

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: 02-26-2013 TIME: 16:36  
 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 10/01/2011 AND ENDING 09/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		1,104,022	352,168			1
2 SUBPROVIDER - IPF		7,482	241			2
3 SUBPROVIDER - IRF		-159,808	1,266			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		951,735	354,406			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 HOSP	14-S191	16974	4	01/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	REHAB UNIT OF INGALLS MEM HOSP	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: 10/01/2011			TO: 09/30/2012					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		OUT-OF-STATE		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF-STATE MEDICAID PAID DAYS 3	OUT-OF-STATE MEDICAID UNPAID DAYS 4		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	18,648	1,590	68		612	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	262				102	25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS 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

39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1	2
								N	N 39

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
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N



HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	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.	N			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

		Y/N	IME AVERAGE	DIRECT GME AVERAGE	
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)	N			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
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.1+COL.2))	
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL 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)				64

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))	
PROGRAM NAME	PROGRAM CODE	3	4	5	
1	2				

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

		UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.1+COL.2))	
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)				66

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
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
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
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
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
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
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
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
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
<b>RURAL PROVIDERS</b>				
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 SICAL ATIONAL Y Y RESPI- 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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1 PAID LOSSES: 1 SELF INSURANCE: 1			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR 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.	1 Y	2	140
-----	--	--------	---	-----

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, LINE 74 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)

	TITLE XVIII	TITLE	TITLE
	PART A	V	XIX
	1	3	4
155	HOSPITAL	N	N
156	SUBPROVIDER - IPF	N	N
157	SUBPROVIDER - IRF	N	N
158	SUBPROVIDER - (OTHER)	N	N
159	SNF	N	N
160	HHA	N	N
161	CMHC	N	N



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		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
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	
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	
<b>FINANCIAL DATA AND REPORTS</b>					
		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	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		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	
<b>BED COMPLEMENT</b>					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			Y	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
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	02/04/2013	Y	02/04/2013
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	02/04/2013	Y	02/04/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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 |    |
|---|-----|------|----|
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?   | 1   | 2    | 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. | N   |      | 38 |
| 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.   |     |      | 39 |
| 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 40 |

COST REPORT PREPARER CONTACT INFORMATION

- |                               |                                   |                             |    |
|-------------------------------|-----------------------------------|-----------------------------|----|
| 41 FIRST NAME: DANIEL         | LAST NAME: MRUZ                   | TITLE: DIRECTOR OF REIMBURS | 41 |
| 42 EMPLOYER: INGALLS          |                                   |                             | 42 |
| 43 PHONE NUMBER: 708-915-6107 | E-MAIL ADDRESS: DMRUZ@INGALLS.ORG |                             | 43 |





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE 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	110,710,733	-11,140,330	99,570,403	3,637,357.00	27.37
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A ADMINISTRATIVE						3
4.01	PHYSICIAN-PART A - TEACHING						4
5	PHYSICIAN-PART B						4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		14,288,886	-10,016,798	4,272,088	151,696.00	9
	OTHER WAGES & RELATED COSTS						28.16
11	CONTRACT LABOR (SEE INSTRUCTIONS)		67,820		67,820	988.00	10
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						68.64
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		1,410,008		1,410,008	14,310.00	11
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		6,831,041		6,831,041	31,542.00	12
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						98.53
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						13
	WAGE-RELATED COSTS						216.57
17	WAGE-RELATED COSTS (CORE)		21,696,339		21,696,339		14
18	WAGE-RELATED COSTS (OTHER)						15
19	EXCLUDED AREAS		930,885		930,885		16
20	NON-PHYSICIAN ANESTHETIST PART A						17
21	NON-PHYSICIAN ANESTHETIST PART B						18
22	PHYSICIAN PART A - ADMINISTRATIVE						19
22.01	PHYSICIAN PART A - TEACHING						20
23	PHYSICIAN PART B						21
24	WAGE-RELATED COSTS (RHC/FQHC)						22
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						22.01
	OVERHEAD COSTS - DIRECT SALARIES						23
26	EMPLOYEE BENEFITS		982,458		982,458	38,012.00	24
27	ADMINISTRATIVE & GENERAL		11,941,819	525,584	12,467,403	496,892.00	25
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		3,382,779		3,382,779	28,230.00	26
29	MAINTENANCE & REPAIRS						119.83
30	OPERATION OF PLANT		862,441		862,441	49,515.00	27
31	LAUNDRY & LINEN SERVICE		85,086		85,086	6,519.00	28
32	HOUSEKEEPING		795		795		29
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						17.42
34	DIETARY		-353	353			30
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						31
36	CAFETERIA		-23	23			13.05
37	MAINTENANCE OF PERSONNEL						32
38	NURSING ADMINISTRATION		2,978,203		2,978,203	110,565.00	33
39	CENTRAL SERVICES AND SUPPLY		242,802		242,802	16,851.00	34
40	PHARMACY		3,025,294	-55,292	2,970,002	81,247.00	35
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,748,747	-142,573	2,606,174	105,794.00	36
42	SOCIAL SERVICE						37
43	OTHER GENERAL SERVICE						26.94

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	114,093,512	-11,140,330	102,953,182	3,665,587.00	28.09	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	14,288,886	-10,016,798	4,272,088	151,696.00	28.16	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	99,804,626	-1,123,532	98,681,094	3,513,891.00	28.08	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	8,308,869		8,308,869	46,840.00	177.39	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	21,696,339		21,696,339		21.99%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	129,809,834	-1,123,532	128,686,302	3,560,731.00	36.14	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	26,250,048	328,095	26,578,143	933,625.00	28.47	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,959,547 3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	8,452,955 8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	312,434 10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	151,923 11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	236,348 13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	1,818,692 15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	16
TAXES	
17 FICA-EMPLOYERS PORTION ONLY	7,672,234 17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	533,048 19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	395,137 23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	22,532,318 24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-0191    INGALLS MEMORIAL HOSPITAL  
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11  
02/26/2013 16:36

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	19,180	830	658	421	21,089	21
22 SKILLED NURSING VISIT CHARGES	3,611,160	157,600	124,070	79,330	3,972,160	22
23 PHYSICAL THERAPY VISITS	8,852	59	61	275	9,247	23
24 PHYSICAL THERAPY VISIT CHARGES	1,675,370	11,210	11,380	52,130	1,750,090	24
25 OCCUPATIONAL THERAPY VISITS	1,645	8	8	69	1,730	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	310,970	1,520	1,520	13,070	327,080	26
27 SPEECH PATHOLOGY VISITS	264			12	276	27
28 SPEECH PATHOLOGY VISIT CHARGES	49,960			2,280	52,240	28
29 MEDICAL SOCIAL SERVICE VISITS	520	12	16	20	568	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	117,000	2,700	3,600	4,500	127,800	30
31 HOME HEALTH AIDE VISITS	1,767	56	1	10	1,834	31
32 HOME HEALTH AIDE VISIT CHARGES	229,710	7,280	130	1,300	238,420	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	32,228	965	744	807	34,744	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	5,994,170	180,310	140,700	152,610	6,467,790	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,195		286	67	2,548	36
37 TOTAL NUMBER OF OUTLIER EPISODES		22			22	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	326,098	26,504			352,602	38

HOSPICE IDENTIFICATION DATA

HOSPICE NO. : 14-1535

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE				2	2
2	ROUTINE HOME CARE	11,329			1,680	13,009
3	INPATIENT RESPITE CARE	96			16	112
4	GENERAL INPATIENT CARE	1,561			694	2,255
5	TOTAL HOSPICE DAYS	12,986			2,392	15,378

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	386			45	431
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	33.64			53.16	35.68
9	UNDUPLICATED CENSUS COUNT	386			45	431

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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.257655	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				29,035,583	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				394,394	5
6	MEDICAID CHARGES				174,461,030	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				44,950,757	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				15,520,780	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
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)				15,520,780	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 FACILITY	27,890,876	5,437,748		33,328,624	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	7,186,224	1,401,063		8,587,287	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE		638,339		638,339	22
23	COST OF CHARITY CARE	7,186,224	762,724		7,948,948	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)				23,429,974	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,675,156	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				20,754,818	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				5,347,583	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				13,296,531	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				28,817,311	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		3,322,843	3,322,843	-3,568,015	1
2	00200		15,620,545	15,620,545		2
3	00300					3
4	00400	982,458	20,509,516	21,491,974	132,609	4
5	00500	11,941,819	43,372,639	55,314,458	770,560	5
6	00600		4,175,728	4,175,728	-249,356	6
7	00700	862,441	6,308,157	7,170,598		7
8	00800	85,086	1,153,805	1,238,891		8
9	00900	795	4,167,258	4,168,053	-231,764	9
10	01000	-353	3,825,716	3,825,363	-2,126,950	10
11	01100	-23	56	33	2,008,311	11
12	01200					12
13	01300	2,978,203	369,070	3,347,273		13
14	01400	242,802	625,613	868,415	-218,537	14
15	01500	3,025,294	8,565,279	11,590,573	-8,416,269	15
16	01600	2,748,747	892,984	3,641,731		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
23.01	02301	145,669	41,616	187,285	658,927	23.01
23.02	02302		11,111	11,111	118,639	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	21,676,664	6,494,121	28,170,785	-78,050	30
31	03100	3,221,444	366,841	3,588,285	-37,660	31
32	03200					32
40	04000	729,402	1,427,653	2,157,055	-726,113	40
41	04100	3,095,109	342,465	3,437,574		41
43	04300	1,104,088	538,873	1,642,961		43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,039,439	16,510,103	20,549,542	-9,329,457	50
51	05100	685,555	104,498	790,053		51
53	05300	751,151	729,166	1,480,317		53
54	05400	3,511,961	1,797,994	5,309,955		54
54.01	03630	982,088	77,002	1,059,090		54.01
54.02	05401	1,166,373	2,086,149	3,252,522	-1,157,891	54.02
56	05600	365,480	915,141	1,280,621		56
57	05700	607,975	274,058	882,033		57
58	05800	555,466	148,097	703,563		58
59	05900	681,392	2,993,566	3,674,958	-1,770,201	59
60	06000	5,141,281	4,768,966	9,910,247	-164,670	60
62.30	06250					62.30
63	06300	325,479	1,514,783	1,840,262	33,544	63
65	06500	1,476,990	400,066	1,877,056	-10,673	65
65.01	03560	45,764	4,248	50,012		65.01
66	06600	6,241,094	1,429,076	7,670,170	-175,207	66
67	06700	846,225	10,293	856,518		67
68	06800	471,661	1,274	472,935	-41,435	68
69	06900	757,658	165,216	922,874	161,788	69
70	07000	99,145	56,585	155,730		70
70.01	03280	123,607	5,853	129,460		70.01
71	07100				218,538	71
72	07200				12,698,755	72
73	07300				8,360,977	73
73.01	03190	478,251	146,785	625,036		73.01
74	07400	571,744	163,028	734,772		74
76.97	07697	522,350	254,264	776,614		76.97
76.98	07698	480,995	307,416	788,411	-10,755	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09002	144	535,599	535,743	1,161,190	90.02
90.03	09003	206,759	264,937	471,696		90.03
91	09100	4,072,853	1,807,814	5,880,667	-535,473	91
91.01	09101	12,343,502	9,156,174	21,499,676	1,444,237	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	161,788	862,600	1,024,388	-1,024,388	100
101	10100	8,437,759	3,433,005	11,870,764	-582,290	101
SPECIAL PURPOSE COST CENTERS						

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 PERIOD FROM 10/01/2011 TO 09/30/2012

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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	1,719,159	1,115,571	2,834,730		116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	110,710,733	174,171,216	284,881,949	-2,687,079	118
192	19200 PHYSICIANS' PRIVATE OFFICES				2,687,079	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)	110,710,733	174,171,216	284,881,949		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	-245,172		1,075,333	1
2	00200	15,620,545	1,320,505	15,620,545	2
3	00300				3
4	00400	21,624,583	-8,584	21,615,999	4
5	00500	56,085,018	-2,078,595	54,006,423	5
6	00600	3,926,372		3,926,372	6
7	00700	7,170,598	-72,192	7,098,406	7
8	00800	1,238,891		1,238,891	8
9	00900	3,936,289		3,936,289	9
10	01000	1,698,413		1,698,413	10
11	01100	2,008,344		2,008,344	11
12	01200				12
13	01300	3,347,273	-15,063	3,332,210	13
14	01400	649,878	-8,044	641,834	14
15	01500	3,174,304		3,174,304	15
16	01600	3,641,731	-616,530	3,025,201	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
23.01	02301	846,212	-315,394	530,818	23.01
23.02	02302	129,750	-93,217	36,533	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	28,092,735	-862,500	27,230,235	30
31	03100	3,550,625		3,550,625	31
32	03200				32
40	04000	1,430,942	-28,340	1,402,602	40
41	04100	3,437,574	-25,006	3,412,568	41
43	04300	1,642,961		1,642,961	43
ANCILLARY SERVICE COST CENTERS					
50	05000	11,220,085	-304,300	10,915,785	50
51	05100	790,053		790,053	51
53	05300	1,480,317	-1,204,144	276,173	53
54	05400	5,309,955	-1,131,943	4,178,012	54
54.01	03630	1,059,090		1,059,090	54.01
54.02	05401	2,094,631	-977	2,093,654	54.02
56	05600	1,280,621		1,280,621	56
57	05700	882,033		882,033	57
58	05800	703,563		703,563	58
59	05900	1,904,757	-7,500	1,897,257	59
60	06000	9,745,577	-3,138,031	6,607,546	60
62.30	06250				62.30
63	06300	1,873,806		1,873,806	63
65	06500	1,866,383	-6,950	1,859,433	65
65.01	03560	50,012		50,012	65.01
66	06600	7,494,963	-41,116	7,453,847	66
67	06700	856,518		856,518	67
68	06800	431,500	-17,343	414,157	68
69	06900	1,084,662	-21,250	1,063,412	69
70	07000	155,730	-17,833	137,897	70
70.01	03280	129,460		129,460	70.01
71	07100	218,538		218,538	71
72	07200	12,698,755		12,698,755	72
73	07300	8,360,977		8,360,977	73
73.01	03190	625,036	-29,836	595,200	73.01
74	07400	734,772	-4,000	730,772	74
76.97	07697	776,614	-212,050	564,564	76.97
76.98	07698	777,656		777,656	76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09002	1,696,933		1,696,933	90.02
90.03	09003	471,696	-62,250	409,446	90.03
91	09100	5,345,194	-512,440	4,832,754	91
91.01	09101	22,943,913	-5,668,516	17,275,397	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				100
101	10100	11,288,474	-49,937	11,238,537	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	2,834,730	-18,000	2,816,730	116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	282,194,870	-15,251,376	266,943,494	118
192	19200 PHYSICIANS' PRIVATE OFFICES	2,687,079		2,687,079	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)	284,881,949	-15,251,376	269,630,573	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS NON CAP INS	A	CAP REL COSTS-BLDG & FIXT	1		235,059	1
2 EMPLOYEE BENEFITS			4		132,609	2
500 TOTAL RECLASSIFICATIONS					367,668	500
CODE LETTER - A						
1 CAFETERIA	B	CAFETERIA	11		2,008,311	1
2 CAFETERIA EXPENSE RECLASS		PARAMED ED PRGM-DIETETICS	23.02		118,639	2
3 DIETARY			10	353		3
4 CAFETERIA			11	23		4
500 TOTAL RECLASSIFICATIONS				376	2,126,950	500
CODE LETTER -						
1 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHRGED TO PA	71		218,538	1
2 IMPL. DEV. CHARGED TO PATIENT			72		12,698,755	2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS					12,917,293	500
CODE LETTER - D						
1 RECLASS DRUGS CHARGES TO PTS	E	DRUGS CHARGED TO PATIENTS	73		8,360,977	1
500 TOTAL RECLASSIFICATIONS					8,360,977	500
CODE LETTER - E						
1 POB COST OFFSET	F	PHYSICIANS' PRIVATE OFFICES	192		481,120	1
2						2
500 TOTAL RECLASSIFICATIONS					481,120	500
CODE LETTER - F						
1 LAB ADMIN	G	BLOOD STORING, PROCESSING & T	63	18,312	15,232	1
500 TOTAL RECLASSIFICATIONS				18,312	15,232	500
CODE LETTER - G						
1 ALLOC ONE DAY SURGERY	H	OPERATING ROOM	50	290,050	37,635	1
500 TOTAL RECLASSIFICATIONS				290,050	37,635	500
CODE LETTER - H						
1 EMT NURSE PRECEPTORS	I	PARAMED ED PRGM-EMS	23.01	565,552		1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS				565,552		500
CODE LETTER - I						
1 HMC CLINIC COST RECLASS	J	PSYCH ANCILLARY	90.02	205,533	229,544	1
2 HMC SUPPORT	J	PSYCH ANCILLARY	90.02	257,081	469,032	2
3 HMC SUPPORT	J					3
500 TOTAL RECLASSIFICATIONS				462,614	698,576	500
CODE LETTER - J						
1 FCC PHYSICIANS OFFICES	M	PHYSICIANS' PRIVATE OFFICES	192		822,553	1
500 TOTAL RECLASSIFICATIONS					822,553	500
CODE LETTER - M						
1 HOME HEALTH PARENT	N	ADMINISTRATIVE & GENERAL	5		426,971	1
500 TOTAL RECLASSIFICATIONS					426,971	500
CODE LETTER - N						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
1	2	3	4	5	
1 IFCC DEPR EXPENSE	O	IFCC	91.01		2,391,682 1
2		PHYSICIANS' PRIVATE OFFICES	192		1,383,406 2
500 TOTAL RECLASSIFICATIONS					3,775,088 500
CODE LETTER - O					
1 EMS MEDICAL DIRECTOR	Q	PARAMED ED PRGM-EMS	23.01		93,375 1
500 TOTAL RECLASSIFICATIONS					93,375 500
CODE LETTER - Q					
1 HOME HEALTH INDIRECT COSTS	R	ADMINISTRATIVE & GENERAL	5		155,319 1
500 TOTAL RECLASSIFICATIONS					155,319 500
CODE LETTER - R					
1 OFF-SITE LOCATIONS	S	PHYSICAL THERAPY	66		27,986 1
500 TOTAL RECLASSIFICATIONS					27,986 500
CODE LETTER - S					
1 AGENCY SALARIES	T	ADMINISTRATIVE & GENERAL	5		30,354 1
2		MEDICAL RECORDS & LIBRARY	16		142,573 2
3		ADULTS & PEDIATRICS	30		141,283 3
4		INTENSIVE CARE UNIT	31		64,905 4
5		SUBPROVIDER - IPF	40		428 5
6		SUBPROVIDER - IRF	41		6,135 6
7		NURSERY	43		12,625 7
8		OPERATING ROOM	50		128,766 8
9		ANESTHESIOLOGY	53		20,902 9
10		SPECIAL PROCEDURES	54.02		13,148 10
11		LABORATORY	60		55,793 11
12					12
13		PHYSICAL THERAPY	66		135,223 13
14		OCCUPATIONAL THERAPY	67		24,343 14
15		HYPERBARIC OXYGEN THERAPY	76.98		9,408 15
16		EMERGENCY	91		25,264 16
17		IFCC	91.01		172,638 17
500 TOTAL RECLASSIFICATIONS					983,788 500
CODE LETTER - T					
1 RECLASS SALARIES	U	HOME HEALTH AGENCY	101		8,437,759 1
2		HOSPICE	116		1,719,159 2
500 TOTAL RECLASSIFICATIONS					10,156,918 500
CODE LETTER - U					
1 DATA AND ADMIN FUNCTIONS	V	ADMINISTRATIVE & GENERAL	5	555,938	1
2					2
3					3
4					4
5					5
6					6
7					7
500 TOTAL RECLASSIFICATIONS				555,938	500
CODE LETTER - V					
1 OB HOUSE STAFF	W	ADULTS & PEDIATRICS	30		862,600 1
2		ELECTROCARDIOLOGY	69	161,788	2
500 TOTAL RECLASSIFICATIONS				161,788	862,600 500
CODE LETTER - W					
GRAND TOTAL (INCREASES)				2,054,630	42,310,049

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		367,668	11 1
2						2
500 TOTAL RECLASSIFICATIONS					367,668	500
CODE LETTER - A						
1		DIETARY	10		2,008,311	1
2 CAFETERIA EXPENSE RECLASS	B	DIETARY	10		118,639	2
3		DIETARY	10		353	3
4		CAFETERIA	11		23	4
500 TOTAL RECLASSIFICATIONS					2,127,326	500
CODE LETTER -						
1 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	14		218,537	1
2		OPERATING ROOM	50		9,772,809	2
3		SPECIAL PROCEDURES	54.02		1	3
4		CARDIAC CATHETERIZATION	59		1,757,301	4
5		HYPERBARIC OXYGEN THERAPY	76.98		10,755	5
6		SPECIAL PROCEDURES	54.02		1,157,890	6
500 TOTAL RECLASSIFICATIONS					12,917,293	500
CODE LETTER - D						
1 RECLASS DRUGS CHARGES TO PTS	E	PHARMACY	15		8,360,977	1
500 TOTAL RECLASSIFICATIONS					8,360,977	500
CODE LETTER - E						
1 POB COST OFFSET	F	HOUSEKEEPING	9		231,764	1
2		MAINTENANCE & REPAIRS	6		249,356	2
500 TOTAL RECLASSIFICATIONS					481,120	500
CODE LETTER - F						
1 LAB ADMIN	G	LABORATORY	60	18,312	15,232	1
500 TOTAL RECLASSIFICATIONS				18,312	15,232	500
CODE LETTER - G						
1 ALLOC ONE DAY SURGERY	H	ADULTS & PEDIATRICS	30	290,050	37,635	1
500 TOTAL RECLASSIFICATIONS				290,050	37,635	500
CODE LETTER - H						
1 EMT NURSE PRECEPTORS	I	ADULTS & PEDIATRICS	30	24,561		1
2		INTENSIVE CARE UNIT	31	37,660		2
3		OPERATING ROOM	50	13,099		3
4		ADULTS & PEDIATRICS	30	24,561		4
5		RESPIRATORY THERAPY	65	10,673		5
6		CARDIAC CATHETERIZATION	59	12,900		6
7		EMERGENCY	91	442,098		7
500 TOTAL RECLASSIFICATIONS				565,552		500
CODE LETTER - I						
1 HMC CLINIC COST RECLASS	J	ADULTS & PEDIATRICS	30	205,533	229,544	1
2 HMC SUPPORT	J	SUBPROVIDER - IPF	40	257,081	469,032	2
3 HMC SUPPORT	J					3
500 TOTAL RECLASSIFICATIONS				462,614	698,576	500
CODE LETTER - J						
1 FCC PHYSICIANS OFFICES	M	IFCC	91.01		822,553	1
500 TOTAL RECLASSIFICATIONS					822,553	500
CODE LETTER - M						
1 HOME HEALTH PARENT	N	HOME HEALTH AGENCY	101		426,971	1
500 TOTAL RECLASSIFICATIONS					426,971	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		2,391,682	11 1
2		CAP REL COSTS-BLDG & FIXT	1		1,383,406	11 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					3,775,088	500
1 EMS MEDICAL DIRECTOR	Q	EMERGENCY	91		93,375	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q					93,375	500
1 HOME HEALTH INDIRECT COSTS	R	HOME HEALTH AGENCY	101		155,319	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - R					155,319	500
1 OFF-SITE LOCATIONS	S	CAP REL COSTS-BLDG & FIXT	1		27,986	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					27,986	500
1 AGENCY SALARIES	T	ADMINISTRATIVE & GENERAL	5	30,354		1
2		MEDICAL RECORDS & LIBRARY	16	142,573		2
3		ADULTS & PEDIATRICS	30	141,283		3
4		INTENSIVE CARE UNIT	31	64,905		4
5		SUBPROVIDER - IPF	40	428		5
6		SUBPROVIDER - IRF	41	6,135		6
7		NURSERY	43	12,625		7
8		ADULTS & PEDIATRICS	30	128,766		8
9		ANESTHESIOLOGY	53	20,902		9
10		SPECIAL PROCEDURES	54.02	13,148		10
11		LABORATORY	60	55,793		11
12						12
13		PHYSICAL THERAPY	66	135,223		13
14		OCCUPATIONAL THERAPY	67	24,343		14
15		HYPERBARIC OXYGEN THERAPY	76.98	9,408		15
16		EMERGENCY	91	25,264		16
17		IFCC	91.01	172,638		17
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					983,788	500
1 RECLASS SALARIES	U	HOME HEALTH AGENCY	101	8,437,759		1
2		HOSPICE	116	1,719,159		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - U					10,156,918	500
1 DATA AND ADMIN FUNCTIONS	V	PHARMACY	15	55,292		1
2						2
3						3
4		LABORATORY	60	131,126		4
5		PHYSICAL THERAPY	66	203,193		5
6		SPEECH PATHOLOGY	68	41,435		6
7		IFCC	91.01	124,892		7
500 TOTAL RECLASSIFICATIONS CODE LETTER - V					555,938	500
1 OB HOUSE STAFF	W	I&R SERVICES-NOT APPRVD PRGM	100		862,600	1
2		I&R SERVICES-NOT APPRVD PRGM	100	161,788		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - W				161,788	862,600	500
GRAND TOTAL (DECREASES)				13,194,960	31,169,719	

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	11,895,345					11,895,345	5,545,550	2
3 BUILDINGS AND FIXTURES	219,394,013					219,394,013	80,346,009	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	178,943,388					178,943,388	69,402,361	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	428,586,996					428,586,996	155,293,920	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	428,586,996					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	3,322,843						3,322,843 1
2 CAP REL COSTS-MVBLE EQUIP	15,620,545						15,620,545 2
3 TOTAL (SUM OF LINES 1-2)	18,943,388						18,943,388 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	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								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

----- 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	3,137,066		-2,061,733				1,075,333 1
2 CAP REL COSTS-MVBLE EQUIP	15,620,545						15,620,545 2
3 TOTAL	18,757,611		-2,061,733				16,695,878 3

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	-185,777	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	-48,292	ADMINISTRATIVE & GENERAL	5	8 9
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	B	-68,783	OPERATION OF PLANT	7	10 11
9 PARKING LOT (CHAPTER 21)	WKST				12 13
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,320,015			14 15
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	WKST				16 17
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	A-8-1	1,341,738			18 19
13 LAUNDRY AND LINEN SERVICE					20 21
14 CAFETERIA - EMPLOYEES AND GUESTS					22 23
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					24 25
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					26 27
17 SALE OF DRUGS TO OTHER THAN PATIENTS					28 29
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					30 31
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					32 33
20 VENDING MACHINES					34 35
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					36 37
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					38 39
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	40 41
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	42 43
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	44 45
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	46 47
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	48 49
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	50 51
29 PHYSICIANS' ASSISTANT					52 53
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	54 55
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	56 57
32 CAH HIT ADJ FOR DEPRECIATION AND					58 59
33					60 61
34 MISCELLANEOUS INCOME	B	-1,256,513	ADMINISTRATIVE & GENERAL	5	62 63
34.06 DAY CARE CENTER	B	-557,586	ADMINISTRATIVE & GENERAL	5	64 65
34.08 EMS FEES	B	-284,319	PARAMED ED PRGM-EMS	23.01	66 67
34.09 DIETARY TUITION REVENUE	B	-93,217	PARAMED ED PRGM-DIETETICS	23.02	68 69
35					70 71
35.19 POB DEPT RENTAL-RETINAL	A	-50,000	RETINAL VASCULAR	90.03	72 73
35.20 POB DEPT RENTALCARDIAC REHAB	A	-37,019	CARDIAC REHABILITATION	76.97	74 75
35.21 POB DEPARTMENTAL RENTAL	A	-124,304	ADMINISTRATIVE & GENERAL	5	76 77
35.22 CRNA SALARIES	A	-714,843	ANESTHESIOLOGY	53	78 79
35.23 PATIENT PHONE BENEFITS	A	-4,216	EMPLOYEE BENEFITS	4	80 81
35.24 POB DEPARTMENTAL RENTAL	A	-24,633	INFUSION THERAPY	73.01	82 83
35.25 POB RENTAL	A	-20,079	RADIOLOGY-DIAGNOSTIC	54	84 85
35.26 POB RENTAL	A	-5,700	MEDICAL RECORDS & LIBRARY	16	86 87
35.41 OTHER INCOME	B	-15,063	NURSING ADMINISTRATION	13	88 89
35.43 OTHER INCOME	B	-17,343	SPEECH PATHOLOGY	68	90 91
35.44 OTHER INCOME	B	-3,113,431	LABORATORY	60	92 93
35.47 OTHER INCOME	B	-3,808,872	IFCC	91.01	94 95
35.48 OTHER INCOME	B	-169,742	CARDIAC REHABILITATION	76.97	96 97
35.49 OTHER INCOME	B	-3,340	SUBPROVIDER - IPF	40	98 99
35.50 OTHER INCOME	B	-19,745	ANESTHESIOLOGY	53	100 101
35.51 OTHER INCOME	B	-2,203	RADIOLOGY-DIAGNOSTIC	54	102 103
35.52 OTHER INCOME	B	-593,234	MEDICAL RECORDS & LIBRARY	16	104 105
35.53 OTHER INCOME	B	-8,044	CENTRAL SERVICES & SUPPLY	14	106 107
35.55 OTHER INCOME	B	2,422	PHYSICAL THERAPY	66	108 109
35.56 OTHER INCOME	B	-25,000	SUBPROVIDER - IPF	40	110 111
35.57 OTHER INCOME	B	-3,409	OPERATION OF PLANT	7	112 113
35.58 OTHER INCOME	B	-4,368	EMPLOYEE BENEFITS	4	114 115
36 NON-ALLOWABLE DUES	A	-47,411	ADMINISTRATIVE & GENERAL	5	116 117

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 NON ALLOWABLE EXPENSES	A	-1,118,725	ADMINISTRATIVE & GENERAL	5	37
37.02 NON ALLOWABLE EXPENSES	A	-7,616	PHYSICAL THERAPY	66	37.02
37.03 NON ALLOWABLE EXPENSES	A	-24,600	LABORATORY	60	37.03
37.04 NON ALLOWABLE EXPENSES	A	-24,161	IFCC	91.01	37.04
37.05 NON ALLOWABLE EXPENSES	A	-4,881	SUBPROVIDER - IRF	41	37.05
37.06 NON ALLOWABLE EXPENSES	A	-977	SPECIAL PROCEDURES	54.02	37.06
37.07 NON ALLOWABLE EXPENSES	A	-528	INFUSION THERAPY	73.01	37.07
37.08 NON ALLOWABLE EXPENSES	A	-1,339	CARDIAC REHABILITATION	76.97	37.08
38 ICOR PROPERTY TAX	A	-14,200	PHYSICAL THERAPY	66	38
39 NON-ALLOWABLE INTEREST EXPENSE-	A	-753,718	CAP REL COSTS-BLDG & FIXT	1	11 39
40 HOME HEALTH PROPERTY TAXES	A	-7,427	HOME HEALTH AGENCY	101	40
41 IFCC REAL ESTATE TAXES	A	-881,800	IFCC	91.01	41
42 INVESTMENT FEES IN NONOPERATING	A	780,658	ADMINISTRATIVE & GENERAL	5	42
43 ASSET RELIVING	A	2,260,000	CAP REL COSTS-BLDG & FIXT	1	11 43
43.01 HHA RENTAL	A	-42,510	HOME HEALTH AGENCY	101	43.01
44 INTER CO RENTAL	A	-18,000	HOSPICE	116	44
45 CONSULTING FEES	A	890,789	ADMINISTRATIVE & GENERAL	5	45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,251,376			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. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5) 5	NET ADJUSTMENTS (COL. 4-5) 6	WKST A-7 REF 7
1						1
2						2
3	5	ADMINISTRATIVE & GENERAL	8,844,745	7,503,007	1,341,738	3
4						4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.	8,844,745	7,503,007	1,341,738	5

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

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

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

SYMBOL (1)	NAME 2	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP 3	NAME 4	PERCENT OF OWNERSHIP 5	TYPE OF BUSINESS 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	2,120,313	1,778,518	341,795	165,600	2,278	181,364	9,068	1
2	16 MEDICAL RECORDS & LIBRAR	37,500		37,500	165,600	250	19,904	995	2
3	23.01 PARAMED ED PRGM-EMS	93,375		93,375	208,000	623	62,300	3,115	3
4	30 ADULTS & PEDIATRICS	862,500	862,500		165,600				4
5	59 CARDIAC CATHETERIZATION	22,500		22,500	208,000	150	15,000	750	5
6	41 SUBPROVIDER - IRF	60,325		60,325	208,000	402	40,200	2,010	6
7	43 NURSERY	465,000		465,000	208,000	8,784	878,400	43,920	7
8	50 OPERATING ROOM	314,900	283,100	31,800	208,000	106	10,600	530	8
9	53 ANESTHESIOLOGY	469,556	469,556		208,000				9
10	54 RADIOLOGY-DIAGNOSTIC	1,177,175	950,000	227,175	165,600	848	67,514	3,376	10
11	65 RESPIRATORY THERAPY	20,850		20,850	208,000	139	13,900	695	11
12	69 ELECTROCARDIOLOGY	63,750		63,750	208,000	425	42,500	2,125	12
13	76.97 CARDIAC REHABILITATION	11,850		11,850	208,000	79	7,900	395	13
14	70 ELECTROENCEPHALOGRAPHY	53,633		53,633	208,000	358	35,800	1,790	14
15	73.01 INFUSION THERAPY	13,875		13,875	208,000	92	9,200	460	15
16	90.03 RETINAL VASCULAR	36,750		36,750	208,000	245	24,500	1,225	16
17	91 EMERGENCY	563,999	492,469	71,530	225,300	476	51,559	2,578	17
18	91.01 IFCC	953,683	953,683		225,300				18
19	66 PHYSICAL THERAPY	21,722	21,722		208,000				19
20	74 RENAL DIALYSIS	12,000		12,000	208,000	80	8,000	400	20
200	TOTAL	7,375,256	5,811,548	1,563,708		15,335	1,468,641	73,432	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	AGGREGATE		2	181,364	160,431	1,938,949	1
2	16	MEDICAL RECORDS & LIBRAR				19,904	17,596	17,596	2
3	23.01	PARAMED ED PRGM-EMS				62,300	31,075	31,075	3
4	30	ADULTS & PEDIATRICS	AGGREGATE					862,500	4
5	59	CARDIAC CATHETERIZATION				15,000	7,500	7,500	5
6	41	SUBPROVIDER - IRF				40,200	20,125	20,125	6
7	43	NURSERY	CHILDRENS			878,400			7
8	50	OPERATING ROOM	AGGREGATE			10,600	21,200	304,300	8
9	53	ANESTHESIOLOGY	AGGREGATE					469,556	9
10	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE			67,514	159,661	1,109,661	10
11	65	RESPIRATORY THERAPY				13,900	6,950	6,950	11
12	69	ELECTROCARDIOLOGY				42,500	21,250	21,250	12
13	76.97	CARDIAC REHABILITATION				7,900	3,950	3,950	13
14	70	ELECTROENCEPHALOGRAPHY				35,800	17,833	17,833	14
15	73.01	INFUSION THERAPY				9,200	4,675	4,675	15
16	90.03	RETINAL VASCULAR				24,500	12,250	12,250	16
17	91	EMERGENCY	VARIOUS			51,559	19,971	512,440	17
18	91.01	IFCC	AGGREGATE					953,683	18
19	66	PHYSICAL THERAPY	AGGREGATE					21,722	19
20	74	RENAL DIALYSIS				8,000	4,000	4,000	20
200		TOTAL			2	1,468,641	508,467	6,320,015	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	1,075,333	1,075,333				1
2 CAP REL COSTS-MVBLE EQUIP	15,620,545		15,620,545			2
4 EMPLOYEE BENEFITS	21,615,999	5,821	1,438	21,623,258		4
5 ADMINISTRATIVE & GENERAL	54,006,423	329,023	3,905,716	2,734,475	60,975,637	5
6 MAINTENANCE & REPAIRS	3,926,372	27,487	10,980		3,964,839	6
7 OPERATION OF PLANT	7,098,406	78,248	165,233	189,159	7,531,046	7
8 LAUNDRY & LINEN SERVICE	1,238,891	5,391	2,327	18,662	1,265,271	8
9 HOUSEKEEPING	3,936,289	6,393	30,821	174	3,973,677	9
10 DIETARY	1,698,413	19,618	34,676		1,752,707	10
11 CAFETERIA	2,008,344	9,363	1,617		2,019,324	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,332,210	3,798	133,325	653,209	4,122,542	13
14 CENTRAL SERVICES & SUPPLY	641,834	7,079	42,614	53,254	744,781	14
15 PHARMACY	3,174,304	10,218	414,706	651,411	4,250,639	15
16 MEDICAL RECORDS & LIBRARY	3,025,201	15,034	21,029	571,612	3,632,876	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	530,818	3,410	15,548	155,992	705,768	23.01
23.02 PARAMED ED PRGM-DIETETICS	36,533	1,106			37,639	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	27,230,235	194,876	578,819	4,575,609	32,579,539	30
31 INTENSIVE CARE UNIT	3,550,625	18,757	349,718	684,064	4,603,164	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	1,402,602	5,889	3,185	103,500	1,515,176	40
41 SUBPROVIDER - IRF	3,412,568	74,512	4,097	677,505	4,168,682	41
43 NURSERY	1,642,961	8,773	108,353	239,391	1,999,478	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,915,785	65,245	851,428	946,714	12,779,172	50
51 RECOVERY ROOM	790,053	4,906	41,030	150,363	986,352	51
53 ANESTHESIOLOGY	276,173	635	170,930	160,166	607,904	53
54 RADIOLOGY-DIAGNOSTIC	4,178,012	38,758	1,663,694	770,278	6,650,742	54
54.01 ULTRASOUND	1,059,090	4,207	250,088	215,401	1,528,786	54.01
54.02 SPECIAL PROCEDURES	2,093,654	2,703	208,167	252,937	2,557,461	54.02
56 RADIOISOTOPE	1,280,621	2,838	261,050	80,161	1,624,670	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	882,033	3,030	324,272	133,347	1,342,682	57
58 MAGNETIC RESONANCE IMAGING (MRI)	703,563	8,002	771,641	121,830	1,605,036	58
59 CARDIAC CATHETERIZATION	1,897,257	5,411	1,018,059	146,620	3,067,347	59
60 LABORATORY	6,607,546	20,305	185,908	1,082,624	7,896,383	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,873,806	774	4,836	75,404	1,954,820	63
65 RESPIRATORY THERAPY	1,859,433	2,431	95,594	321,607	2,279,065	65
65.01 PULMONARY FUNCTION	50,012	1,171	8,729	10,037	69,949	65.01
66 PHYSICAL THERAPY	7,453,847	9,397	80,783	1,294,634	8,838,661	66
67 OCCUPATIONAL THERAPY	856,518	1,560	9,803	180,263	1,048,144	67
68 SPEECH PATHOLOGY	414,157	1,068	24,932	94,361	534,518	68
69 ELECTROCARDIOLOGY	1,063,412	5,532	346,271	201,662	1,616,877	69
70 ELECTROENCEPHALOGRAPHY	137,897	3,009		21,745	162,651	70
70.01 SLEEP LAB	129,460			27,111	156,571	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	218,538				218,538	71
72 IMPL. DEV. CHARGED TO PATIENT	12,698,755				12,698,755	72
73 DRUGS CHARGED TO PATIENTS	8,360,977				8,360,977	73
73.01 INFUSION THERAPY	595,200	2,291	28,891	104,895	731,277	73.01
74 RENAL DIALYSIS	730,772	2,655	4,057	125,401	862,885	74
76.97 CARDIAC REHABILITATION	564,564	3,006	62,021	114,567	744,158	76.97
76.98 HYPERBARIC OXYGEN THERAPY	777,656			103,433	881,089	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,696,933	20,641	4,743	101,497	1,823,814	90.02
90.03 RETINAL VASCULAR	409,446	15,989	59,510	45,348	530,293	90.03
91 EMERGENCY	4,832,754	13,819	67,013	790,792	5,704,378	91
91.01 IFCC	17,275,397		3,252,893	2,642,043	23,170,333	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

WORKSHEET B  
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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						100
101 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	11,238,537	9,114			11,247,651	101
116 HOSPICE	2,816,730				2,816,730	116
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	266,943,494	1,073,293	15,620,545	21,623,258	266,941,454	118
192 PHYSICIANS' PRIVATE OFFICES	2,687,079				2,687,079	192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY		1,303			1,303	192.02
192.03 RETINAL VASCULAR GRANTS		737			737	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	269,630,573	1,075,333	15,620,545	21,623,258	269,630,573	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

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	60,975,637					5
6 MAINTENANCE & REPAIRS	1,158,653	5,123,492				6
7 OPERATION OF PLANT	2,200,813	562,276	10,294,135			7
8 LAUNDRY & LINEN SERVICE	369,753	38,736	87,423	1,761,183		8
9 HOUSEKEEPING	1,161,236	45,941	103,683		5,284,537	9
10 DIETARY	512,197	140,969	318,150		166,413	10
11 CAFETERIA	590,111	67,279	151,842		79,423	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,204,739	27,293	61,598		32,220	13
14 CENTRAL SERVICES & SUPPLY	217,649	50,867	114,802	3,621	60,049	14
15 PHARMACY	1,242,173	73,425	165,711		86,677	15
16 MEDICAL RECORDS & LIBRARY	1,061,643	108,028	243,808		127,527	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	206,248	24,507	55,309		28,930	23.01
23.02 PARAMED ED PRGM-DIETETICS	10,999	7,946	17,934		9,381	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,520,766	1,400,345	3,160,414	862,274	1,653,101	30
31 INTENSIVE CARE UNIT	1,345,192	134,781	304,186	104,679	159,109	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	442,783	42,317	95,505	34,671	49,955	40
41 SUBPROVIDER - IRF	1,218,222	535,428	1,208,398	91,309	632,070	41
43 NURSERY	584,311	63,041	142,277	22,625	74,420	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,734,483	468,837	1,058,110	198,824	553,460	50
51 RECOVERY ROOM	288,244	35,250	79,556	22,774	41,613	51
53 ANESTHESIOLOGY	177,649	4,567	10,306		5,391	53
54 RADIOLOGY-DIAGNOSTIC	1,943,560	278,505	628,553	56,566	328,774	54
54.01 ULTRASOUND	446,760	30,228	68,221	27,475	35,684	54.01
54.02 SPECIAL PROCEDURES	747,372	19,421	43,831	3,435	22,926	54.02
56 RADIOISOTOPE	474,781	20,396	46,031	5,555	24,077	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	392,375	21,773	49,139	24,004	25,703	57
58 MAGNETIC RESONANCE IMAGING (MRI)	469,043	57,500	129,771	11,510	67,879	58
59 CARDIAC CATHETERIZATION	896,377	38,884	87,757	3,401	45,903	59
60 LABORATORY	2,307,576	145,906	329,294		172,242	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	571,261	5,562	12,554		6,566	63
65 RESPIRATORY THERAPY	666,016	17,471	39,431		20,625	65
65.01 PULMONARY FUNCTION	20,441	8,413	18,986		9,931	65.01
66 PHYSICAL THERAPY	2,582,940	67,523	152,392	41,538	79,711	66
67 OCCUPATIONAL THERAPY	306,301	11,210	25,299		13,233	67
68 SPEECH PATHOLOGY	156,203	7,671	17,312		9,055	68
69 ELECTROCARDIOLOGY	472,503	39,753	89,718	18,540	46,928	69
70 ELECTROENCEPHALOGRAPHY	47,532	21,625	48,805	2,873	25,528	70
70.01 SLEEP LAB	45,755					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	63,864					71
72 IMPL. DEV. CHARGED TO PATIENT	3,710,983					72
73 DRUGS CHARGED TO PATIENTS	2,443,345					73
73.01 INFUSION THERAPY	213,703	16,465	37,159	4,589	19,437	73.01
74 RENAL DIALYSIS	252,163	19,082	43,066	9,678	22,526	74
76.97 CARDIAC REHABILITATION	217,467	21,604	48,757	419	25,503	76.97
76.98 HYPERBARIC OXYGEN THERAPY	257,482					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	532,977	148,322	334,745	21,122	175,094	90.02
90.03 RETINAL VASCULAR	154,969	114,894	259,303		135,632	90.03
91 EMERGENCY	1,667,002	99,298	224,104	189,701	117,221	91
91.01 IFCC	6,771,113					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	3,286,924	65,489	147,801		77,309	101

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

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	823,139					116
118 SUBTOTALS (SUM OF LINES 1-117)	60,189,791	5,108,828	10,261,041	1,761,183	5,267,226	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	785,250					192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	381	9,366	21,138		11,057	192.02
192.03 RETINAL VASCULAR GRANTS	215	5,298	11,956		6,254	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	60,975,637	5,123,492	10,294,135	1,761,183	5,284,537	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

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	2,890,436					10
11 CAFETERIA		2,907,979				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		131,534	5,579,926			13
14 CENTRAL SERVICES & SUPPLY		20,047		1,211,816		14
15 PHARMACY		96,656			5,915,281	15
16 MEDICAL RECORDS & LIBRARY		129,720		38		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		111,416	388,456	122	3,674	23.01
23.02 PARAMED ED PRGM-DIETETICS		12,785				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,200,268	932,207	3,250,164	49,046	10,492	30
31 INTENSIVE CARE UNIT	196,115	115,738	403,525	10,918	1,111	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	114,125	24,305	84,739	181	170	40
41 SUBPROVIDER - IRF	343,254	132,695		5,307	481	41
43 NURSERY		34,863	121,551	1,559		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		168,794	588,508	172,725		50
51 RECOVERY ROOM		20,489	71,437	3,217		51
53 ANESTHESIOLOGY		12,864	44,850	8,254		53
54 RADIOLOGY-DIAGNOSTIC		182,541		3,649	25,699	54
54.01 ULTRASOUND		32,562		2,052	13	54.01
54.02 SPECIAL PROCEDURES		38,222		65,703	35,874	54.02
56 RADIOISOTOPE		12,096		29,613	1,260,443	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		21,442		7,208	9,101	57
58 MAGNETIC RESONANCE IMAGING (MRI)		22,346		3,558		58
59 CARDIAC CATHETERIZATION		19,679		35,772	45,689	59
60 LABORATORY		256,165		45,518	884,783	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		12,955		1,522	53,667	63
65 RESPIRATORY THERAPY		63,632		10,506	85	65
65.01 PULMONARY FUNCTION		1,870		37		65.01
66 PHYSICAL THERAPY				8,992	30,371	66
67 OCCUPATIONAL THERAPY				17		67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		29,662		2,278	14,194	69
70 ELECTROENCEPHALOGRAPHY		4,910		57		70
70.01 SLEEP LAB		873		163		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				9,863		71
72 IMPL. DEV. CHARGED TO PATIENT				376,380		72
73 DRUGS CHARGED TO PATIENTS				273,086	3,175,138	73
73.01 INFUSION THERAPY		17,794		2,702	183	73.01
74 RENAL DIALYSIS		18,932		3,034	558	74
76.97 CARDIAC REHABILITATION		20,229		302	2,096	76.97
76.98 HYPERBARIC OXYGEN THERAPY		14,434		2,199	2,507	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	18,333	11,901	41,494			90.02
90.03 RETINAL VASCULAR		13,775			4,241	90.03
91 EMERGENCY	18,341	167,846	585,202	31,421	126	91
91.01 IFCC				44,817	354,585	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)	2,890,436	2,907,979	5,579,926	1,211,816	5,915,281	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)	2,890,436	2,907,979	5,579,926	1,211,816	5,915,281	202

COST ALLOCATION - GENERAL SERVICE COSTS

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 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
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	5,303,640				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		1,524,430			23.01
23.02 PARAMED ED PRGM-DIETETICS			96,684		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	2,265,191	203,257	73,599	58,160,663	30
31 INTENSIVE CARE UNIT	213,902	152,443	6,560	7,751,423	31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF	115,452		3,817	2,523,196	40
41 SUBPROVIDER - IRF	342,661		11,482	8,689,989	41
43 NURSERY	114,250			3,158,375	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	287,425	50,814		20,061,152	50
51 RECOVERY ROOM	20,448			1,569,380	51
53 ANESTHESIOLOGY	48,637			920,422	53
54 RADIOLOGY-DIAGNOSTIC	133,278			10,231,867	54
54.01 ULTRASOUND	50,240			2,222,021	54.01
54.02 SPECIAL PROCEDURES	89,599			3,623,844	54.02
56 RADIOISOTOPE	41,690			3,539,352	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	169,924			2,063,351	57
58 MAGNETIC RESONANCE IMAGING (MRI)	54,563			2,421,206	58
59 CARDIAC CATHETERIZATION	60,267			4,301,076	59
60 LABORATORY	442,074			12,479,941	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	26,323			2,645,230	63
65 RESPIRATORY THERAPY	49,817	50,814		3,197,462	65
65.01 PULMONARY FUNCTION	3,651			133,278	65.01
66 PHYSICAL THERAPY	144,170			11,946,298	66
67 OCCUPATIONAL THERAPY	44,576			1,448,780	67
68 SPEECH PATHOLOGY	20,617			745,376	68
69 ELECTROCARDIOLOGY	93,900	50,814		2,475,167	69
70 ELECTROENCEPHALOGRAPHY	3,796			317,777	70
70.01 SLEEP LAB				203,362	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,735			307,000	71
72 IMPL. DEV. CHARGED TO PATIENT				16,786,118	72
73 DRUGS CHARGED TO PATIENTS	189,659			14,442,205	73
73.01 INFUSION THERAPY				1,043,309	73.01
74 RENAL DIALYSIS				1,231,924	74
76.97 CARDIAC REHABILITATION				1,080,535	76.97
76.98 HYPERBARIC OXYGEN THERAPY				1,157,711	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	24,573		613	3,132,988	90.02
90.03 RETINAL VASCULAR	3,744			1,216,851	90.03
91 EMERGENCY	234,478	1,016,288	613	10,056,019	91
91.01 IFCC				30,340,848	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				14,825,174	101

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COST ALLOCATION - GENERAL SERVICE COSTS

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				3,639,869	116
118 SUBTOTALS (SUM OF LINES 1-117)	5,303,640	1,524,430	96,684	266,090,539	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES				3,472,329	192
192.01 REFERENCE LAB					192.01
192.02 O/P PHARMACY				43,245	192.02
192.03 RETINAL VASCULAR GRANTS				24,460	192.03
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	5,303,640	1,524,430	96,684	269,630,573	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	58,160,663	30
31	INTENSIVE CARE UNIT	7,751,423	31
32	CORONARY CARE UNIT		32
40	SUBPROVIDER - IPF	2,523,196	40
41	SUBPROVIDER - IRF	8,689,989	41
43	NURSERY	3,158,375	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	20,061,152	50
51	RECOVERY ROOM	1,569,380	51
53	ANESTHESIOLOGY	920,422	53
54	RADIOLOGY-DIAGNOSTIC	10,231,867	54
54.01	ULTRASOUND	2,222,021	54.01
54.02	SPECIAL PROCEDURES	3,623,844	54.02
56	RADIOISOTOPE	3,539,352	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,063,351	57
58	MAGNETIC RESONANCE IMAGING (MRI)	2,421,206	58
59	CARDIAC CATHETERIZATION	4,301,076	59
60	LABORATORY	12,479,941	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,645,230	63
65	RESPIRATORY THERAPY	3,197,462	65
65.01	PULMONARY FUNCTION	133,278	65.01
66	PHYSICAL THERAPY	11,946,298	66
67	OCCUPATIONAL THERAPY	1,448,780	67
68	SPEECH PATHOLOGY	745,376	68
69	ELECTROCARDIOLOGY	2,475,167	69
70	ELECTROENCEPHALOGRAPHY	317,777	70
70.01	SLEEP LAB	203,362	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	307,000	71
72	IMPL. DEV. CHARGED TO PATIENT	16,786,118	72
73	DRUGS CHARGED TO PATIENTS	14,442,205	73
73.01	INFUSION THERAPY	1,043,309	73.01
74	RENAL DIALYSIS	1,231,924	74
76.97	CARDIAC REHABILITATION	1,080,535	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,157,711	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.02	PSYCH ANCILLARY	3,132,988	90.02
90.03	RETINAL VASCULAR	1,216,851	90.03
91	EMERGENCY	10,056,019	91
91.01	IFCC	30,340,848	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	14,825,174	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	3,639,869	116
118	SUBTOTALS (SUM OF LINES 1-117)	266,090,539	118
	NONREIMBURSABLE COST CENTERS		
192	PHYSICIANS' PRIVATE OFFICES	3,472,329	192
192.01	REFERENCE LAB		192.01
192.02	O/P PHARMACY	43,245	192.02
192.03	RETINAL VASCULAR GRANTS	24,460	192.03
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	269,630,573	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		5,821	1,438	7,259	7,259	4
5 ADMINISTRATIVE & GENERAL		329,023	3,905,716	4,234,739	923	5
6 MAINTENANCE & REPAIRS		27,487	10,980	38,467		6
7 OPERATION OF PLANT		78,248	165,233	243,481	64	7
8 LAUNDRY & LINEN SERVICE		5,391	2,327	7,718	6	8
9 HOUSEKEEPING		6,393	30,821	37,214		9
10 DIETARY		19,618	34,676	54,294		10
11 CAFETERIA		9,363	1,617	10,980		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,798	133,325	137,123	220	13
14 CENTRAL SERVICES & SUPPLY	267,289	7,079	42,614	316,982	18	14
15 PHARMACY		10,218	414,706	424,924	220	15
16 MEDICAL RECORDS & LIBRARY		15,034	21,029	36,063	193	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		3,410	15,548	18,958	53	23.01
23.02 PARAMED ED PRGM-DIETETICS		1,106		1,106		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		194,876	578,819	773,695	1,508	30
31 INTENSIVE CARE UNIT		18,757	349,718	368,475	231	31
32 CORONARY CARE UNIT	1,950			1,950		32
40 SUBPROVIDER - IPF		5,889	3,185	9,074	35	40
41 SUBPROVIDER - IRF		74,512	4,097	78,609	229	41
43 NURSERY		8,773	108,353	117,126	81	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		65,245	851,428	916,673	319	50
51 RECOVERY ROOM		4,906	41,030	45,936	51	51
53 ANESTHESIOLOGY		635	170,930	171,565	54	53
54 RADIOLOGY-DIAGNOSTIC		38,758	1,663,694	1,702,452	260	54
54.01 ULTRASOUND		4,207	250,088	254,295	73	54.01
54.02 SPECIAL PROCEDURES		2,703	208,167	210,870	85	54.02
56 RADIOISOTOPE		2,838	261,050	263,888	27	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,030	324,272	327,302	45	57
58 MAGNETIC RESONANCE IMAGING (MRI)		8,002	771,641	779,643	41	58
59 CARDIAC CATHETERIZATION		5,411	1,018,059	1,023,470	49	59
60 LABORATORY		20,305	185,908	206,213	365	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		774	4,836	5,610	25	63
65 RESPIRATORY THERAPY	7,485	2,431	95,594	105,510	109	65
65.01 PULMONARY FUNCTION		1,171	8,729	9,900	3	65.01
66 PHYSICAL THERAPY		9,397	80,783	90,180	437	66
67 OCCUPATIONAL THERAPY		1,560	9,803	11,363	61	67
68 SPEECH PATHOLOGY		1,068	24,932	26,000	32	68
69 ELECTROCARDIOLOGY		5,532	346,271	351,803	68	69
70 ELECTROENCEPHALOGRAPHY		3,009		3,009	7	70
70.01 SLEEP LAB					9	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		2,291	28,891	31,182	35	73.01
74 RENAL DIALYSIS		2,655	4,057	6,712	42	74
76.97 CARDIAC REHABILITATION		3,006	62,021	65,027	39	76.97
76.98 HYPERBARIC OXYGEN THERAPY					35	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY		20,641	4,743	25,384	34	90.02
90.03 RETINAL VASCULAR		15,989	59,510	75,499	15	90.03
91 EMERGENCY		13,819	67,013	80,832	267	91
91.01 IFCC			3,252,893	3,252,893	891	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		9,114		9,114		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	1,073,293	15,620,545	16,970,562	7,259
NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES					192
192.01	REFERENCE LAB					192.01
192.02	O/P PHARMACY		1,303		1,303	192.02
192.03	RETINAL VASCULAR GRANTS		737		737	192.03
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	276,724	1,075,333	15,620,545	16,972,602	7,259

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	4,235,662					5
6	MAINTENANCE & REPAIRS	80,486	118,953				6
7	OPERATION OF PLANT	152,880	13,054	409,479			7
8	LAUNDRY & LINEN SERVICE	25,685	899	3,477	37,785		8
9	HOUSEKEEPING	80,666	1,067	4,124		123,071	9
10	DIETARY	35,580	3,273	12,655		3,876	10
11	CAFETERIA	40,992	1,562	6,040		1,850	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	83,688	634	2,450		750	13
14	CENTRAL SERVICES & SUPPLY	15,119	1,181	4,567	78	1,398	14
15	PHARMACY	86,288	1,705	6,592		2,019	15
16	MEDICAL RECORDS & LIBRARY	73,747	2,508	9,698		2,970	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	14,327	569	2,200		674	23.01
23.02	PARAMED ED PRGM-DIETETICS	764	184	713		218	23.02
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	661,334	32,512	125,715	18,498	38,499	30
31	INTENSIVE CARE UNIT	93,444	3,129	12,100	2,246	3,705	31
32	CORONARY CARE UNIT						32
40	SUBPROVIDER - IPF	30,758	982	3,799	744	1,163	40
41	SUBPROVIDER - IRF	84,624	12,431	48,068	1,959	14,720	41
43	NURSERY	40,589	1,464	5,659	485	1,733	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	259,417	10,885	42,089	4,266	12,889	50
51	RECOVERY ROOM	20,023	818	3,165	489	969	51
53	ANESTHESIOLOGY	12,340	106	410		126	53
54	RADIOLOGY-DIAGNOSTIC	135,010	6,466	25,003	1,214	7,657	54
54.01	ULTRASOUND	31,034	702	2,714	589	831	54.01
54.02	SPECIAL PROCEDURES	51,916	451	1,744	74	534	54.02
56	RADIOISOTOPE	32,981	474	1,831	119	561	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	27,256	506	1,955	515	599	57
58	MAGNETIC RESONANCE IMAGING (MRI)	32,582	1,335	5,162	247	1,581	58
59	CARDIAC CATHETERIZATION	62,267	903	3,491	73	1,069	59
60	LABORATORY	160,297	3,388	13,099		4,011	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	39,683	129	499		153	63
65	RESPIRATORY THERAPY	46,265	406	1,568		480	65
65.01	PULMONARY FUNCTION	1,420	195	755		231	65.01
66	PHYSICAL THERAPY	179,425	1,568	6,062	891	1,856	66
67	OCCUPATIONAL THERAPY	21,277	260	1,006		308	67
68	SPEECH PATHOLOGY	10,851	178	689		211	68
69	ELECTROCARDIOLOGY	32,823	923	3,569	398	1,093	69
70	ELECTROENCEPHALOGRAPHY	3,302	502	1,941	62	595	70
70.01	SLEEP LAB	3,178					70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	4,436					71
72	IMPL. DEV. CHARGED TO PATIENT	257,785					72
73	DRUGS CHARGED TO PATIENTS	169,728					73
73.01	INFUSION THERAPY	14,845	382	1,478	98	453	73.01
74	RENAL DIALYSIS	17,517	443	1,713	208	525	74
76.97	CARDIAC REHABILITATION	15,106	502	1,939	9	594	76.97
76.98	HYPERBARIC OXYGEN THERAPY	17,886					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	37,023	3,444	13,315	453	4,078	90.02
90.03	RETINAL VASCULAR	10,765	2,668	10,315		3,159	90.03
91	EMERGENCY	115,799	2,305	8,914	4,070	2,730	91
91.01	IFCC	470,358					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	228,327	1,520	5,879		1,800	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	57,180					116
118 SUBTOTALS (SUM OF LINES 1-117)	4,181,073	118,613	408,162	37,785	122,668	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	54,548					192
192.01 REFERENCE LAB						192.01
192.02 O/P PHARMACY	26	217	841		257	192.02
192.03 RETINAL VASCULAR GRANTS	15	123	476		146	192.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,235,662	118,953	409,479	37,785	123,071	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	109,678					10
11 CAFETERIA		61,424				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,778	227,643			13
14 CENTRAL SERVICES & SUPPLY		423		339,766		14
15 PHARMACY		2,042			523,790	15
16 MEDICAL RECORDS & LIBRARY		2,740		11		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		2,353	15,848	34	325	23.01
23.02 PARAMED ED PRGM-DIETETICS		270				23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	83,488	19,690	132,596	13,751	929	30
31 INTENSIVE CARE UNIT	7,442	2,445	16,463	3,061	98	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	4,331	513	3,457	51	15	40
41 SUBPROVIDER - IRF	13,025	2,803		1,488	43	41
43 NURSERY		736	4,959	437		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		3,565	24,009	48,427		50
51 RECOVERY ROOM		433	2,914	902		51
53 ANESTHESIOLOGY		272	1,830	2,314		53
54 RADIOLOGY-DIAGNOSTIC		3,856		1,023	2,276	54
54.01 ULTRASOUND		688		575	1	54.01
54.02 SPECIAL PROCEDURES		807		18,421	3,177	54.02
56 RADIOISOTOPE		256		8,303	111,610	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		453		2,021	806	57
58 MAGNETIC RESONANCE IMAGING (MRI)		472		998		58
59 CARDIAC CATHETERIZATION		416		10,029	4,046	59
60 LABORATORY		5,411		12,762	78,346	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		274		427	4,752	63
65 RESPIRATORY THERAPY		1,344		2,946	8	65
65.01 PULMONARY FUNCTION		40		10		65.01
66 PHYSICAL THERAPY				2,521	2,689	66
67 OCCUPATIONAL THERAPY				5		67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		627		639	1,257	69
70 ELECTROENCEPHALOGRAPHY		104		16		70
70.01 SLEEP LAB		18		46		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,765		71
72 IMPL. DEV. CHARGED TO PATIENT				105,534		72
73 DRUGS CHARGED TO PATIENTS				76,565	281,155	73
73.01 INFUSION THERAPY		376		758	16	73.01
74 RENAL DIALYSIS		400		851	49	74
76.97 CARDIAC REHABILITATION		427		85	186	76.97
76.98 HYPERBARIC OXYGEN THERAPY		305		616	222	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	696	251	1,693			90.02
90.03 RETINAL VASCULAR		291			375	90.03
91 EMERGENCY	696	3,545	23,874	8,809	11	91
91.01 IFCC				12,565	31,398	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	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10	11	13	14	15	
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117)	109,678	61,424	227,643	339,766	523,790	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)	109,678	61,424	227,643	339,766	523,790	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	127,930				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		55,341			23.01
23.02 PARAMED ED PRGM-DIETETICS			3,255		23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	54,638			1,956,853	30
31 INTENSIVE CARE UNIT	5,160			517,999	31
32 CORONARY CARE UNIT				1,950	32
40 SUBPROVIDER - IPF	2,785			57,707	40
41 SUBPROVIDER - IRF	8,265			266,264	41
43 NURSERY	2,756			176,025	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	6,933			1,329,472	50
51 RECOVERY ROOM	493			76,193	51
53 ANESTHESIOLOGY	1,173			190,190	53
54 RADIOLOGY-DIAGNOSTIC	3,215			1,888,432	54
54.01 ULTRASOUND	1,212			292,714	54.01
54.02 SPECIAL PROCEDURES	2,161			290,240	54.02
56 RADIOISOTOPE	1,006			421,056	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,099			365,557	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,316			823,377	58
59 CARDIAC CATHETERIZATION	1,454			1,107,267	59
60 LABORATORY	10,663			494,555	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	635			52,187	63
65 RESPIRATORY THERAPY	1,202			159,838	65
65.01 PULMONARY FUNCTION	88			12,642	65.01
66 PHYSICAL THERAPY	3,478			289,107	66
67 OCCUPATIONAL THERAPY	1,075			35,355	67
68 SPEECH PATHOLOGY	497			38,458	68
69 ELECTROCARDIOLOGY	2,265			395,465	69
70 ELECTROENCEPHALOGRAPHY	92			9,630	70
70.01 SLEEP LAB				3,251	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	355			7,556	71
72 IMPL. DEV. CHARGED TO PATIENT				363,319	72
73 DRUGS CHARGED TO PATIENTS	4,575			532,023	73
73.01 INFUSION THERAPY				49,623	73.01
74 RENAL DIALYSIS				28,460	74
76.97 CARDIAC REHABILITATION				83,914	76.97
76.98 HYPERBARIC OXYGEN THERAPY				19,064	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	593			86,964	90.02
90.03 RETINAL VASCULAR	90			103,177	90.03
91 EMERGENCY	5,656			257,508	91
91.01 IFCC				3,768,105	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				246,640	101

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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
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				57,180	116
118 SUBTOTALS (SUM OF LINES 1-117)	127,930			16,855,317	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES				54,548	192
192.01 REFERENCE LAB					192.01
192.02 O/P PHARMACY				2,644	192.02
192.03 RETINAL VASCULAR GRANTS				1,497	192.03
200 CROSS FOOT ADJUSTMENTS		55,341	3,255	58,596	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	127,930	55,341	3,255	16,972,602	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	1,956,853	30
31	INTENSIVE CARE UNIT	517,999	31
32	CORONARY CARE UNIT	1,950	32
40	SUBPROVIDER - IPF	57,707	40
41	SUBPROVIDER - IRF	266,264	41
43	NURSERY	176,025	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,329,472	50
51	RECOVERY ROOM	76,193	51
53	ANESTHESIOLOGY	190,190	53
54	RADIOLOGY-DIAGNOSTIC	1,888,432	54
54.01	ULTRASOUND	292,714	54.01
54.02	SPECIAL PROCEDURES	290,240	54.02
56	RADIOISOTOPE	421,056	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	365,557	57
58	MAGNETIC RESONANCE IMAGING (MRI)	823,377	58
59	CARDIAC CATHETERIZATION	1,107,267	59
60	LABORATORY	494,555	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	52,187	63
65	RESPIRATORY THERAPY	159,838	65
65.01	PULMONARY FUNCTION	12,642	65.01
66	PHYSICAL THERAPY	289,107	66
67	OCCUPATIONAL THERAPY	35,355	67
68	SPEECH PATHOLOGY	38,458	68
69	ELECTROCARDIOLOGY	395,465	69
70	ELECTROENCEPHALOGRAPHY	9,630	70
70.01	SLEEP LAB	3,251	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	7,556	71
72	IMPL. DEV. CHARGED TO PATIENT	363,319	72
73	DRUGS CHARGED TO PATIENTS	532,023	73
73.01	INFUSION THERAPY	49,623	73.01
74	RENAL DIALYSIS	28,460	74
76.97	CARDIAC REHABILITATION	83,914	76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,064	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90.02	PSYCH ANCILLARY	86,964	90.02
90.03	RETINAL VASCULAR	103,177	90.03
91	EMERGENCY	257,508	91
91.01	IFCC	3,768,105	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	246,640	101

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
	SPECIAL PURPOSE COST CENTERS		
116	HOSPICE	57,180	116
118	SUBTOTALS (SUM OF LINES 1-117)	16,855,317	118
	NONREIMBURSABLE COST CENTERS		
192	PHYSICIANS' PRIVATE OFFICES	54,548	192
192.01	REFERENCE LAB		192.01
192.02	O/P PHARMACY	2,644	192.02
192.03	RETINAL VASCULAR GRANTS	1,497	192.03
200	CROSS FOOT ADJUSTMENTS	58,596	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	16,972,602	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	98,587,945			4
5 ADMINISTRATIVE & GENERAL	223,150	2,050,633	12,467,403	-60,975,637	208,654,936	5
6 MAINTENANCE & REPAIRS	18,642	5,765			3,964,839	6
7 OPERATION OF PLANT	53,069	86,753	862,441		7,531,046	7
8 LAUNDRY & LINEN SERVICE	3,656	1,222	85,086		1,265,271	8
9 HOUSEKEEPING	4,336	16,182	795		3,973,677	9
10 DIETARY	13,305	18,206			1,752,707	10
11 CAFETERIA	6,350	849			2,019,324	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,576	70,000	2,978,203		4,122,542	13
14 CENTRAL SERVICES & SUPPLY	4,801	22,374	242,802		744,781	14
15 PHARMACY	6,930	217,735	2,970,002		4,250,639	15
16 MEDICAL RECORDS & LIBRARY	10,196	11,041	2,606,174		3,632,876	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	711,221		705,768	23.01
23.02 PARAMED ED PRGM-DIETETICS	750				37,639	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,168	303,900	20,861,910		32,579,539	30
31 INTENSIVE CARE UNIT	12,721	183,614	3,118,879		4,603,164	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	3,994	1,672	471,893		1,515,176	40
41 SUBPROVIDER - IRF	50,535	2,151	3,088,974		4,168,682	41
43 NURSERY	5,950	56,889	1,091,463		1,999,478	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,250	447,029	4,316,390		12,779,172	50
51 RECOVERY ROOM	3,327	21,542	685,555		986,352	51
53 ANESTHESIOLOGY	431	89,744	730,249		607,904	53
54 RADIOLOGY-DIAGNOSTIC	26,286	873,496	3,511,961		6,650,742	54
54.01 ULTRASOUND	2,853	131,305	982,088		1,528,786	54.01
54.02 SPECIAL PROCEDURES	1,833	109,295	1,153,225		2,557,461	54.02
56 RADIOISOTOPE	1,925	137,060	365,480		1,624,670	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,055	170,254	607,975		1,342,682	57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,427	405,138	555,466		1,605,036	58
59 CARDIAC CATHETERIZATION	3,670	534,516	668,492		3,067,347	59
60 LABORATORY	13,771	97,608	4,936,050		7,896,383	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	525	2,539	343,791		1,954,820	63
65 RESPIRATORY THERAPY	1,649	50,190	1,466,317		2,279,065	65
65.01 PULMONARY FUNCTION	794	4,583	45,764		69,949	65.01
66 PHYSICAL THERAPY	6,373	42,414	5,902,678		8,838,661	66
67 OCCUPATIONAL THERAPY	1,058	5,147	821,882		1,048,144	67
68 SPEECH PATHOLOGY	724	13,090	430,226		534,518	68
69 ELECTROCARDIOLOGY	3,752	181,804	919,446		1,616,877	69
70 ELECTROENCEPHALOGRAPHY	2,041		99,145		162,651	70
70.01 SLEEP LAB			123,607		156,571	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					218,538	71
72 IMPL. DEV. CHARGED TO PATIENT					12,698,755	72
73 DRUGS CHARGED TO PATIENTS					8,360,977	73
73.01 INFUSION THERAPY	1,554	15,169	478,251		731,277	73.01
74 RENAL DIALYSIS	1,801	2,130	571,744		862,885	74
76.97 CARDIAC REHABILITATION	2,039	32,563	522,350		744,158	76.97
76.98 HYPERBARIC OXYGEN THERAPY			471,587		881,089	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	13,999	2,490	462,758		1,823,814	90.02
90.03 RETINAL VASCULAR	10,844	31,245	206,759		530,293	90.03
91 EMERGENCY	9,372	35,184	3,605,491		5,704,378	91
91.01 IFCC		1,707,880	12,045,972		23,170,333	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		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				11,247,651	101
	SPECIAL PURPOSE COST CENTERS						
116	HOSPICE					2,816,730	116
118	SUBTOTALS (SUM OF LINES 1-117)	727,924	8,201,319	98,587,945	-60,975,637	205,965,817	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES					2,687,079	192
192.01	REFERENCE LAB						192.01
192.02	O/P PHARMACY	884				1,303	192.02
192.03	RETINAL VASCULAR GRANTS	500				737	192.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,075,333	15,620,545	21,623,258		60,975,637	202
203	UNIT COST MULT-WS B PT I	1.474457	1.904638	0.219330		0.292232	203
204	COST TO BE ALLOC PER B PT II			7,259		4,235,662	204
205	UNIT COST MULT-WS B PT II			0.000074		0.020300	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	5,123,492	10,294,135	1,761,183	5,284,537	2,890,436	202
203	UNIT COST MULT-WS B PT I	10.595184	23.912100	1.093312	12.507573	7.771556	203
204	COST TO BE ALLOC PER B PT II	118,953	409,479	37,785	123,071	109,678	204
205	UNIT COST MULT-WS B PT II	0.245990	0.951173	0.023456	0.291287	0.294893	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	2,444,386					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	110,565	1,345,279				13
14 CENTRAL SERVICES & SUPPLY	16,851		37,156,729			14
15 PHARMACY	81,247			4,029,921		15
16 MEDICAL RECORDS & LIBRARY	109,040		1,151		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	93,654	93,654	3,740	2,503		23.01
23.02 PARAMED ED PRGM-DIETETICS	10,747					23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	783,590	783,590	1,503,846	7,148	1,341,407	30
31 INTENSIVE CARE UNIT	97,287	97,287	334,778	757	126,669	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	20,430	20,430	5,557	116	68,369	40
41 SUBPROVIDER - IRF	111,541		162,724	328	202,918	41
43 NURSERY	29,305	29,305	47,787		67,657	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	141,885	141,885	5,296,025		170,208	50
51 RECOVERY ROOM	17,223	17,223	98,653		12,109	51
53 ANESTHESIOLOGY	10,813	10,813	253,074		28,802	53
54 RADIOLOGY-DIAGNOSTIC	153,440		111,874	17,508	78,925	54
54.01 ULTRASOUND	27,371		62,909	9	29,751	54.01
54.02 SPECIAL PROCEDURES	32,129		2,014,575	24,440	53,059	54.02
56 RADIOISOTOPE	10,168		907,974	858,706	24,688	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	18,024		221,010	6,200	100,626	57
58 MAGNETIC RESONANCE IMAGING (MRI)	18,784		109,094		32,311	58
59 CARDIAC CATHETERIZATION	16,542		1,096,818	31,127	35,689	59
60 LABORATORY	215,327		1,395,644	602,779	261,789	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	10,890		46,676	36,562	15,588	63
65 RESPIRATORY THERAPY	53,488		322,127	58	29,501	65
65.01 PULMONARY FUNCTION	1,572		1,146		2,162	65.01
66 PHYSICAL THERAPY			275,695	20,691	85,375	66
67 OCCUPATIONAL THERAPY			534		26,397	67
68 SPEECH PATHOLOGY					12,209	68
69 ELECTROCARDIOLOGY	24,933		69,854	9,670	55,606	69
70 ELECTROENCEPHALOGRAPHY	4,127		1,760		2,248	70
70.01 SLEEP LAB	734		5,013			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			302,405		8,726	71
72 IMPL. DEV. CHARGED TO PATIENT			11,540,865			72
73 DRUGS CHARGED TO PATIENTS			8,373,287	2,163,134	112,313	73
73.01 INFUSION THERAPY	14,957		82,850	125		73.01
74 RENAL DIALYSIS	15,914		93,024	380		74
76.97 CARDIAC REHABILITATION	17,004		9,258	1,428		76.97
76.98 HYPERBARIC OXYGEN THERAPY	12,133		67,418	1,708		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	10,004	10,004			14,552	90.02
90.03 RETINAL VASCULAR	11,579			2,889	2,217	90.03
91 EMERGENCY	141,088	141,088	963,409	86	138,854	91
91.01 IFCC			1,374,175	241,569		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  
 PERIOD FROM 10/01/2011 TO 09/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
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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)	2,444,386	1,345,279	37,156,729	4,029,921	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	2,907,979	5,579,926	1,211,816	5,915,281	5,303,640	202
203	UNIT COST MULT-WS B PT I	1.189656	4.147783	0.032614	1.467840	1.688667	203
204	COST TO BE ALLOC PER B PT II	61,424	227,643	339,766	523,790	127,930	204
205	UNIT COST MULT-WS B PT II	0.025129	0.169216	0.009144	0.129975	0.040733	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	
101 HOME HEALTH AGENCY			101
116 SPECIAL PURPOSE COST CENTERS			116
116 HOSPICE			116
118 SUBTOTALS (SUM OF LINES 1-117)	120	371,925	118
192 NONREIMBURSABLE COST CENTERS			192
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	1,524,430	96,684	202
203 UNIT COST MULT-WS B PT I	12,703.583333	0.259956	203
204 COST TO BE ALLOC PER B PT II	55,341	3,255	204
205 UNIT COST MULT-WS B PT II	461.175000	0.008752	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	58,160,663		58,160,663		58,160,663	30
31 INTENSIVE CARE UNIT	7,751,423		7,751,423		7,751,423	31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	2,523,196		2,523,196		2,523,196	40
41 SUBPROVIDER - IRF	8,689,989		8,689,989	20,125	8,710,114	41
43 NURSERY	3,158,375		3,158,375		3,158,375	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,061,152		20,061,152	21,200	20,082,352	50
51 RECOVERY ROOM	1,569,380		1,569,380		1,569,380	51
53 ANESTHESIOLOGY	920,422		920,422		920,422	53
54 RADIOLOGY-DIAGNOSTIC	10,231,867		10,231,867	159,661	10,391,528	54
54.01 ULTRASOUND	2,222,021		2,222,021		2,222,021	54.01
54.02 SPECIAL PROCEDURES	3,623,844		3,623,844		3,623,844	54.02
56 RADIOISOTOPE	3,539,352		3,539,352		3,539,352	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,063,351		2,063,351		2,063,351	57
58 MAGNETIC RESONANCE IMAGING	2,421,206		2,421,206		2,421,206	58
59 CARDIAC CATHETERIZATION	4,301,076		4,301,076	7,500	4,308,576	59
60 LABORATORY	12,479,941		12,479,941		12,479,941	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,645,230		2,645,230		2,645,230	63
65 RESPIRATORY THERAPY	3,197,462		3,197,462	6,950	3,204,412	65
65.01 PULMONARY FUNCTION	133,278		133,278		133,278	65.01
66 PHYSICAL THERAPY	11,946,298		11,946,298		11,946,298	66
67 OCCUPATIONAL THERAPY	1,448,780		1,448,780		1,448,780	67
68 SPEECH PATHOLOGY	745,376		745,376		745,376	68
69 ELECTROCARDIOLOGY	2,475,167		2,475,167	21,250	2,496,417	69
70 ELECTROENCEPHALOGRAPHY	317,777		317,777	17,833	335,610	70
70.01 SLEEP LAB	203,362		203,362		203,362	70.01
71 MEDICAL SUPPLIES CHRGD TO	307,000		307,000		307,000	71
72 IMPL. DEV. CHARGED TO PATIE	16,786,118		16,786,118		16,786,118	72
73 DRUGS CHARGED TO PATIENTS	14,442,205		14,442,205		14,442,205	73
73.01 INFUSION THERAPY	1,043,309		1,043,309	4,675	1,047,984	73.01
74 RENAL DIALYSIS	1,231,924		1,231,924	4,000	1,235,924	74
76.97 CARDIAC REHABILITATION	1,080,535		1,080,535	3,950	1,084,485	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,157,711		1,157,711		1,157,711	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	3,132,988		3,132,988		3,132,988	90.02
90.03 RETINAL VASCULAR	1,216,851		1,216,851	12,250	1,229,101	90.03
91 EMERGENCY	10,056,019		10,056,019	19,971	10,075,990	91
91.01 IFCC	30,340,848		30,340,848		30,340,848	91.01
92 OBSERVATION BEDS	4,684,577		4,684,577		4,684,577	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	14,825,174		14,825,174		14,825,174	101
116 HOSPICE	3,639,869		3,639,869		3,639,869	116
200 SUBTOTAL (SEE INSTRUCTIONS)	270,775,116		270,775,116	299,365	271,074,481	200
201 LESS OBSERVATION BEDS	4,684,577		4,684,577		4,684,577	201
202 TOTAL (SEE INSTRUCTIONS)	266,090,539		266,090,539		266,389,904	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	87,431,861		87,431,861			30
31 INTENSIVE CARE UNIT	9,688,906		9,688,906			31
32 CORONARY CARE UNIT						32
40 SUBPROVIDER - IPF	5,067,948		5,067,948			40
41 SUBPROVIDER - IRF	8,837,930		8,837,930			41
43 NURSERY	3,361,397		3,361,397			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	52,533,428	43,163,648	95,697,076	0.209632	0.209632	0.209853 50
51 RECOVERY ROOM	3,122,470	3,538,289	6,660,759	0.235616	0.235616	0.235616 51
53 ANESTHESIOLOGY	8,812,236	7,197,090	16,009,326	0.057493	0.057493	0.057493 53
54 RADIOLOGY-DIAGNOSTIC	7,694,432	21,658,014	29,352,446	0.348587	0.348587	0.354026 54
54.01 ULTRASOUND	4,361,699	8,659,087	13,020,786	0.170652	0.170652	0.170652 54.01
54.02 SPECIAL PROCEDURES	10,791,370	15,316,784	26,108,154	0.138801	0.138801	0.138801 54.02
56 RADIOISOTOPE	3,767,172	8,192,067	11,959,239	0.295951	0.295951	0.295951 56
57 COMPUTED TOMOGRAPHY (CT) SC	23,588,667	35,284,753	58,873,420	0.035047	0.035047	0.035047 57
58 MAGNETIC RESONANCE IMAGING	7,505,119	10,512,796	18,017,915	0.134378	0.134378	0.134378 58
59 CARDIAC CATHETERIZATION	13,714,420	6,319,574	20,033,994	0.214689	0.214689	0.215063 59
60 LABORATORY	56,399,606	94,292,318	150,691,924	0.082818	0.082818	0.082818 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	6,320,600	2,095,766	8,416,366	0.314296	0.314296	0.314296 63
65 RESPIRATORY THERAPY	14,589,895	1,994,040	16,583,935	0.192805	0.192805	0.193224 65
65.01 PULMONARY FUNCTION	246,237	851,758	1,097,995	0.121383	0.121383	0.121383 65.01
66 PHYSICAL THERAPY	7,853,744	18,324,886	26,178,630	0.456338	0.456338	0.456338 66
67 OCCUPATIONAL THERAPY	6,054,641		6,054,641	0.239284	0.239284	0.239284 67
68 SPEECH PATHOLOGY	3,391,898		3,391,898	0.219752	0.219752	0.219752 68
69 ELECTROCARDIOLOGY	13,788,231		25,258,025	0.097995	0.097995	0.098837 69
70 ELECTROENCEPHALOGRAPHY	825,964	255,775	1,081,739	0.293765	0.293765	0.310250 70
70.01 SLEEP LAB	502,412	877,440	1,379,852	0.147380	0.147380	0.147380 70.01
71 MEDICAL SUPPLIES CHRGD TO	2,804,800	1,700,041	4,504,841	0.068149	0.068149	0.068149 71
72 IMPL. DEV. CHARGED TO PATIE	26,336,604	9,412,930	35,749,534	0.469548	0.469548	0.469548 72
73 DRUGS CHARGED TO PATIENTS	38,104,201	25,034,401	63,138,602	0.228738	0.228738	0.228738 73
73.01 INFUSION THERAPY	60,779	5,584,119	5,644,898	0.184823	0.184823	0.185652 73.01
74 RENAL DIALYSIS	1,361,831	248,364	1,610,195	0.765078	0.765078	0.767562 74
76.97 CARDIAC REHABILITATION	81,502	1,093,602	1,175,104	0.919523	0.919523	0.922884 76.97
76.98 HYPERBARIC OXYGEN THERAPY	626,102	3,923,374	4,549,476	0.254471	0.254471	0.254471 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	3,954,565	2,092,831	6,047,396	0.518072	0.518072	0.518072 90.02
90.03 RETINAL VASCULAR	8,977	1,137,427	1,146,404	1.061450	1.061450	1.072136 90.03
91 EMERGENCY	16,073,505	64,158,687	80,232,192	0.125336	0.125336	0.125585 91
91.01 IFCC	4,934,055	166,286,605	171,220,660	0.177203	0.177203	0.177203 91.01
92 OBSERVATION BEDS		7,465,638	7,465,638	0.627485	0.627485	0.627485 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)	454,599,204	578,141,898	1,032,741,102			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	454,599,204	578,141,898	1,032,741,102			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	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	1,956,853		1,956,853	69,489	28.16	34,568	973,435	30
31 INTENSIVE CARE UNIT	517,999		517,999	4,490	115.37	2,786	321,421	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	57,707		57,707	3,089	18.68	2,203	41,152	40
41 SUBPROVIDER - IRF	266,264		266,264	9,772	27.25	7,811	212,850	41
42 SUBPROVIDER I								42
43 NURSERY	176,025		176,025	3,700	47.57			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,976,798		2,976,798	90,540		47,368	1,548,858	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] HOSPITAL (14-0191) [ ] IPF [ ] 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	CAPITAL (COL.3 x COL.4)	
					1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS										
50					1,329,472	95,697,076	0.013893	24,232,482	336,662	50
51					76,193	6,660,759	0.011439	1,432,860	16,390	51
53					190,190	16,009,326	0.011880	4,015,265	47,701	53
54					1,888,432	29,352,446	0.064336	4,644,586	298,814	54
54.01					292,714	13,020,786	0.022481	2,395,852	53,861	54.01
54.02					290,240	26,108,154	0.011117	7,433,019	82,633	54.02
56					421,056	11,959,239	0.035208	2,261,602	79,626	56
57					365,557	58,873,420	0.006209	14,203,901	88,192	57
58					823,377	18,017,915	0.045698	4,179,561	190,998	58
59					1,107,267	20,033,994	0.055269	8,569,106	473,606	59
60					494,555	150,691,924	0.003282	30,827,535	101,176	60
62.30										62.30
63					52,187	8,416,366	0.006201	3,838,854	23,805	63
65					159,838	16,583,935	0.009638	8,378,445	80,751	65
65.01					12,642	1,097,995	0.011514	135,429	1,559	65.01
66					289,107	26,178,630	0.011044	2,251,030	24,860	66
67					35,355	6,054,641	0.005839	268	2	67
68					38,458	3,391,898	0.011338	594,742	6,743	68
69					395,465	25,258,025	0.015657	8,425,750	131,922	69
70					9,630	1,081,739	0.008902	563,473	5,016	70
70.01					3,251	1,379,852	0.002356	203,647	480	70.01
71					7,556	4,504,841	0.001677	1,413,798	2,371	71
72					363,319	35,749,534	0.010163	13,584,922	138,064	72
73					532,023	63,138,602	0.008426	18,859,284	158,908	73
73.01					49,623	5,644,898	0.008791			73.01
74					28,460	1,610,195	0.017675	928,014	16,403	74
76.97					83,914	1,175,104	0.071410	41,780	2,984	76.97
76.98					19,064	4,549,476	0.004190	305,244	1,279	76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90.02					86,964	6,047,396	0.014380			90.02
90.03					103,177	1,146,404	0.090001	830	75	90.03
91					257,508	80,232,192	0.003210	11,392,334	36,569	91
91.01					3,768,105	171,220,660	0.022007	2,141,737	47,133	91.01
92					157,617	7,465,638	0.021112			92
92.01										92.01
OTHER REIMBURSABLE COST CENTERS										
200					13,732,316	918,353,060		177,255,350	2,448,583	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL  
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11  
 02/26/2013 16:36

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		276,856			276,856	30
31 INTENSIVE CARE UNIT		159,003			159,003	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		3,817			3,817	40
41 SUBPROVIDER - IRF		11,482			11,482	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		451,158			451,158	200

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	69,489	3.98	34,568	137,581	30
31 INTENSIVE CARE UNIT	4,490	35.41	2,786	98,652	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	3,089	1.24	2,203	2,732	40
41 SUBPROVIDER - IRF	9,772	1.17	7,811	9,139	41
42 SUBPROVIDER I					42
43 NURSERY	3,700				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	90,540		47,368	248,104	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  
 BOXES            [ ] TITLE XIX                    [ ] IRF                    [ ] NF                    [ ] TEFRA

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	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			50,814		50,814	50,814	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			50,814		50,814	50,814	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			50,814		50,814	50,814	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			613		613	613	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,016,901		1,016,901	1,016,901	91
91.01 IFCC							91.01
92 OBSERVATION BEDS			22,299		22,299	22,299	92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)			1,192,255		1,192,255	1,192,255	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	95,697,076	0.000531	0.000531	24,232,482	12,867	10,958,606	5,819	50
51	RECOVERY ROOM	6,660,759			1,432,860		863,241		51
53	ANESTHESIOLOGY	16,009,326			4,015,265		1,792,114		53
54	RADIOLOGY-DIAGNOSTIC	29,352,446			4,644,586		3,215,843		54
54.01	ULTRASOUND	13,020,786			2,395,852		1,808,654		54.01
54.02	SPECIAL PROCEDURES	26,108,154			7,433,019		10,046,919		54.02
56	RADIOISOTOPE	11,959,239			2,261,602		2,790,107		56
57	COMPUTED TOMOGRAPHY (CT) SCA	58,873,420			14,203,901		11,322,658		57
58	MAGNETIC RESONANCE IMAGING (	18,017,915			4,179,561		2,888,059		58
59	CARDIAC CATHETERIZATION	20,033,994			8,569,106		5,176,292		59
60	LABORATORY	150,691,924			30,827,535				60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	8,416,366			3,838,854		1,288,445		63
65	RESPIRATORY THERAPY	16,583,935	0.003064	0.003064	8,378,445	25,672	725,570	2,223	65
65.01	PULMONARY FUNCTION	1,097,995			135,429		207,918		65.01
66	PHYSICAL THERAPY	26,178,630			2,251,030				66
67	OCCUPATIONAL THERAPY	6,054,641			268				67
68	SPEECH PATHOLOGY	3,391,898			594,742				68
69	ELECTROCARDIOLOGY	25,258,025	0.002012	0.002012	8,425,750	16,953	3,934,107	7,915	69
70	ELECTROENCEPHALOGRAPHY	1,081,739			563,473		75,962		70
70.01	SLEEP LAB	1,379,852			203,647		222,331		70.01
71	MEDICAL SUPPLIES CHRGD TO P	4,504,841			1,413,798		476,787		71
72	IMPL. DEV. CHARGED TO PATIEN	35,749,534			13,584,922		2,773,740		72
73	DRUGS CHARGED TO PATIENTS	63,138,602			18,859,284		12,165,433		73
73.01	INFUSION THERAPY	5,644,898					2,527,124		73.01
74	RENAL DIALYSIS	1,610,195			928,014				74
76.97	CARDIAC REHABILITATION	1,175,104			41,780		335,116		76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,549,476			305,244		1,561,337		76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	PSYCH ANCILLARY	6,047,396	0.000101	0.000101			254,687	26	90.02
90.03	RETINAL VASCULAR	1,146,404			830		399,351		90.03
91	EMERGENCY	80,232,192	0.012674	0.012674	11,392,334	144,386	15,245,564	193,222	91
91.01	IFCC	171,220,660			2,141,737		32,915,423		91.01
92	OBSERVATION BEDS	7,465,638	0.002987	0.002987			1,971,909	5,890	92
92.01	OBSERVATION BEDS-DISTINCT								92.01
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (SUM OF LINES 50-199)	918,353,060			177,255,350	199,878	127,943,297	215,095	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	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209632	10,958,606			2,297,274		50
51 RECOVERY ROOM	0.235616	863,241			203,393		51
53 ANESTHESIOLOGY	0.057493	1,792,114			103,034		53
54 RADIOLOGY-DIAGNOSTIC	0.348587	3,215,843			1,121,001		54
54.01 ULTRASOUND	0.170652	1,808,654			308,650		54.01
54.02 SPECIAL PROCEDURES	0.138801	10,046,919			1,394,522		54.02
56 RADIOISOTOPE	0.295951	2,790,107			825,735		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047	11,322,658			396,825		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378	2,888,059			388,092		58
59 CARDIAC CATHETERIZATION	0.214689	5,176,292			1,111,293		59
60 LABORATORY	0.082818						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296	1,288,445			404,953		63
65 RESPIRATORY THERAPY	0.192805	725,570			139,894		65
65.01 PULMONARY FUNCTION	0.121383	207,918			25,238		65.01
66 PHYSICAL THERAPY	0.456338						66
67 OCCUPATIONAL THERAPY	0.239284						67
68 SPEECH PATHOLOGY	0.219752						68
69 ELECTROCARDIOLOGY	0.097995	3,934,107			385,523		69
70 ELECTROENCEPHALOGRAPHY	0.293765	75,962			22,315		70
70.01 SLEEP LAB	0.147380	222,331			32,767		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149	476,787			32,493		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548	2,773,740			1,302,404		72
73 DRUGS CHARGED TO PATIENTS	0.228738	12,165,433		23,209	2,782,697		73
73.01 INFUSION THERAPY	0.184823	2,527,124			467,071		73.01
74 RENAL DIALYSIS	0.765078						74
76.97 CARDIAC REHABILITATION	0.919523	335,116			308,147		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471	1,561,337			397,315		76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.518072	254,687	61,736		131,946	31,984	90.02
90.03 RETINAL VASCULAR	1.061450	399,351			423,891		90.03
91 EMERGENCY	0.125336	15,245,564			1,910,818		91
91.01 IFCC	0.177203	32,915,423			5,832,712		91.01
92 OBSERVATION BEDS	0.627485	1,971,909			1,237,343		92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		127,943,297	61,736	23,209	23,987,346	31,984	5,309 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		127,943,297	61,736	23,209	23,987,346	31,984	5,309 202

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				
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	1,329,472	95,697,076	0.013893	3,969	55		50
51	RECOVERY ROOM	76,193	6,660,759	0.011439				51
53	ANESTHESIOLOGY	190,190	16,009,326	0.011880				53
54	RADIOLOGY-DIAGNOSTIC	1,888,432	29,352,446	0.064336	41,413	2,664		54
54.01	ULTRASOUND	292,714	13,020,786	0.022481	4,710	106		54.01
54.02	SPECIAL PROCEDURES	290,240	26,108,154	0.011117	28,268	314		54.02
56	RADIOISOTOPE	421,056	11,959,239	0.035208	6,692	236		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	365,557	58,873,420	0.006209	135,349	840		57
58	MAGNETIC RESONANCE IMAGING (M	823,377	18,017,915	0.045698	77,325	3,534		58
59	CARDIAC CATHETERIZATION	1,107,267	20,033,994	0.055269				59
60	LABORATORY	494,555	150,691,924	0.003282	623,662	2,047		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	52,187	8,416,366	0.006201				63
65	RESPIRATORY THERAPY	159,838	16,583,935	0.009638	35,240	340		65
65.01	PULMONARY FUNCTION	12,642	1,097,995	0.011514	182	2		65.01
66	PHYSICAL THERAPY	289,107	26,178,630	0.011044	16,948	187		66
67	OCCUPATIONAL THERAPY	35,355	6,054,641	0.005839	350,357	2,046		67
68	SPEECH PATHOLOGY	38,458	3,391,898	0.011338	3,431	39		68
69	ELECTROCARDIOLOGY	395,465	25,258,025	0.015657	69,330	1,085		69
70	ELECTROENCEPHALOGRAPHY	9,630	1,081,739	0.008902	12,781	114		70
70.01	SLEEP LAB	3,251	1,379,852	0.002356				70.01
71	MEDICAL SUPPLIES CHRGD TO PA	7,556	4,504,841	0.001677	5,262	9		71
72	IMPL. DEV. CHARGED TO PATIENT	363,319	35,749,534	0.010163				72
73	DRUGS CHARGED TO PATIENTS	532,023	63,138,602	0.008426	256,623	2,162		73
73.01	INFUSION THERAPY	49,623	5,644,898	0.008791				73.01
74	RENAL DIALYSIS	28,460	1,610,195	0.017675	3,408	60		74
76.97	CARDIAC REHABILITATION	83,914	1,175,104	0.071410				76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,064	4,549,476	0.004190				76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	86,964	6,047,396	0.014380	672,484	9,670		90.02
90.03	RETINAL VASCULAR	103,177	1,146,404	0.090001				90.03
91	EMERGENCY	257,508	80,232,192	0.003210	349,707	1,123		91
91.01	IFCC	3,768,105	171,220,660	0.022007				91.01
92	OBSERVATION BEDS	157,617	7,465,638	0.021112				92
92.01	OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	13,732,316	918,353,060		2,697,141	26,633		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	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			50,814		50,814	50,814	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			50,814		50,814	50,814	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			50,814		50,814	50,814	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			613		613	613	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,016,901		1,016,901	1,016,901	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)			1,169,956		1,169,956	1,169,956	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	95,697,076	0.000531	0.000531	3,969	2	50
51	RECOVERY ROOM	6,660,759					51
53	ANESTHESIOLOGY	16,009,326					53
54	RADIOLOGY-DIAGNOSTIC	29,352,446			41,413		54
54.01	ULTRASOUND	13,020,786			4,710		54.01
54.02	SPECIAL PROCEDURES	26,108,154			28,268		54.02
56	RADIOISOTOPE	11,959,239			6,692		56
57	COMPUTED TOMOGRAPHY (CT) SCA	58,873,420			135,349		57
58	MAGNETIC RESONANCE IMAGING (	18,017,915			77,325		58
59	CARDIAC CATHETERIZATION	20,033,994					59
60	LABORATORY	150,691,924			623,662		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	8,416,366					63
65	RESPIRATORY THERAPY	16,583,935	0.003064	0.003064	35,240	108	65
65.01	PULMONARY FUNCTION	1,097,995			182		65.01
66	PHYSICAL THERAPY	26,178,630			16,948		66
67	OCCUPATIONAL THERAPY	6,054,641			350,357		67
68	SPEECH PATHOLOGY	3,391,898			3,431		68
69	ELECTROCARDIOLOGY	25,258,025	0.002012	0.002012	69,330	139	69
70	ELECTROENCEPHALOGRAPHY	1,081,739			12,781		70
70.01	SLEEP LAB	1,379,852					70.01
71	MEDICAL SUPPLIES CHRGD TO P	4,504,841			5,262		71
72	IMPL. DEV. CHARGED TO PATIEN	35,749,534					72
73	DRUGS CHARGED TO PATIENTS	63,138,602			256,623		73
73.01	INFUSION THERAPY	5,644,898					73.01
74	RENAL DIALYSIS	1,610,195			3,408		74
76.97	CARDIAC REHABILITATION	1,175,104					76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,549,476					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	6,047,396	0.000101	0.000101	672,484	68	90.02
90.03	RETINAL VASCULAR	1,146,404					90.03
91	EMERGENCY	80,232,192	0.012674	0.012674	349,707	4,432	91
91.01	IFCC	171,220,660					91.01
92	OBSERVATION BEDS	7,465,638					92
92.01	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	918,353,060			2,697,141	4,749	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	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209632						50
51 RECOVERY ROOM	0.235616						51
53 ANESTHESIOLOGY	0.057493						53
54 RADIOLOGY-DIAGNOSTIC	0.348587						54
54.01 ULTRASOUND	0.170652						54.01
54.02 SPECIAL PROCEDURES	0.138801						54.02
56 RADIOISOTOPE	0.295951						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378						58
59 CARDIAC CATHETERIZATION	0.214689						59
60 LABORATORY	0.082818						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296						63
65 RESPIRATORY THERAPY	0.192805						65
65.01 PULMONARY FUNCTION	0.121383						65.01
66 PHYSICAL THERAPY	0.456338						66
67 OCCUPATIONAL THERAPY	0.239284						67
68 SPEECH PATHOLOGY	0.219752						68
69 ELECTROCARDIOLOGY	0.097995						69
70 ELECTROENCEPHALOGRAPHY	0.293765						70
70.01 SLEEP LAB	0.147380						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149						71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548						72
73 DRUGS CHARGED TO PATIENTS	0.228738						73
73.01 INFUSION THERAPY	0.184823						73.01
74 RENAL DIALYSIS	0.765078						74
76.97 CARDIAC REHABILITATION	0.919523						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.518072						90.02
90.03 RETINAL VASCULAR	1.061450						90.03
91 EMERGENCY	0.125336						91
91.01 IFCC	0.177203						91.01
92 OBSERVATION BEDS	0.627485						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	1,329,472	95,697,076	0.013893	26,212	364	50
51 RECOVERY ROOM	76,193	6,660,759	0.011439	1,036	12	51
53 ANESTHESIOLOGY	190,190	16,009,326	0.011880	1,458	17	53
54 RADIOLOGY-DIAGNOSTIC	1,888,432	29,352,446	0.064336	199,693	12,847	54
54.01 ULTRASOUND	292,714	13,020,786	0.022481	75,502	1,697	54.01
54.02 SPECIAL PROCEDURES	290,240	26,108,154	0.011117	126,502	1,406	54.02
56 RADIOISOTOPE	421,056	11,959,239	0.035208	17,676	622	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	365,557	58,873,420	0.006209	145,652	904	57
58 MAGNETIC RESONANCE IMAGING (M	823,377	18,017,915	0.045698	42,850	1,958	58
59 CARDIAC CATHETERIZATION	1,107,267	20,033,994	0.055269			59
60 LABORATORY	494,555	150,691,924	0.003282	1,413,204	4,638	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	52,187	8,416,366	0.006201	109,963	682	63
65 RESPIRATORY THERAPY	159,838	16,583,935	0.009638	874,919	8,432	65
65.01 PULMONARY FUNCTION	12,642	1,097,995	0.011514	4,465	51	65.01
66 PHYSICAL THERAPY	289,107	26,178,630	0.011044	3,389,360	37,432	66
67 OCCUPATIONAL THERAPY	35,355	6,054,641	0.005839	3,305,903	19,303	67
68 SPEECH PATHOLOGY	38,458	3,391,898	0.011338	1,586,531	17,988	68
69 ELECTROCARDIOLOGY	395,465	25,258,025	0.015657	36,016	564	69
70 ELECTROENCEPHALOGRAPHY	9,630	1,081,739	0.008902	2,247	20	70
70.01 SLEEP LAB	3,251	1,379,852	0.002356	4,538	11	70.01
71 MEDICAL SUPPLIES CHRGD TO PA	7,556	4,504,841	0.001677	54,106	91	71
72 IMPL. DEV. CHARGED TO PATIENT	363,319	35,749,534	0.010163			72
73 DRUGS CHARGED TO PATIENTS	532,023	63,138,602	0.008426	2,046,095	17,240	73
73.01 INFUSION THERAPY	49,623	5,644,898	0.008791			73.01
74 RENAL DIALYSIS	28,460	1,610,195	0.017675	191,923	3,392	74
76.97 CARDIAC REHABILITATION	83,914	1,175,104	0.071410			76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,064	4,549,476	0.004190	59,283	248	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	86,964	6,047,396	0.014380			90.02
90.03 RETINAL VASCULAR	103,177	1,146,404	0.090001			90.03
91 EMERGENCY	257,508	80,232,192	0.003210	2,288	7	91
91.01 IFCC	3,768,105	171,220,660	0.022007			91.01
92 OBSERVATION BEDS	157,617	7,465,638	0.021112			92
92.01 OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	13,732,316	918,353,060		13,717,422	129,926	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	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			50,814		50,814	50,814	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			50,814		50,814	50,814	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			50,814		50,814	50,814	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			613		613	613	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,016,901		1,016,901	1,016,901	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)			1,169,956		1,169,956	1,169,956	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	95,697,076	0.000531	0.000531	26,212	14					50
51	RECOVERY ROOM	6,660,759			1,036						51
53	ANESTHESIOLOGY	16,009,326			1,458						53
54	RADIOLOGY-DIAGNOSTIC	29,352,446			199,693		861				54
54.01	ULTRASOUND	13,020,786			75,502						54.01
54.02	SPECIAL PROCEDURES	26,108,154			126,502						54.02
56	RADIOISOTOPE	11,959,239			17,676						56
57	COMPUTED TOMOGRAPHY (CT) SCA	58,873,420			145,652						57
58	MAGNETIC RESONANCE IMAGING (	18,017,915			42,850						58
59	CARDIAC CATHETERIZATION	20,033,994									59
60	LABORATORY	150,691,924			1,413,204						60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
63	BLOOD STORING, PROCESSING &	8,416,366			109,963						63
65	RESPIRATORY THERAPY	16,583,935	0.003064	0.003064	874,919	2,681					65
65.01	PULMONARY FUNCTION	1,097,995			4,465		3,608				65.01
66	PHYSICAL THERAPY	26,178,630			3,389,360						66
67	OCCUPATIONAL THERAPY	6,054,641			3,305,903						67
68	SPEECH PATHOLOGY	3,391,898			1,586,531						68
69	ELECTROCARDIOLOGY	25,258,025	0.002012	0.002012	36,016	72	232				69
70	ELECTROENCEPHALOGRAPHY	1,081,739			2,247						70
70.01	SLEEP LAB	1,379,852			4,538						70.01
71	MEDICAL SUPPLIES CHRGD TO P	4,504,841			54,106		4,243				71
72	IMPL. DEV. CHARGED TO PATIEN	35,749,534									72
73	DRUGS CHARGED TO PATIENTS	63,138,602			2,046,095						73
73.01	INFUSION THERAPY	5,644,898									73.01
74	RENAL DIALYSIS	1,610,195			191,923						74
76.97	CARDIAC REHABILITATION	1,175,104									76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,549,476			59,283						76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
90.02	PSYCH ANCILLARY	6,047,396	0.000101	0.000101							90.02
90.03	RETINAL VASCULAR	1,146,404									90.03
91	EMERGENCY	80,232,192	0.012674	0.012674	2,288	29					91
91.01	IFCC	171,220,660									91.01
92	OBSERVATION BEDS	7,465,638									92
92.01	OBSERVATION BEDS-DISTINCT										92.01
OTHER REIMBURSABLE COST CENTERS											
200	TOTAL (SUM OF LINES 50-199)	918,353,060			13,717,422	2,796	8,944				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	0.209632						50
51 RECOVERY ROOM	0.235616						51
53 ANESTHESIOLOGY	0.057493						53
54 RADIOLOGY-DIAGNOSTIC	0.348587	861			300		54
54.01 ULTRASOUND	0.170652						54.01
54.02 SPECIAL PROCEDURES	0.138801						54.02
56 RADIOISOTOPE	0.295951						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378						58
59 CARDIAC CATHETERIZATION	0.214689						59
60 LABORATORY	0.082818						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296						63
65 RESPIRATORY THERAPY	0.192805						65
65.01 PULMONARY FUNCTION	0.121383	3,608			438		65.01
66 PHYSICAL THERAPY	0.456338						66
67 OCCUPATIONAL THERAPY	0.239284						67
68 SPEECH PATHOLOGY	0.219752						68
69 ELECTROCARDIOLOGY	0.097995	232			23		69
70 ELECTROENCEPHALOGRAPHY	0.293765						70
70.01 SLEEP LAB	0.147380						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149	4,243			289		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548						72
73 DRUGS CHARGED TO PATIENTS	0.228738						73
73.01 INFUSION THERAPY	0.184823						73.01
74 RENAL DIALYSIS	0.765078						74
76.97 CARDIAC REHABILITATION	0.919523						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.518072						90.02
90.03 RETINAL VASCULAR	1.061450						90.03
91 EMERGENCY	0.125336						91
91.01 IFCC	0.177203						91.01
92 OBSERVATION BEDS	0.627485						92
92.01 OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		8,944			1,050		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		8,944			1,050		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	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)		DIEM (COL.3 ÷ COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	1,956,853		1,956,853	69,489	28.16	15,889	447,434	30
31 INTENSIVE CARE UNIT	517,999		517,999	4,490	115.37	301	34,726	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	57,707		57,707	3,089	18.68	471	8,798	40
41 SUBPROVIDER - IRF	266,264		266,264	9,772	27.25	262	7,140	41
42 SUBPROVIDER I								42
43 NURSERY	176,025		176,025	3,700	47.57	2,458	116,927	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,976,798		2,976,798	90,540		19,381	615,025	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 (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	1,329,472	95,697,076	0.013893		50
51 RECOVERY ROOM	76,193	6,660,759	0.011439		51
53 ANESTHESIOLOGY	190,190	16,009,326	0.011880		53
54 RADIOLOGY-DIAGNOSTIC	1,888,432	29,352,446	0.064336		54
54.01 ULTRASOUND	292,714	13,020,786	0.022481		54.01
54.02 SPECIAL PROCEDURES	290,240	26,108,154	0.011117		54.02
56 RADIOISOTOPE	421,056	11,959,239	0.035208		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	365,557	58,873,420	0.006209		57
58 MAGNETIC RESONANCE IMAGING (M	823,377	18,017,915	0.045698		58
59 CARDIAC CATHETERIZATION	1,107,267	20,033,994	0.055269		59
60 LABORATORY	494,555	150,691,924	0.003282		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	52,187	8,416,366	0.006201		63
65 RESPIRATORY THERAPY	159,838	16,583,935	0.009638		65
65.01 PULMONARY FUNCTION	12,642	1,097,995	0.011514		65.01
66 PHYSICAL THERAPY	289,107	26,178,630	0.011044		66
67 OCCUPATIONAL THERAPY	35,355	6,054,641	0.005839		67
68 SPEECH PATHOLOGY	38,458	3,391,898	0.011338		68
69 ELECTROCARDIOLOGY	395,465	25,258,025	0.015657		69
70 ELECTROENCEPHALOGRAPHY	9,630	1,081,739	0.008902		70
70.01 SLEEP LAB	3,251	1,379,852	0.002356		70.01
71 MEDICAL SUPPLIES CHRGED TO PA	7,556	4,504,841	0.001677		71
72 IMPL. DEV. CHARGED TO PATIENT	363,319	35,749,534	0.010163		72
73 DRUGS CHARGED TO PATIENTS	532,023	63,138,602	0.008426		73
73.01 INFUSION THERAPY	49,623	5,644,898	0.008791		73.01
74 RENAL DIALYSIS	28,460	1,610,195	0.017675		74
76.97 CARDIAC REHABILITATION	83,914	1,175,104	0.071410		76.97
76.98 HYPERBARIC OXYGEN THERAPY	19,064	4,549,476	0.004190		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	86,964	6,047,396	0.014380		90.02
90.03 RETINAL VASCULAR	103,177	1,146,404	0.090001		90.03
91 EMERGENCY	257,508	80,232,192	0.003210		91
91.01 IFCC	3,768,105	171,220,660	0.022007		91.01
92 OBSERVATION BEDS	157,617	7,465,638	0.021112		92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	13,732,316	918,353,060			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	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		276,856			276,856	30
31 INTENSIVE CARE UNIT		159,003			159,003	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		3,817			3,817	40
41 SUBPROVIDER - IRF		11,482			11,482	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		451,158			451,158	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	69,489	3.98	15,889	63,238	30
31 INTENSIVE CARE UNIT	4,490	35.41	301	10,658	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	3,089	1.24	471	584	40
41 SUBPROVIDER - IRF	9,772	1.17	262	307	41
42 SUBPROVIDER I					42
43 NURSERY	3,700		2,458		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	90,540		19,381	74,787	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	(SUM OF COLS.1-4) 5	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			50,814		50,814	50,814	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			50,814		50,814	50,814	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			50,814		50,814	50,814	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			613		613	613	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,016,901		1,016,901	1,016,901	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)			1,169,956		1,169,956	1,169,956	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	[XX] HOSPITAL (14-0191) [ ] IPF [ ] 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 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						95,697,076	0.000531	0.000531					50
51						6,660,759							51
53						16,009,326							53
54						29,352,446							54
54.01						13,020,786							54.01
54.02						26,108,154							54.02
56						11,959,239							56
57						58,873,420							57
58						18,017,915							58
59						20,033,994							59
60						150,691,924							60
62.30													62.30
63						8,416,366							63
65						16,583,935	0.003064	0.003064					65
65.01						1,097,995							65.01
66						26,178,630							66
67						6,054,641							67
68						3,391,898							68
69						25,258,025	0.002012	0.002012					69
70						1,081,739							70
70.01						1,379,852							70.01
71						4,504,841							71
72						35,749,534							72
73						63,138,602							73
73.01						5,644,898							73.01
74						1,610,195							74
76.97						1,175,104							76.97
76.98						4,549,476							76.98
76.99													76.99
OUTPATIENT SERVICE COST CENTERS													
90.02						6,047,396	0.000101	0.000101					90.02
90.03						1,146,404							90.03
91						80,232,192	0.012674	0.012674					91
91.01						171,220,660							91.01
92						7,465,638							92
92.01													92.01
OTHER REIMBURSABLE COST CENTERS													
200						918,353,060							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	0.209632						50
51 RECOVERY ROOM	0.235616						51
53 ANESTHESIOLOGY	0.057493						53
54 RADIOLOGY-DIAGNOSTIC	0.348587						54
54.01 ULTRASOUND	0.170652						54.01
54.02 SPECIAL PROCEDURES	0.138801						54.02
56 RADIOISOTOPE	0.295951						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378						58
59 CARDIAC CATHETERIZATION	0.214689						59
60 LABORATORY	0.082818						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296						63
65 RESPIRATORY THERAPY	0.192805						65
65.01 PULMONARY FUNCTION	0.121383						65.01
66 PHYSICAL THERAPY	0.456338						66
67 OCCUPATIONAL THERAPY	0.239284						67
68 SPEECH PATHOLOGY	0.219752						68
69 ELECTROCARDIOLOGY	0.097995						69
70 ELECTROENCEPHALOGRAPHY	0.293765						70
70.01 SLEEP LAB	0.147380						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149						71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548						72
73 DRUGS CHARGED TO PATIENTS	0.228738						73
73.01 INFUSION THERAPY	0.184823						73.01
74 RENAL DIALYSIS	0.765078						74
76.97 CARDIAC REHABILITATION	0.919523						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.518072						90.02
90.03 RETINAL VASCULAR	1.061450						90.03
91 EMERGENCY	0.125336						91
91.01 IFCC	0.177203						91.01
92 OBSERVATION BEDS	0.627485						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	1,329,472	95,697,076	0.013893				50
51	RECOVERY ROOM	76,193	6,660,759	0.011439				51
53	ANESTHESIOLOGY	190,190	16,009,326	0.011880				53
54	RADIOLOGY-DIAGNOSTIC	1,888,432	29,352,446	0.064336				54
54.01	ULTRASOUND	292,714	13,020,786	0.022481				54.01
54.02	SPECIAL PROCEDURES	290,240	26,108,154	0.011117				54.02
56	RADIOISOTOPE	421,056	11,959,239	0.035208				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	365,557	58,873,420	0.006209				57
58	MAGNETIC RESONANCE IMAGING (M	823,377	18,017,915	0.045698				58
59	CARDIAC CATHETERIZATION	1,107,267	20,033,994	0.055269				59
60	LABORATORY	494,555	150,691,924	0.003282				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
63	BLOOD STORING, PROCESSING & T	52,187	8,416,366	0.006201				63
65	RESPIRATORY THERAPY	159,838	16,583,935	0.009638				65
65.01	PULMONARY FUNCTION	12,642	1,097,995	0.011514				65.01
66	PHYSICAL THERAPY	289,107	26,178,630	0.011044				66
67	OCCUPATIONAL THERAPY	35,355	6,054,641	0.005839				67
68	SPEECH PATHOLOGY	38,458	3,391,898	0.011338				68
69	ELECTROCARDIOLOGY	395,465	25,258,025	0.015657				69
70	ELECTROENCEPHALOGRAPHY	9,630	1,081,739	0.008902				70
70.01	SLEEP LAB	3,251	1,379,852	0.002356				70.01
71	MEDICAL SUPPLIES CHRGED TO PA	7,556	4,504,841	0.001677				71
72	IMPL. DEV. CHARGED TO PATIENT	363,319	35,749,534	0.010163				72
73	DRUGS CHARGED TO PATIENTS	532,023	63,138,602	0.008426				73
73.01	INFUSION THERAPY	49,623	5,644,898	0.008791				73.01
74	RENAL DIALYSIS	28,460	1,610,195	0.017675				74
76.97	CARDIAC REHABILITATION	83,914	1,175,104	0.071410				76.97
76.98	HYPERBARIC OXYGEN THERAPY	19,064	4,549,476	0.004190				76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	86,964	6,047,396	0.014380				90.02
90.03	RETINAL VASCULAR	103,177	1,146,404	0.090001				90.03
91	EMERGENCY	257,508	80,232,192	0.003210				91
91.01	IFCC	3,768,105	171,220,660	0.022007				91.01
92	OBSERVATION BEDS	157,617	7,465,638	0.021112				92
92.01	OBSERVATION BEDS-DISTINCT							92.01
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	13,732,316	918,353,060					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	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			50,814		50,814	50,814	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			50,814		50,814	50,814	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			50,814		50,814	50,814	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			613		613	613	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,016,901		1,016,901	1,016,901	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)			1,169,956		1,169,956	1,169,956	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						95,697,076	0.000531	0.000531				50
51						6,660,759						51
53						16,009,326						53
54						29,352,446						54
54.01						13,020,786						54.01
54.02						26,108,154						54.02
56						11,959,239						56
57						58,873,420						57
58						18,017,915						58
59						20,033,994						59
60						150,691,924						60
62.30												62.30
63						8,416,366						63
65						16,583,935	0.003064	0.003064				65
65.01						1,097,995						65.01
66						26,178,630						66
67						6,054,641						67
68						3,391,898						68
69						25,258,025	0.002012	0.002012				69
70						1,081,739						70
70.01						1,379,852						70.01
71						4,504,841						71
72						35,749,534						72
73						63,138,602						73
73.01						5,644,898						73.01
74						1,610,195						74
76.97						1,175,104						76.97
76.98						4,549,476						76.98
76.99												76.99
OUTPATIENT SERVICE COST CENTERS												
90.02						6,047,396	0.000101	0.000101				90.02
90.03						1,146,404						90.03
91						80,232,192	0.012674	0.012674				91
91.01						171,220,660						91.01
92						7,465,638						92
92.01												92.01
OTHER REIMBURSABLE COST CENTERS												
200						918,353,060						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	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209632						50
51 RECOVERY ROOM	0.235616						51
53 ANESTHESIOLOGY	0.057493						53
54 RADIOLOGY-DIAGNOSTIC	0.348587						54
54.01 ULTRASOUND	0.170652						54.01
54.02 SPECIAL PROCEDURES	0.138801						54.02
56 RADIOISOTOPE	0.295951						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378						58
59 CARDIAC CATHETERIZATION	0.214689						59
60 LABORATORY	0.082818						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296						63
65 RESPIRATORY THERAPY	0.192805						65
65.01 PULMONARY FUNCTION	0.121383						65.01
66 PHYSICAL THERAPY	0.456338						66
67 OCCUPATIONAL THERAPY	0.239284						67
68 SPEECH PATHOLOGY	0.219752						68
69 ELECTROCARDIOLOGY	0.097995						69
70 ELECTROENCEPHALOGRAPHY	0.293765						70
70.01 SLEEP LAB	0.147380						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149						71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548						72
73 DRUGS CHARGED TO PATIENTS	0.228738						73
73.01 INFUSION THERAPY	0.184823						73.01
74 RENAL DIALYSIS	0.765078						74
76.97 CARDIAC REHABILITATION	0.919523						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.518072						90.02
90.03 RETINAL VASCULAR	1.061450						90.03
91 EMERGENCY	0.125336						91
91.01 IFCC	0.177203						91.01
92 OBSERVATION BEDS	0.627485						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 [ ] IPF [XX] IRF (14-T191)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER					
					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		
ANCILLARY SERVICE COST CENTERS									
50					1,329,472	95,697,076	0.013893		50
51					76,193	6,660,759	0.011439		51
53					190,190	16,009,326	0.011880		53
54					1,888,432	29,352,446	0.064336		54
54.01					292,714	13,020,786	0.022481		54.01
54.02					290,240	26,108,154	0.011117		54.02
56					421,056	11,959,239	0.035208		56
57					365,557	58,873,420	0.006209		57
58					823,377	18,017,915	0.045698		58
59					1,107,267	20,033,994	0.055269		59
60					494,555	150,691,924	0.003282		60
62.30									62.30
63					52,187	8,416,366	0.006201		63
65					159,838	16,583,935	0.009638		65
65.01					12,642	1,097,995	0.011514		65.01
66					289,107	26,178,630	0.011044		66
67					35,355	6,054,641	0.005839		67
68					38,458	3,391,898	0.011338		68
69					395,465	25,258,025	0.015657		69
70					9,630	1,081,739	0.008902		70
70.01					3,251	1,379,852	0.002356		70.01
71					7,556	4,504,841	0.001677		71
72					363,319	35,749,534	0.010163		72
73					532,023	63,138,602	0.008426		73
73.01					49,623	5,644,898	0.008791		73.01
74					28,460	1,610,195	0.017675		74
76.97					83,914	1,175,104	0.071410		76.97
76.98					19,064	4,549,476	0.004190		76.98
76.99									76.99
OUTPATIENT SERVICE COST CENTERS									
90.02					86,964	6,047,396	0.014380		90.02
90.03					103,177	1,146,404	0.090001		90.03
91					257,508	80,232,192	0.003210		91
91.01					3,768,105	171,220,660	0.022007		91.01
92					157,617	7,465,638	0.021112		92
92.01									92.01
OTHER REIMBURSABLE COST CENTERS									
200					13,732,316	918,353,060			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	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			50,814		50,814	50,814	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			50,814		50,814	50,814	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			50,814		50,814	50,814	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			613		613	613	90.02
90.03 RETINAL VASCULAR							90.03
91 EMERGENCY			1,016,901		1,016,901	1,016,901	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)			1,169,956		1,169,956	1,169,956	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 [ ] IPF [XX] IRF (14-T191)	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER							
						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)
COST CENTER DESCRIPTION						7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS												
50						95,697,076	0.000531	0.000531				50
51						6,660,759						51
53						16,009,326						53
54						29,352,446						54
54.01						13,020,786						54.01
54.02						26,108,154						54.02
56						11,959,239						56
57						58,873,420						57
58						18,017,915						58
59						20,033,994						59
60						150,691,924						60
62.30												62.30
63						8,416,366						63
65						16,583,935	0.003064	0.003064				65
65.01						1,097,995						65.01
66						26,178,630						66
67						6,054,641						67
68						3,391,898						68
69						25,258,025	0.002012	0.002012				69
70						1,081,739						70
70.01						1,379,852						70.01
71						4,504,841						71
72						35,749,534						72
73						63,138,602						73
73.01						5,644,898						73.01
74						1,610,195						74
76.97						1,175,104						76.97
76.98						4,549,476						76.98
76.99												76.99
OUTPATIENT SERVICE COST CENTERS												
90.02						6,047,396	0.000101	0.000101				90.02
90.03						1,146,404						90.03
91						80,232,192	0.012674	0.012674				91
91.01						171,220,660						91.01
92						7,465,638						92
92.01												92.01
OTHER REIMBURSABLE COST CENTERS												
200						918,353,060						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	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.209632						50
51 RECOVERY ROOM	0.235616						51
53 ANESTHESIOLOGY	0.057493						53
54 RADIOLOGY-DIAGNOSTIC	0.348587						54
54.01 ULTRASOUND	0.170652						54.01
54.02 SPECIAL PROCEDURES	0.138801						54.02
56 RADIOISOTOPE	0.295951						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378						58
59 CARDIAC CATHETERIZATION	0.214689						59
60 LABORATORY	0.082818						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296						63
65 RESPIRATORY THERAPY	0.192805						65
65.01 PULMONARY FUNCTION	0.121383						65.01
66 PHYSICAL THERAPY	0.456338						66
67 OCCUPATIONAL THERAPY	0.239284						67
68 SPEECH PATHOLOGY	0.219752						68
69 ELECTROCARDIOLOGY	0.097995						69
70 ELECTROENCEPHALOGRAPHY	0.293765						70
70.01 SLEEP LAB	0.147380						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149						71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548						72
73 DRUGS CHARGED TO PATIENTS	0.228738						73
73.01 INFUSION THERAPY	0.184823						73.01
74 RENAL DIALYSIS	0.765078						74
76.97 CARDIAC REHABILITATION	0.919523						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.518072						90.02
90.03 RETINAL VASCULAR	1.061450						90.03
91 EMERGENCY	0.125336						91
91.01 IFCC	0.177203						91.01
92 OBSERVATION BEDS	0.627485						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

WORKSHEET D-1  
 PART I

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)	69,489	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	69,489	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63,892	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 XVII 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)	58,160,663	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	58,160,663	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	87,431,861	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	87,431,861	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.665211	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)	1,368.43	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)	58,160,663	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0191) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] 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) 836.98 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 28,932,725 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) 28,932,725 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,751,423	4,490	1,726.37	2,786	4,809,667	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					33,329,432	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					67,071,824	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,531,089 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 2,648,461 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 4,179,550 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 62,892,274 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 THE MARKET BASKET 59  
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60  
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63  
 PROGRAM INPATIENT ROUTINE SWING BED COST  
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65  
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66  
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67  
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68  
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 5,597 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 836.98 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,684,577 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4	5
90 CAPITAL-RELATED COST	1,956,853	58,160,663	0.033646	4,684,577	157,617 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST	276,856	58,160,663	0.004760	4,684,577	22,299 92
93 ALL OTHER MEDICAL EDUCATION					93



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)	816.83 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,799,476 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)	1,799,476 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	652,946 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,452,422 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	43,884 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	31,382 51
52	TOTAL PROGRAM EXCLUDABLE COST	75,266 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,377,156 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 THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	IRF (14-T191)	<input type="checkbox"/>	NF	<input type="checkbox"/>		<input type="checkbox"/>	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,772	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,772	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,772	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)	7,811	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 XVII 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)	8,710,114	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	8,710,114	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,837,930	28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,837,930	30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.985538	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)	904.41	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)	8,710,114	37							

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)	891.33 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	6,962,179 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)	6,962,179 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	3,769,967 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	10,732,146 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	221,989 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	132,722 51
52	TOTAL PROGRAM EXCLUDABLE COST	354,711 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	10,377,435 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 THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

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)	69,489	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	69,489	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63,892	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)	15,889	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 XVII 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)	3,700	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)	58,160,663	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	58,160,663	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	87,431,861	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	87,431,861	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.665211	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)	1,368.43	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)	58,160,663	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)	3,089	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,089	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,089	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 XVII 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)	2,523,196	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	2,523,196	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,067,948	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,067,948	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.497873	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)	1,640.64	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)	2,523,196	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)	816.83 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	384,727 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)	384,727 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	384,727 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	9,382 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	9,382 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 THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

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)	9,772	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,772	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,772	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)	262	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 XVII 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)	8,689,989	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	8,689,989	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,837,930	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,837,930	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.983261	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)	904.41	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)	8,689,989	37

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)	889.27 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	232,989 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)	232,989 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	232,989 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	7,447 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	7,447 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 THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

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		38,618,738			30
31 INTENSIVE CARE UNIT		5,043,781			31
32 CORONARY CARE UNIT					32
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209853	24,232,482	5,085,259		50
51 RECOVERY ROOM	0.235616	1,432,860	337,605		51
53 ANESTHESIOLOGY	0.057493	4,015,265	230,850		53
54 RADIOLOGY-DIAGNOSTIC	0.354026	4,644,586	1,644,304		54
54.01 ULTRASOUND	0.170652	2,395,852	408,857		54.01
54.02 SPECIAL PROCEDURES	0.138801	7,433,019	1,031,710		54.02
56 RADIOISOTOPE	0.295951	2,261,602	669,323		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047	14,203,901	497,804		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378	4,179,561	561,641		58
59 CARDIAC CATHETERIZATION	0.215063	8,569,106	1,842,898		59
60 LABORATORY	0.082818	30,827,535	2,553,075		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296	3,838,854	1,206,536		63
65 RESPIRATORY THERAPY	0.193224	8,378,445	1,618,917		65
65.01 PULMONARY FUNCTION	0.121383	135,429	16,439		65.01
66 PHYSICAL THERAPY	0.456338	2,251,030	1,027,231		66
67 OCCUPATIONAL THERAPY	0.239284	268	64		67
68 SPEECH PATHOLOGY	0.219752	594,742	130,696		68
69 ELECTROCARDIOLOGY	0.098837	8,425,750	832,776		69
70 ELECTROENCEPHALOGRAPHY	0.310250	563,473	174,817		70
70.01 SLEEP LAB	0.147380	203,647	30,013		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149	1,413,798	96,349		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548	13,584,922	6,378,773		72
73 DRUGS CHARGED TO PATIENTS	0.228738	18,859,284	4,313,835		73
73.01 INFUSION THERAPY	0.185652				73.01
74 RENAL DIALYSIS	0.767562	928,014	712,308		74
76.97 CARDIAC REHABILITATION	0.922884	41,780	38,558		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471	305,244	77,676		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.518072				90.02
90.03 RETINAL VASCULAR	1.072136	830	890		90.03
91 EMERGENCY	0.125585	11,392,334	1,430,706		91
91.01 IFCC	0.177203	2,141,737	379,522		91.01
92 OBSERVATION BEDS	0.627485				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		177,255,350	33,329,432		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		177,255,350			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	0.209853	3,969	833		50
51 RECOVERY ROOM	0.235616				51
53 ANESTHESIOLOGY	0.057493				53
54 RADIOLOGY-DIAGNOSTIC	0.354026	41,413	14,661		54
54.01 ULTRASOUND	0.170652	4,710	804		54.01
54.02 SPECIAL PROCEDURES	0.138801	28,268	3,924		54.02
56 RADIOISOTOPE	0.295951	6,692	1,981		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047	135,349	4,744		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378	77,325	10,391		58
59 CARDIAC CATHETERIZATION	0.215063				59
60 LABORATORY	0.082818	623,662	51,650		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296				63
65 RESPIRATORY THERAPY	0.193224	35,240	6,809		65
65.01 PULMONARY FUNCTION	0.121383	182	22		65.01
66 PHYSICAL THERAPY	0.456338	16,948	7,734		66
67 OCCUPATIONAL THERAPY	0.239284	350,357	83,835		67
68 SPEECH PATHOLOGY	0.219752	3,431	754		68
69 ELECTROCARDIOLOGY	0.098837	69,330	6,852		69
70 ELECTROENCEPHALOGRAPHY	0.310250	12,781	3,965		70
70.01 SLEEP LAB	0.147380				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149	5,262	359		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548				72
73 DRUGS CHARGED TO PATIENTS	0.228738	256,623	58,699		73
73.01 INFUSION THERAPY	0.185652				73.01
74 RENAL DIALYSIS	0.767562	3,408	2,616		74
76.97 CARDIAC REHABILITATION	0.922884				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.518072	672,484	348,395		90.02
90.03 RETINAL VASCULAR	1.072136				90.03
91 EMERGENCY	0.125585	349,707	43,918		91
91.01 IFCC	0.177203				91.01
92 OBSERVATION BEDS	0.627485				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,697,141	652,946		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,697,141			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		
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		7,065,510			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.209853	26,212	5,501		50
51 RECOVERY ROOM	0.235616	1,036	244		51
53 ANESTHESIOLOGY	0.057493	1,458	84		53
54 RADIOLOGY-DIAGNOSTIC	0.354026	199,693	70,697		54
54.01 ULTRASOUND	0.170652	75,502	12,885		54.01
54.02 SPECIAL PROCEDURES	0.138801	126,502	17,559		54.02
56 RADIOISOTOPE	0.295951	17,676	5,231		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047	145,652	5,105		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378	42,850	5,758		58
59 CARDIAC CATHETERIZATION	0.215063				59
60 LABORATORY	0.082818	1,413,204	117,039		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296	109,963	34,561		63
65 RESPIRATORY THERAPY	0.193224	874,919	169,055		65
65.01 PULMONARY FUNCTION	0.121383	4,465	542		65.01
66 PHYSICAL THERAPY	0.456338	3,389,360	1,546,694		66
67 OCCUPATIONAL THERAPY	0.239284	3,305,903	791,050		67
68 SPEECH PATHOLOGY	0.219752	1,586,531	348,643		68
69 ELECTROCARDIOLOGY	0.098837	36,016	3,560		69
70 ELECTROENCEPHALOGRAPHY	0.310250	2,247	697		70
70.01 SLEEP LAB	0.147380	4,538	669		70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149	54,106	3,687		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548				72
73 DRUGS CHARGED TO PATIENTS	0.228738	2,046,095	468,020		73
73.01 INFUSION THERAPY	0.185652				73.01
74 RENAL DIALYSIS	0.767562	191,923	147,313		74
76.97 CARDIAC REHABILITATION	0.922884				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471	59,283	15,086		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.518072				90.02
90.03 RETINAL VASCULAR	1.072136				90.03
91 EMERGENCY	0.125585	2,288	287		91
91.01 IFCC	0.177203				91.01
92 OBSERVATION BEDS	0.627485				92
92.01 OBSERVATION BEDS-DISTINCT					92.01
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		13,717,422	3,769,967		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		13,717,422			202

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL  
 PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11  
 02/26/2013 16:36

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	0.209632				50
51 RECOVERY ROOM	0.235616				51
53 ANESTHESIOLOGY	0.057493				53
54 RADIOLOGY-DIAGNOSTIC	0.348587				54
54.01 ULTRASOUND	0.170652				54.01
54.02 SPECIAL PROCEDURES	0.138801				54.02
56 RADIOISOTOPE	0.295951				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378				58
59 CARDIAC CATHETERIZATION	0.214689				59
60 LABORATORY	0.082818				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296				63
65 RESPIRATORY THERAPY	0.192805				65
65.01 PULMONARY FUNCTION	0.121383				65.01
66 PHYSICAL THERAPY	0.456338				66
67 OCCUPATIONAL THERAPY	0.239284				67
68 SPEECH PATHOLOGY	0.219752				68
69 ELECTROCARDIOLOGY	0.097995				69
70 ELECTROENCEPHALOGRAPHY	0.293765				70
70.01 SLEEP LAB	0.147380				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.068149				71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548				72
73 DRUGS CHARGED TO PATIENTS	0.228738				73
73.01 INFUSION THERAPY	0.184823				73.01
74 RENAL DIALYSIS	0.765078				74
76.97 CARDIAC REHABILITATION	0.919523				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.518072				90.02
90.03 RETINAL VASCULAR	1.061450				90.03
91 EMERGENCY	0.125336				91
91.01 IFCC	0.177203				91.01
92 OBSERVATION BEDS	0.627485				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	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[ ]	S/B SNF	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	IPF (14-S191)	[ ]	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		
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	0.209632				50
51 RECOVERY ROOM	0.235616				51
53 ANESTHESIOLOGY	0.057493				53
54 RADIOLOGY-DIAGNOSTIC	0.348587				54
54.01 ULTRASOUND	0.170652				54.01
54.02 SPECIAL PROCEDURES	0.138801				54.02
56 RADIOISOTOPE	0.295951				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378				58
59 CARDIAC CATHETERIZATION	0.214689				59
60 LABORATORY	0.082818				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296				63
65 RESPIRATORY THERAPY	0.192805				65
65.01 PULMONARY FUNCTION	0.121383				65.01
66 PHYSICAL THERAPY	0.456338				66
67 OCCUPATIONAL THERAPY	0.239284				67
68 SPEECH PATHOLOGY	0.219752				68
69 ELECTROCARDIOLOGY	0.097995				69
70 ELECTROENCEPHALOGRAPHY	0.293765				70
70.01 SLEEP LAB	0.147380				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.068149				71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548				72
73 DRUGS CHARGED TO PATIENTS	0.228738				73
73.01 INFUSION THERAPY	0.184823				73.01
74 RENAL DIALYSIS	0.765078				74
76.97 CARDIAC REHABILITATION	0.919523				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.518072				90.02
90.03 RETINAL VASCULAR	1.061450				90.03
91 EMERGENCY	0.125336				91
91.01 IFCC	0.177203				91.01
92 OBSERVATION BEDS	0.627485				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	[ ]	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	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	0.209632				50
51 RECOVERY ROOM	0.235616				51
53 ANESTHESIOLOGY	0.057493				53
54 RADIOLOGY-DIAGNOSTIC	0.348587				54
54.01 ULTRASOUND	0.170652				54.01
54.02 SPECIAL PROCEDURES	0.138801				54.02
56 RADIOISOTOPE	0.295951				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.035047				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.134378				58
59 CARDIAC CATHETERIZATION	0.214689				59
60 LABORATORY	0.082818				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.314296				63
65 RESPIRATORY THERAPY	0.192805				65
65.01 PULMONARY FUNCTION	0.121383				65.01
66 PHYSICAL THERAPY	0.456338				66
67 OCCUPATIONAL THERAPY	0.239284				67
68 SPEECH PATHOLOGY	0.219752				68
69 ELECTROCARDIOLOGY	0.097995				69
70 ELECTROENCEPHALOGRAPHY	0.293765				70
70.01 SLEEP LAB	0.147380				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.068149				71
72 IMPL. DEV. CHARGED TO PATIENT	0.469548				72
73 DRUGS CHARGED TO PATIENTS	0.228738				73
73.01 INFUSION THERAPY	0.184823				73.01
74 RENAL DIALYSIS	0.765078				74
76.97 CARDIAC REHABILITATION	0.919523				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.254471				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.518072				90.02
90.03 RETINAL VASCULAR	1.061450				90.03
91 EMERGENCY	0.125336				91
91.01 IFCC	0.177203				91.01
92 OBSERVATION BEDS	0.627485				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	48,148,704	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	652,340	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	252.71	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)	0.2902	31
32	SUM OF LINES 30 AND 31	0.3732	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2000	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	9,629,741	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)	58,430,785	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)	58,430,785	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,199,107	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	71,987	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	236,233	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	199,878	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	63,137,990	59
60	PRIMARY PAYER PAYMENTS	66,720	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	63,071,270	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,733,788	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	308,714	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,129,769	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,490,838	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,507,990	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	59,519,606	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)	59,519,606	71
72	INTERIM PAYMENTS	58,415,584	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	1,104,022	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	723,890	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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK            [XX] HOSPITAL (14-0191)    [ ] SUB (OTHER)  
 APPLICABLE    [ ] IPF                            [ ] SNF  
 BOX:            [ ] IRF                            [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY		MM/DD/YYYY		
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		55,095,038		18,672,867	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		2,147,002		1,072,647	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	06/15/2012	1,173,544	NONE	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50		NONE		3.50
	.51				3.51
	.52		06/15/2012	11,509	3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		1,173,544		-11,509	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		58,415,584		19,734,005	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01		NONE	NONE	5.01
	.02				5.02
	.03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	.50		NONE	NONE	5.50
	.51				5.51
	.52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	.01		1,104,022	352,168	6.01
	.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			59,519,606	20,086,173	7
8 NAME OF CONTRACTOR:			CONTRACTOR NUMBER:	NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

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

INPATIENT  
 PART A

PART B

DESCRIPTION	MM/DD/YYYY		MM/DD/YYYY	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,968,410		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51		NONE	3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,968,410		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01	7,482		241	6.01
	TO PROVIDER .02				6.02
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,975,892		241	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK APPLICABLE BOX:	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T191)	[ ] SUB (OTHER) [ ] SNF [ ] SWING BED SNF	INPATIENT		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
DESCRIPTION						
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			10,241,161		1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			NONE	NONE	2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.01 06/15/2012	92,076	NONE	3.01
		PROGRAM	.02			3.02
		TO	.03			3.03
		PROVIDER	.04			3.04
			.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.50	NONE	NONE	3.50
		PROVIDER	.51			3.51
		TO	.52			3.52
		PROGRAM	.53			3.53
			.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
			.99	92,076		3.99
	SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)			92,076		
4	TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			10,333,237		4
TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		PROGRAM .01	NONE	NONE	5.01
		TO	.02			5.02
		PROVIDER	.03			5.03
			.04			5.04
			.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
		PROVIDER	.50	NONE	NONE	5.50
		TO	.51			5.51
		PROGRAM	.52			5.52
			.53			5.53
			.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
			.99			5.99
	SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6	DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT		PROGRAM .01		1,266	6.01
		TO	.02			
		PROVIDER				
		PROVIDER				
		TO	.02	-159,808		6.02
		PROGRAM				
7	TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)			10,173,429	1,266	7
8	NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0191    INGALLS MEMORIAL HOSPITAL  
PERIOD FROM 10/01/2011 TO 09/30/2012

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

VERSION: 2012.11  
02/26/2013 16:36

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK                                     HOSPITAL (14-0191)             CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	15,905	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	37,354	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	68,382	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,032,741,102	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	33,328,624	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		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)	1,900,203	1
2	NET IPF PPS OUTLIER PAYMENT	238,128	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
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
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)	8.439891	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)	2,138,331	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)	2,138,331	16
17	PRIMARY PAYER PAYMENTS	21,227	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,117,104	18
19	DEDUCTIBLES	136,844	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,980,260	20
21	COINSURANCE	11,849	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,968,411	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)	1,968,411	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	7,481	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,975,892	31
32	INTERIM PAYMENTS	1,968,410	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	7,482	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)	9,799,536	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.035700	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	323,522	3
4	OUTLIER PAYMENTS	163,034	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	26.699454	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)	10,286,092	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)	10,286,092	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	10,286,092	19
20	DEDUCTIBLES	48,312	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	10,237,780	21
22	COINSURANCE	76,286	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	10,161,494	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)	10,161,494	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	11,935	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,173,429	32
33	INTERIM PAYMENTS	10,333,237	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-159,808	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	15,916,585		1
2			2
3			3
4	15,916,585		4
5			5
6			6
7	15,916,585		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	15,916,585		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	384,727		1
2			2
3			3
4	384,727		4
5			5
6			6
7	384,727		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	384,727		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

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

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			INPATIENT HOSPITAL SNF/NF SERVICES
	232,989		
2			MEDICAL AND OTHER SERVICES
3			ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)
4			SUBTOTAL (SUM OF LINES 1, 2 AND 3)
	232,989		
5			INPATIENT PRIMARY PAYER PAYMENTS
6			OUTPATIENT PRIMARY PAYER PAYMENTS
7			SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)
	232,989		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			ROUTINE SERVICE CHARGES
9			ANCILLARY SERVICE CHARGES
10			ORGAN ACQUISITION CHARGES, NET OF REVENUE
11			INCENTIVE FROM TARGET AMOUNT COMPUTATION
12			TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)
CUSTOMARY CHARGES			
13			AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
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)
15	1.000000	1.000000	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)
16			TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
17			EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))
18	232,989		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))
19			INTERNS AND RESIDENTS (SEE INSTRUCTIONS)
20			COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)
21			COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)
PROSPECTIVE PAYMENT AMOUNT			
22			OTHER THAN OUTLIER PAYMENTS
23			OUTLIER PAYMENTS
24			PROGRAM CAPITAL PAYMENTS
25			CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)
26			ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS
27			SUBTOTAL (SUM OF LINES 22 THROUGH 26)
28			CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)
29			SUM OF LINES 27 AND 21
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			EXCESS OF REASONABLE COST (FROM LINE 18)
31			SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)
32			DEDUCTIBLES
33			COINSURANCE
34			ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)
35			UTILIZATION REVIEW
36			SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)
37			OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)
38			SUBTOTAL (LINE 36 ± LINE 37)
39			DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)
40			TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)
41			INTERIM PAYMENTS
42			BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)
43			PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,357,061			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	127,300,127			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-80,370,527			6
7	INVENTORY	5,261,618			7
8	PREPAID EXPENSES	3,666,360			8
9	OTHER CURRENT ASSETS	2,050,579			9
10	DUE FROM OTHER FUNDS	4,157,875			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	65,423,093			11
FIXED ASSETS					
12	LAND	16,214,055			12
13	LAND IMPROVEMENTS	12,079,118			13
14	ACCUMULATED DEPRECIATION	-8,766,452			14
15	BUILDINGS	235,121,418			15
16	ACCUMULATED DEPRECIATION	-129,791,442			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	180,321,866			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)	173,529,315			30
OTHER ASSETS					
31	INVESTMENTS	205,232,259			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,181,620			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	209,413,879			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	448,366,287			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	2,436,989			37
38	SALARIES, WAGES & FEES PAYABLE	9,339,883			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	44,142,961			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	55,919,833			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	129,444,690			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	7,268,366			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	136,713,056			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	192,632,889			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	255,733,398			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)	255,733,398			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	448,366,287			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		218,758,798							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		36,974,600							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		255,733,398							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFER FROM IHV									5
6 TRANSFER FROM IDF									6
7 RESTRICTED CONTRIBUTIONS									7
8 CONTRIBUTIONS RECEIVED FROM									8
9 ROUNDING									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		255,733,398							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)		255,733,398							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	431,252,919		431,252,919	1
3 SUBPROVIDER IPF	5,067,948		5,067,948	2
5 SUBPROVIDER IRF	8,837,930		8,837,930	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)	445,158,797		445,158,797	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	9,688,906		9,688,906	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)	9,688,906		9,688,906	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	454,847,703		454,847,703	17
18 ANCILLARY SERVICES	1	579,932,326	579,932,327	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)	454,847,704	579,932,326	1,034,780,030	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		284,881,949	29
30 BAD DEBTS	26,666,211		30
31			31
32			32
33			33
34			34
35 HOME HEALTH			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		26,666,211	36
37 DEDUCT (SPECIFY)			37
38 HOME HEALTH	-11,870,764		38
39 HOSPICE	-2,834,730		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-14,705,494	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		296,842,666	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,034,780,030	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	741,468,575	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	293,311,455	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	296,842,666	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-3,531,211	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	27,710,663	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)	10,809,460	24.01
24.02	OTHER (CHANGE IN UNREALIZED ASSTS)	2,849,303	24.02
24.03	OTHER (SWAP VALUATION)	-229,392	24.03
24.04	OTHER (OTHER NON OPERATING)	-634,223	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	40,505,811	25
26	TOTAL (LINE 5 PLUS LINE 25)	36,974,600	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)	36,974,600	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	2,603,210	439,277	15,026	159,190	1,848,234	5,064,937
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	2,204,031	332,471	98,268		150	2,634,920
9 PHYSICAL THERAPY	936,195	117,487	836		50	1,054,568
10 OCCUPATIONAL THERAPY	181,210	15,635				196,845
11 SPEECH PATHOLOGY	23,923	2,716				26,639
12 MEDICAL SOCIAL SERVICES	72,924	11,484	2,178		179	86,765
13 HOME HEALTH AIDE	37,330	5,840	4,865			48,035
14 SUPPLIES (SEE INSTRUCTIONS)					11,052	11,052
15 DRUGS						13
16 DME						14
17 HHA NONREIMBURSABLE SERVICES						
18 HOME DIALYSIS AIDE SERVICES						15
19 RESPIRATORY THERAPY						16
20 PRIVATE DUTY NURSING	2,378,936	284,050	2,503	3,041	78,473	2,747,003
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)	8,437,759	1,208,960	123,676	162,231	1,938,138	11,870,764

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	-582,290	4,482,647	-49,937	4,432,710	5
6		2,634,920		2,634,920	6
7		1,054,568		1,054,568	7
8		196,845		196,845	8
9		26,639		26,639	9
10		86,765		86,765	10
11		48,035		48,035	11
12		11,052		11,052	12
13					13
14					14
15					15
16					16
17		2,747,003		2,747,003	17
18					18
19					19
20					20
21					21
22					22
23					23
24	-582,290	11,288,474	-49,937	11,238,537	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	4,432,710				4,432,710	4,432,710		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	2,634,920				2,634,920	1,716,152	4,351,072	8
9	PHYSICAL THERAPY	1,054,568				1,054,568	686,852	1,741,420	9
10	OCCUPATIONAL THERAPY	196,845				196,845	128,207	325,052	10
11	SPEECH PATHOLOGY	26,639				26,639	17,350	43,989	11
12	MEDICAL SOCIAL SERVICES	86,765				86,765	56,511	143,276	12
13	HOME HEALTH AIDE	48,035				48,035	31,286	79,321	13
14	SUPPLIES (SEE INSTRUCTIONS)	11,052				11,052	7,198	18,250	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	2,747,003				2,747,003	1,789,154	4,536,157	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)	11,238,537				11,238,537		11,238,537	27

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					-4,432,710	6,805,827	5
6 SKILLED NURSING CARE						2,634,920	6
7 PHYSICAL THERAPY						1,054,568	7
8 OCCUPATIONAL THERAPY						196,845	8
9 SPEECH PATHOLOGY						26,639	9
10 MEDICAL SOCIAL SERVICES						86,765	10
11 HOME HEALTH AIDE						48,035	11
12 SUPPLIES (SEE INSTRUCTIONS)						11,052	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						2,747,003	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)					-4,432,710	6,805,827	24
25 COST TO BE ALLOC (PER W/S H)						4,432,710	25
26 UNIT COST MULTIPLIER						0.651311	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		302,376		302,376			1
2	SKILLED NURSING CARE		5,622,594		5,622,594	117,068	5,739,662	2
3	PHYSICAL THERAPY		2,250,319		2,250,319	46,854	2,297,173	3
4	OCCUPATIONAL THERAPY		420,043		420,043	8,746	428,789	4
5	SPEECH PATHOLOGY		56,844		56,844	1,184	58,028	5
6	MEDICAL SOCIAL SERVICES		185,146		185,146	3,855	189,001	6
7	HOME HEALTH AIDE		102,501		102,501	2,134	104,635	7
8	SUPPLIES		23,583		23,583	491	24,074	8
9	DRUGS							9
10	DME							10
11	HOME DIALYSIS AIDE SERVICES							11
12	RESPIRATORY THERAPY							12
13	PRIVATE DUTY NURSING		5,861,768		5,861,768	122,044	5,983,812	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)		14,825,174		14,825,174	302,376	14,825,174	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.					0.020821		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					9,114	6,181	6,181	1
2 SKILLED NURSING CARE						4,351,072			2
3 PHYSICAL THERAPY						1,741,420			3
4 OCCUPATIONAL THERAPY						325,052			4
5 SPEECH PATHOLOGY						43,989			5
6 MEDICAL SOCIAL SERVICES						143,276			6
7 HOME HEALTH AIDE						79,321			7
8 SUPPLIES						18,250			8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING						4,536,157			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					11,247,651	6,181	6,181	20
21 TOTAL COST TO BE ALLOCATED	9,114					3,286,924	65,489	147,801	21
22 UNIT COST MULTIPLIER	1.474519						10.595211		22
22 UNIT COST MULTIPLIER						0.292232		23.912150	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		77,309						21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		12.507523						22



PROVIDER CCN: 14-0191    INGALLS MEMORIAL HOSPITAL  
PERIOD FROM 10/01/2011    TO 09/30/2012

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

VERSION: 2012.11  
02/26/2013 16:36

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	5,739,662	2	5,739,662	28,786	199.39	1
2	PHYSICAL THERAPY	3	2,297,173		2,297,173	14,496	158.47	2
3	OCCUPATIONAL THERAPY	4	428,789		428,789	3,194	134.25	3
4	SPEECH PATHOLOGY	5	58,028		58,028	279	207.99	4
5	MEDICAL SOCIAL SERVICES	6	189,001		189,001	557	339.32	5
6	HOME HEALTH AIDE	7	104,635		104,635	1,227	85.28	6
7	TOTAL (SUM OF LINES 1-6)		8,817,288		8,817,288	48,539		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	24,074	2	24,074	320,469	0.075121	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	9,726	11,363		1,939,267	2,265,669		4,204,936
2 PHYSICAL THERAPY	5,572	3,675		882,995	582,377		1,465,372
3 OCCUPATIONAL THERAPY	1,067	663		143,245	89,008		232,253
4 SPEECH PATHOLOGY	181	95		37,646	19,759		57,405
5 MEDICAL SOCIAL SERVICES	297	271		100,778	91,956		192,734
6 HOME HEALTH AIDE	604	1,230		51,509	104,894		156,403
7 TOTAL (SUM OF LINES 1-6)	17,447	17,297		3,155,440	3,153,663		6,309,103

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		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		1	2	3	4	5	6
8 SKILLED NURSING CARE	16974	2	9,726	3	11,363		8
9 PHYSICAL THERAPY	16974		5,572		3,675		9
10 OCCUPATIONAL THERAPY	16974		1,067		663		10
11 SPEECH PATHOLOGY	16974		181		95		11
12 MEDICAL SOCIAL SERVICES	16974		297		271		12
13 HOME HEALTH AIDE	16974		604		1,230		13
14 TOTAL (SUM OF LINES 8-13)			17,447		17,297		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							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	0.456338			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.239284			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.219752			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGED TO PAT	0.068149			COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.228738			COL 2, LINE 16	5
5.01 INFUSION THERAPY	0.184823			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  
 (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		1,073,091	-18,000	1,055,091	6
7		638,665		638,665	7
8		453,442		453,442	8
9					9
10		669,532		669,532	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		2,834,730	-36,000	2,816,730	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)								
			583,717		570,261			565,181	1,719,159

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.								
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)								
			97,764		68,404			51,927	218,095

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								51,551
9	INPATIENT - GENERAL CARE								51,551
10	INPATIENT - RESPITE CARE								7
11	VISITING SERVICES								317,721
12	PHYSICIAN SERVICES								317,721
13	NURSING CARE								9
14	NURSING CARE-CONT.HOME CARE								10
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								19
24	OTHER								20
25	OTHER HOSPICE SERVICE COSTS								21
26	DRUGS, BIOL. & INFUS. THER.								22
27	ANALGESICS								23
28	SEDATIVES / HYPNOTICS								24
29	OTHER - SPECIFY								25
30	DURABLE MED. EQUIP./OXYGEN								26
31	PATIENT TRANSPORTATION								27
32	IMAGING SERVICES								28
33	LABS AND DIAGNOSTICS								29
34	MEDICAL SUPPLIES								30
35	OUTPAT.SERV. (INCL.E/R DEPT.)								31
36	RADIATION THERAPY								32
37	CHEMOTHERAPY								33
38	OTHER								34
39	HOSPICE NONREIMBURSABLE SERVICE								35
40	BEREAVEMENT PROGRAM COSTS								36
41	VOLUNTEER PROGRAM COSTS								37
42	FUNDRAISING								38
43	OTHER PROGRAM COSTS								39
44	TOTAL (SUM OF LINES 1-38)								369,272
45									369,272
46									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	1,055,091						1,055,091	1,055,091	
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	638,665						638,665	382,513	1,021,178
10	INPATIENT - RESPITE CARE	453,442						453,442	271,578	725,020
11	VISITING SERVICES									
12	PHYSICIAN SERVICES									
13	NURSING CARE	669,532						669,532	401,000	1,070,532
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)	2,816,730						2,816,730		2,816,730











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						1,021,178			2
3 INPATIENT - RESPITE CARE						725,020			3
4 PHYSICIAN SERVICES									4
5 NURSING CARE				315,486		1,070,532			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		2,816,730		5,865	34
35 TOTAL COST TO BE ALLOCATED						823,139			35
36 UNIT COST MULTIPLIER						0.292232			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	0.456338		1
2	OCCUPATIONAL THERAPY	67	0.239284		2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.219752		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.228738		4
4.01	INFUSION THERAPY	73.01	0.184823		4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.082818		6
7	MEDICAL SUPPLIES	71	0.068149		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	0.919523		10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.254471		10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

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)				3,639,869	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				15,378	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				236.69	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	12,986				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,073,656				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)			2,392		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			566,162		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	3,861,924	1
2	CAPITAL DRG OUTLIER PAYMENTS	34,022	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	186.84	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)	0.2902	8
9	SUM OF LINES 7 AND 8	0.3732	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0785	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	303,161	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,199,107	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	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 AP				21
22	I&R SRVCES-OTHER PRGM COSTS AP				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				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				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 (MR)				58
59	CARDIAC CATHETERIZATION				59
60	LABORATORY				60
62.30	BLOOD CLOTTING FOR HEMOPHILIAC				62.30
63	BLOOD STORING, PROCESSING & TR				63
65	RESPIRATORY THERAPY				65
65.01	PULMONARY FUNCTION				65.01
66	PHYSICAL THERAPY				66
67	OCCUPATIONAL THERAPY				67
68	SPEECH PATHOLOGY				68
69	ELECTROCARDIOLOGY				69
70	ELECTROENCEPHALOGRAPHY				70
70.01	SLEEP LAB				70.01
71	MEDICAL SUPPLIES CHRGD TO PAT				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				90.02
90.03	RETINAL VASCULAR				90.03
91	EMERGENCY				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 THERAP				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 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