28
35	OUTPAT.SERV. (INCL.E/R DEPT.)								29
36	RADIATION THERAPY								30
37	CHEMOTHERAPY								31
38	OTHER								32
39	HOSPICE NONREIMBURSABLE SERVICE								33
40	BEREAVEMENT PROGRAM COSTS								34
41	VOLUNTEER PROGRAM COSTS								35
42	FUNDRAISING								36
43	OTHER PROGRAM COSTS								37
44	TOTAL (SUM OF LINES 1-38)								38
45									96,622
46									140,378
47									237,000
48									39

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

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								106,356
9	INPATIENT - GENERAL CARE								106,356
10	INPATIENT - RESPITE CARE								7
11	VISITING SERVICES								529,931
12	PHYSICIAN SERVICES								529,931
13	NURSING CARE								9
14	NURSING CARE-CONT.HOME CARE								9
15	PHYSICAL THERAPY								10
16	OCCUPATIONAL THERAPY								11
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES								12
19	SPIRITUAL COUNSELING								13
20	DIETARY COUNSELING								13
21	COUNSELING - OTHER								14
22	HH AIDE AND HOMEMAKER								14
23	HH AIDE & HMKR-CONT.HME CARE								15
24	OTHER								15
25	OTHER HOSPICE SERVICE COSTS								16
26	DRUGS, BIOL. & INFUS. THER.								17
27	ANALGESICS								17
28	SEDATIVES / HYPNOTICS								18
29	OTHER - SPECIFY								18
30	DURABLE MED. EQUIP./OXYGEN								19
31	PATIENT TRANSPORTATION								19
32	IMAGING SERVICES								20
33	LABS AND DIAGNOSTICS								20
34	MEDICAL SUPPLIES								21
35	OUTPAT.SERV. (INCL.E/R DEPT.)								21
36	RADIATION THERAPY								22
37	CHEMOTHERAPY								22
38	OTHER								23
39	HOSPICE NONREIMBURSABLE SERVICE								23
40	BEREAVEMENT PROGRAM COSTS								24
41	VOLUNTEER PROGRAM COSTS								24
42	FUNDRAISING								25
43	OTHER PROGRAM COSTS								25
44	TOTAL (SUM OF LINES 1-38)								26
45									26
46									27
47									27
48									28
49									28
50									29
51									29
52									30
53									30
54									31
55									31
56									32
57									32
58									33
59									33
60									34
61									34
62									35
63									35
64									36
65									36
66									37
67									37
68									38
69									38
70									39
71									39
72									636,287
73									636,287
74									39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1535

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER									1
2	CAP REL COSTS-BLDG AND FIXT.									2
3	CAP REL COSTS-MOVABLE EQUIP.									3
4	PLANT OPERATION & MAINT.									4
5	TRANSPORTATION - STAFF									5
6	VOLUNTEER SERVICE COORD.									6
7	ADMINISTRATIVE AND GENERAL	1,161,081						1,161,081	1,161,081	
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	663,524						663,524	361,299	1,024,823
10	INPATIENT - RESPITE CARE	529,931						529,931	288,555	818,486
11	VISITING SERVICES									
12	PHYSICIAN SERVICES									
13	NURSING CARE	938,867						938,867	511,227	1,450,094
14	NURSING CARE-CONTINUOUS HOME									
15	PHYSICAL THERAPY									
16	OCCUPATIONAL THERAPY									
17	SPEECH/LANGUAGE PATHOLOGY									
18	MEDICAL SOCIAL SERVICES									
19	SPIRITUAL COUNSELING									
20	DIETARY COUNSELING									
21	COUNSELING - OTHER									
22	HH AIDE AND HOMEMAKER									
23	HH AIDE & HMKR-CONT. HOME CA									
24	OTHER									
25	OTHER HOSPICE SERVICE COSTS									
26	DRUGS, BIOL. & INFUS. THER.									
27	ANALGESICS									
28	SEDATIVES / HYPNOTICS									
29	OTHER - SPECIFY									
30	DURABLE MED. EQUIP./OXYGEN									
31	PATIENT TRANSPORTATION									
32	IMAGING SERVICES									
33	LABS AND DIAGNOSTICS									
34	MEDICAL SUPPLIES									
35	OUTPAT.SERV.(INCL.E/R DEPT.)									
36	RADIATION THERAPY									
37	CHEMOTHERAPY									
38	OTHER									
39	HOSPICE NONREIMBURSABLE SERV.									
40	BEREAVEMENT PROGRAM COSTS									
41	VOLUNTEER PROGRAM COSTS									
42	FUNDRAISING									
43	OTHER PROGRAM COSTS									
44	TOTAL (SUM OF LINES 1-38)	3,293,403						3,293,403		3,293,403

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1535

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED ED PROGRAM EMS 23.01	PARAMED ED PROGRAM DIETETICS 23.02	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1	ADMINISTRATIVE AND GENERAL							1
2	INPATIENT - GENERAL CARE		1,334,084		1,334,084		1,334,084	2
3	INPATIENT - RESPITE CARE		1,065,481		1,065,481		1,065,481	3
4	PHYSICIAN SERVICES							4
5	NURSING CARE		1,887,688		1,887,688		1,887,688	5
6	NURSING CARE-CONTINUOUS HOM							6
7	PHYSICAL THERAPY							7
8	OCCUPATIONAL THERAPY							8
9	SPEECH/LANGUAGE PATHOLOGY							9
10	MEDICAL SOCIAL SERV. - DIRE							10
11	SPIRITUAL COUNSELING							11
12	DIETARY COUNSELING							12
13	COUNSELING - OTHER							13
14	HOME HLTH AIDE & HOMEMAKERS							14
15	HH AIDE & HMKR-CONT. HOME C							15
16	OTHER							16
17	DRUGS,BIOLOGICALS & INFUSIO							17
18	ANALGESICS							18
19	SEDATIVES / HYPNOTICS							19
20	OTHER - SPECIFY							20
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
30	BEREAVEMENT PROGRAM COSTS							30
31	VOLUNTEER PROGRAM COSTS							31
32	FUNDRAISING							32
33	OTHER PROGRAM COSTS							33
34	TOTALS (SUM OF LINES 1-33)		4,287,253		4,287,253		4,287,253	34
35	UNIT COST MULTIPLIER							35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1535

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP EQUIPMENT COST	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	11,730			119,943				5,865	1
2 INPATIENT - GENERAL CARE						1,024,823			2
3 INPATIENT - RESPITE CARE						818,486			3
4 PHYSICIAN SERVICES									4
5 NURSING CARE				315,486		1,450,094			5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE									10
11 SPIRITUAL COUNSELING									11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS									14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER				37,205					16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
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
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	11,730			472,634		3,293,403		5,865	34
35 TOTAL COST TO BE ALLOCATED						993,850			35
36 UNIT COST MULTIPLIER						0.301770			36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

HOSPICE NO.: 14-1535

WORKSHEET K-5
PART II

HOSPICE COST CENTER	PARAMED ED PROGRAM DIETETICS PATIENT MEALS 23.02	
1 ADMINISTRATIVE AND GENERAL		1
2 INPATIENT - GENERAL CARE		2
3 INPATIENT - RESPITE CARE		3
4 PHYSICIAN SERVICES		4
5 NURSING CARE		5
6 NURSING CARE-CONTINUOUS HOM		6
7 PHYSICAL THERAPY		7
8 OCCUPATIONAL THERAPY		8
9 SPEECH/LANGUAGE PATHOLOGY		9
10 MEDICAL SOCIAL SERV. - DIRE		10
11 SPIRITUAL COUNSELING		11
12 DIETARY COUNSELING		12
13 COUNSELING - OTHER		13
14 HOME HLTH AIDE & HOMEMAKERS		14
15 HH AIDE & HMKR-CONT. HOME C		15
16 OTHER		16
17 DRUGS,BIOLOGICALS & INFUSIO		17
18 ANALGESICS		18
19 SEDATIVES / HYPNOTICS		19
20 OTHER - SPECIFY		20
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
30 BEREAVEMENT PROGRAM COSTS		30
31 VOLUNTEER PROGRAM COSTS		31
32 FUNDRAISING		32
33 OTHER PROGRAM COSTS		33
34 TOTALS (SUM OF LINES 1-33)		34
35 TOTAL COST TO BE ALLOCATED		35
36 UNIT COST MULTIPLIER		36

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1535

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.289054		1
2	OCCUPATIONAL THERAPY	67	0.260859		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.167438		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.231031		4
4.01	INFUSION THERAPY	73.01	0.198529		4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.104933		6
7	MEDICAL SUPPLIES	71	0.030891		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97	0.883352		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.258121		10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1535

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				4,287,253	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				18,678	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				229.53	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	14,876				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,414,488				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)					6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)					7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			3,802		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			872,673		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-019)) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	4,230,942	1
2	CAPITAL DRG OUTLIER PAYMENTS	65,594	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	200.66	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0830	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2765	8
9	SUM OF LINES 7 AND 8	0.3595	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0755	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	319,436	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,615,972	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1					1
2					2
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
19					19
20					20
21					21
22					22
23					23
23.01					23.01
23.02					23.02
INPATIENT ROUTINE SERV COST CENTERS					
30					30
31					31
32					32
40					40
41					41
43					43
ANCILLARY SERVICE COST CENTERS					
50					50
51					51
53					53
54					54
54.01					54.01
54.02					54.02
56					56
57					57
58					58
59					59
60					60
62.30					62.30
63					63
65					65
65.01					65.01
66					66
67					67
68					68
69					69
70					70
70.01					70.01
71					71
72					72
73					73
73.01					73.01
74					74
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02					90.02
90.03					90.03
91					91
91.01					91.01
92					92
92.01					92.01
OTHER REIMBURSABLE COST CENTERS					
99.10					99.10
99.20					99.20
99.30					99.30
99.40					99.40
100					100
101					101

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204