

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: 02-27-2014 TIME: 09:07
 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 10/01/2012 AND ENDING 09/30/2013, 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		774,964	-224,686	-394,164	29,532,746	1
2 SUBPROVIDER - IPF		9,673			142,844	2
3 SUBPROVIDER - IRF		149,091			438,161	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		1	1			9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		933,729	-224,685	-394,164	30,113,751	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:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)		
											6	7	8
3	HOSPITAL	INGALLS MEMORIAL HOSPITAL	14-0191	16974	1	07/01/1966	N	P	O	3			
4	SUBPROVIDER - IPF	PSYCH UNIT OF INGALLS MEMORIAL	14-S191	16974	4	01/01/1984	N	P	O	4			
5	SUBPROVIDER - IRF	REHAB UNIT OF INGALLS MEMORIAL	14-T191	16974	5	11/02/1989	N	P	O	5			
6	SUBPROVIDER - (OTHER)												
7	SWING BEDS - SNF												
8	SWING BEDS - NF												
9	HOSPITAL-BASED SNF												
10	HOSPITAL-BASED NF												
11	HOSPITAL-BASED OLTC												
12	HOSPITAL-BASED HHA	INGALLS HOME CARE	14-7435	16974		07/24/1985	N	P	N	12			
13	SEPARATELY CERTIFIED ASC												
14	HOSPITAL-BASED HOSPICE	INGALLS HOME CARE HOSPICE	14-1535	16974		02/28/1990							
15	HOSPITAL-BASED HEALTH CLINIC - RHC												
16	HOSPITAL-BASED HEALTH CLINIC - FQHC												
17	HOSPITAL-BASED (CMHC)												
18	RENAL DIALYSIS												
19	OTHER												
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2012				TO: 09/30/2013							
21	TYPE OF CONTROL												

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		OUT-OF-STATE		MEDICAID HMO	OTHER MEDICAID
		MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID	MEDICAID		
		1	2	3	4	5	6		
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.	13,576	1,224	205		4,269			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 AND ELIGIBLE BUT UNPAID 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.		279				207		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 OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:		ENDING:		38
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1 N

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	1	2	3
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.	Y	Y	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

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	DIRECT GME	
61	DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	N			61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY FTEs, AND PRIMARY CARE FTEs ADDED UNDER SECTION 5503). (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME FTE COUNT	UNWEIGHTED DIRECT GME FTE COUNT	
	PROGRAM NAME	PROGRAM CODE			
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64		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)

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)

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

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

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

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

INPATIENT PSYCHIATRIC FACILITY PPS

70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.	N	71

INPATIENT REHABILITATION FACILITY PPS

75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.	N	76

LONG TERM CARE HOSPITAL PPS

80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	80
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TEFRA PROVIDERS

85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.	N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	86

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX	
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97

RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	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.	N	PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	109

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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 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

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)	1	2	3	4
155 HOSPITAL	N	N		N 155
156 SUBPROVIDER - IPF	N	N		N 156
157 SUBPROVIDER - IRF	N	N		N 157
158 SUBPROVIDER - (OTHER)	N	N		158
159 SNF	N	N		159
160 HHA	N	N		160
161 CMHC		N		161
161.10 CORF				161.10

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAS? ENTER 'Y' FOR YES OR 'N' FOR NO. N 165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 167
 168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168
 169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 1.00 169
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 10/01/2012 09/30/2012 170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 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.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 N	2	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 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?	Y		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	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		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)	1 N	2	3 N	4 16
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	02/16/2014	Y	02/16/2014 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- | | Y/N | DATE | |
|---|-----|------|----|
| | 1 | 2 | |
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | 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: REIMBURSEMENT DIRECT | 41 |
| 42 EMPLOYER: INGALLS MEMORIAL HOSPITAL | | | 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 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	109,174,116	-9,461,669	99,712,447	3,558,069.00	28.02	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		13,339,630	-8,833,037	4,506,593	152,342.00	29.58	10
OTHER WAGES & RELATED COSTS							
11		10,434,961		10,434,961	80,839.00	129.08	11
12		49,770		49,770	237.00	210.00	12
13		1,873,947		1,873,947	11,980.00	156.42	13
14		6,940,419		6,940,419	38,704.00	179.32	14
15							15
16							16
17		21,179,231		21,179,231			17
18							18
19		991,450		991,450			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
26		937,247	116,960	1,054,207	38,114.00	27.66	26
27		12,978,806	-116,960	12,861,846	499,145.00	25.77	27
28							28
29		30		30	1.00	30.00	29
30		837,005		837,005	46,202.00	18.12	30
31		85,514		85,514	6,439.00	13.28	31
32							32
33							33
34							34
35							35
36							36
37							37
38		2,657,906		2,657,906	98,526.00	26.98	38
39		233,246		233,246	15,673.00	14.88	39
40		3,328,636	-138,302	3,190,334	90,548.00	35.23	40
41		2,662,105		2,662,105	103,928.00	25.61	41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	109,174,116	-9,461,669	99,712,447	3,558,069.00	28.02	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	13,339,630	-8,833,037	4,506,593	152,342.00	29.58	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	95,834,486	-628,632	95,205,854	3,405,727.00	27.95	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	19,299,097		19,299,097	131,760.00	146.47	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	21,179,231		21,179,231		22.25%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	136,312,814	-628,632	135,684,182	3,537,487.00	38.36	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	23,720,495	-138,302	23,582,193	898,576.00	26.24	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	3,028,336	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		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)	9,375,966	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	321,605	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	127,877	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	258,727	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	721,988	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	7,526,643	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	322,759	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	486,780	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	22,170,681	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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 OLTC		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 CNTY

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2,208	9	19	2,236	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		1,158.00	112.00	625.00	1,895.00	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)			
	STAFF 1	CONTRACT 2	TOTAL 3	
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	27.72		27.72	5
6 DIRECT NURSING SERVICE	26.40		26.40	6
7 NURSING SUPERVISOR	5.00		5.00	7
8 PHYSICAL THERAPY SERVICE	5.77		5.77	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	1.36		1.36	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	0.17		0.17	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	2.30		2.30	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)	51.96		51.96	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) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	19,190	740	639	284	20,853	21
22 SKILLED NURSING VISIT CHARGES	3,597,843	140,220	111,531	51,870	3,901,464	22
23 PHYSICAL THERAPY VISITS	9,350	48	62	208	9,668	23
24 PHYSICAL THERAPY VISIT CHARGES	1,775,170	9,120	11,400	39,520	1,835,210	24
25 OCCUPATIONAL THERAPY VISITS	2,694	2	11	45	2,752	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	511,670	380	2,090	8,550	522,690	26
27 SPEECH PATHOLOGY VISITS	277			3	280	27
28 SPEECH PATHOLOGY VISIT CHARGES	52,630			570	53,200	28
29 MEDICAL SOCIAL SERVICE VISITS	510	12	5	11	538	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	114,715	2,700	1,125	2,250	120,790	30
31 HOME HEALTH AIDE VISITS	2,157	111	2	30	2,300	31
32 HOME HEALTH AIDE VISIT CHARGES	279,760	14,430	260	3,900	298,350	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	34,178	913	719	581	36,391	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	6,331,788	166,850	126,406	106,660	6,731,704	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	2,124		257	49	2,430	36
37 TOTAL NUMBER OF OUTLIER EPISODES		24		3	27	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	447,665	33,049	14,974	4,556	500,244	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					1
2	ROUTINE HOME CARE	11,551	113	365	726	12,390
3	INPATIENT RESPITE CARE	89				89
4	GENERAL INPATIENT CARE	1,144	81		103	1,328
5	TOTAL HOSPICE DAYS	12,784	194	365	829	13,807

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	359	23	1	46	428
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	35.61	8.43	365.00	18.02	32.26
9	UNDUPLICATED CENSUS COUNT	349	23	1	45	417

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)				0.245745	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				19,269,086	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				12,905,129	5
6	MEDICAID CHARGES				180,258,504	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				44,297,626	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.				12,123,411	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP				300,648	9
10	STAND-ALONE SCHIP CHARGES				1,353,296	10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				332,566	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.				31,918	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)				12,155,329	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	25,152,019	4,611,294	29,763,313		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	6,180,983	1,133,202	7,314,185		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	133,413	450,796	584,209		22
23	COST OF CHARITY CARE	6,047,570	682,406	6,729,976		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				28,843,263	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,552,449	26
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				27,290,814	27
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				6,706,581	28
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				13,436,557	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				25,591,886	30

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		6,469,328	6,469,328	257,604	1
2	00200		9,645,842	9,645,842		2
3	00300					3
4	00400	937,247	20,287,376	21,224,623	845,571	4
5	00500	12,978,806	53,859,657	66,838,463	-1,130,700	5
6	00600	30	4,276,968	4,276,998	-126,951	6
7	00700	837,005	5,959,858	6,796,863	-266,052	7
8	00800	85,514	1,021,111	1,106,625		8
9	00900		4,201,840	4,201,840	-248,315	9
10	01000		3,795,183	3,795,183	-1,651,549	10
11	01100		628	628	1,530,454	11
12	01200					12
13	01300	2,657,906	317,210	2,975,116		13
14	01400	233,246	632,049	865,295	-440,315	14
15	01500	3,328,636	11,650,796	14,979,432	-956,919	15
16	01600	2,662,105	1,005,454	3,667,559		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300				151,499	23
23.01	02301	146,791	23,666	170,457	490,330	23.01
23.02	02302		5,978	5,978	121,095	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	20,380,823	6,150,287	26,531,110	-2,588,146	30
31	03100	3,238,322	568,168	3,806,490	-32,651	31
40	04000	721,235	1,407,396	2,128,631		40
41	04100	2,953,726	301,719	3,255,445		41
43	04300	1,037,379	524,733	1,562,112		43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,007,139	16,115,135	20,122,274	-7,730,490	50
51	05100	678,600	116,165	794,765		51
53	05300	557,708	845,392	1,403,100		53
54	05400	3,397,318	1,742,733	5,140,051		54
54.01	03630	979,104	94,067	1,073,171		54.01
54.02	05401	1,069,446	2,183,976	3,253,422	-2,488,148	54.02
56	05600	459,417	601,302	1,060,719		56
57	05700	629,709	254,043	883,752		57
58	05800	523,329	192,751	716,080		58
59	05900	700,559	2,953,384	3,653,943	-1,402,321	59
60	06000	5,503,199	4,973,767	10,476,966	-30,190	60
62.30	06250					62.30
63	06300	347,328	1,450,259	1,797,587	30,190	63
65	06500	1,442,338	400,381	1,842,719	-9,253	65
65.01	03560	44,389	5,818	50,207		65.01
66	06600	5,642,501	1,060,073	6,702,574		66
67	06700	824,419	32,600	857,019		67
68	06800	448,391	6,094	454,485		68
69	06900	742,767	679,579	1,422,346		69
70	07000	96,606	85,030	181,636		70
70.01	03280	129,781	220	130,001		70.01
70.02	03550				553,102	70.02
71	07100				440,315	71
72	07200				12,334,295	72
73	07300				796,903	73
73.01	03190	528,412	152,102	680,514		73.01
73.02	03191	229,365	79,904	309,269		73.02
73.03	07301				8,517	73.03
74	07400	591,028	119,477	710,505		74
76.97	07697	484,644	206,653	691,297		76.97
76.98	07698	475,336	300,525	775,861		76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001		616,908	616,908	1,256,578	90.02
90.03	09002	204,250	163,425	367,675		90.03
91	09100	4,027,025	1,985,923	6,012,948	-383,296	91
91.01	09101	12,693,359	8,537,131	21,230,490	-855,344	91.01
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
100	10000	56,209	862,555	918,764		100
101	10100	7,955,374	2,873,859	10,829,233		101
SPECIAL PURPOSE COST CENTERS						
116	11600	1,506,295	976,886	2,483,181		116
118		109,174,116	182,773,364	291,947,480	-1,524,187	118
NONREIMBURSABLE COST CENTERS						

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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	
192	19200					192
	19201					192.01
	19202					192.02
	19203					192.03
	19204					192.04
200	TOTAL (SUM OF LINES 118-199)	109,174,116	185,010,899	294,185,015		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	6,726,932		6,557,880	1
2	00200	9,645,842	-169,052	9,645,842	2
3	00300				3
4	00400	22,070,194	-21,770	22,048,424	4
5	00500	65,707,763	-5,597,168	60,110,595	5
6	00600	4,150,047		4,150,047	6
7	00700	6,530,811		6,530,811	7
8	00800	1,106,625		1,106,625	8
9	00900	3,953,525	-117,380	3,836,145	9
10	01000	2,143,634		2,143,634	10
11	01100	1,531,082		1,531,082	11
12	01200				12
13	01300	2,975,116		2,975,116	13
14	01400	424,980	675	425,655	14
15	01500	14,022,513	-25,000	13,997,513	15
16	01600	3,667,559	-669,621	2,997,938	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300	151,499		151,499	23
23.01	02301	660,787	-224,869	435,918	23.01
23.02	02302	127,073	-83,652	43,421	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	23,942,964	-862,500	23,080,464	30
31	03100	3,773,839		3,773,839	31
40	04000	2,128,631		2,128,631	40
41	04100	3,255,445	-27,682	3,227,763	41
43	04300	1,562,112	-152,700	1,409,412	43
ANCILLARY SERVICE COST CENTERS					
50	05000	12,391,784	-301,600	12,090,184	50
51	05100	794,765		794,765	51
53	05300	1,403,100	-525,000	878,100	53
54	05400	5,140,051	-1,171,201	3,968,850	54
54.01	03630	1,073,171		1,073,171	54.01
54.02	05401	765,274	-24	765,250	54.02
56	05600	1,060,719	-14,350	1,046,369	56
57	05700	883,752		883,752	57
58	05800	716,080		716,080	58
59	05900	2,251,622	-32,080	2,219,542	59
60	06000	10,446,776	-1,224,213	9,222,563	60
62.30	06250				62.30
63	06300	1,827,777		1,827,777	63
65	06500	1,833,466	-8,400	1,825,066	65
65.01	03560	50,207		50,207	65.01
66	06600	6,702,574	-2,105,167	4,597,407	66
67	06700	857,019		857,019	67
68	06800	454,485	-2,357	452,128	68
69	06900	1,422,346	-283,848	1,138,498	69
70	07000	181,636	-82,050	99,586	70
70.01	03280	130,001		130,001	70.01
70.02	03550	553,102		553,102	70.02
71	07100	440,315		440,315	71
72	07200	12,334,295		12,334,295	72
73	07300	796,903		796,903	73
73.01	03190	680,514	-39,853	640,661	73.01
73.02	03191	309,269	-46,678	262,591	73.02
73.03	07301	8,517		8,517	73.03
74	07400	710,505	-6,000	704,505	74
76.97	07697	691,297	-201,064	490,233	76.97
76.98	07698	775,861		775,861	76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	1,873,486		1,873,486	90.02
90.03	09002	367,675	-87,068	280,607	90.03
91	09100	5,629,652	-700,955	4,928,697	91
91.01	09101	20,375,146	-4,531,248	15,843,898	91.01
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
100	10000	918,764		918,764	100
101	10100	10,829,233	62,332	10,891,565	101
SPECIAL PURPOSE COST CENTERS					
116	11600	2,483,181		2,483,181	116
118		290,423,293	-19,251,543	271,171,750	118
NONREIMBURSABLE 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) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192 19200 PHYSICIANS' PRIVATE OFFICES	1,527,980		1,527,980	192
192.01 19201 REFERENCE LAB				192.01
192.02 19202 OP PHARMACY				192.02
192.03 19203 RETINAL VASCULAR GRANTS				192.03
192.04 19204 AMBULANCE	2,233,742		2,233,742	192.04
200 TOTAL (SUM OF LINES 118-199)	294,185,015	-19,251,543	274,933,472	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 RECLASS NON CAP INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1			257,604 1
2		EMPLOYEE BENEFITS DEPARTMENT	4			756,136 2
500 TOTAL RECLASSIFICATIONS						1,013,740 500
CODE LETTER - A						
1 RECALLS CAFETERIA COSTS	B	CAFETERIA	11			1,530,454 1
2		PARAMED ED PRGM - DIETETICS	23.02			121,095 2
500 TOTAL RECLASSIFICATIONS						1,651,549 500
CODE LETTER - B						
1 RECLASS VACATION ACCRUAL	C	EMPLOYEE BENEFITS DEPARTMENT	4		116,960	1
500 TOTAL RECLASSIFICATIONS					116,960	500
CODE LETTER - C						
1 RECALSS CHARGEABLE MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO P	71			440,315 1
2 RECLASS IMPLANT EXPENSE	D	IMPL. DEV. CHARGED TO PATIENT	72			12,334,295 2
3						3
4						4
500 TOTAL RECLASSIFICATIONS						12,774,610 500
CODE LETTER - D						
1 RECALSS DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	73			805,420 1
500 TOTAL RECLASSIFICATIONS						805,420 500
CODE LETTER - E						
1 POB COST OFFSET	F	PHYSICIANS' PRIVATE OFFICES	192			668,843 1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS						668,843 500
CODE LETTER - F						
1 LAB ADMIN	G	BLOOD STORING, PROCESSING & T	63		16,042	14,148 1
500 TOTAL RECLASSIFICATIONS					16,042	14,148 500
CODE LETTER - G						
1 RECLASS RECOVERY COSTS	H	OPERATING ROOM	50		663,251	72,627 1
500 TOTAL RECLASSIFICATIONS					663,251	72,627 500
CODE LETTER - H						
1 RECLASS EMT PRECEPTOR COSTS	I	PARAMED ED PRGM - EMS	23.01		490,330	1
2						2
3						3
4						4
5						5
6						6
500 TOTAL RECLASSIFICATIONS					490,330	500
CODE LETTER - I						
1 RECLASS PSYCH ANCILLARY SERVICES	J	PSYCH ANCILLARY	90.02			1,256,578 1
2 RECLASS PSYCH IP ANCILLARY SERVICES	J	PSYCH	70.02		313,215	239,887 2
500 TOTAL RECLASSIFICATIONS					313,215	1,496,465 500
CODE LETTER - J						
1 RECLASS VACCINE DRUG COSTS	K	PHARMACY VACCINE	73.03			8,517 1
500 TOTAL RECLASSIFICATIONS						8,517 500
CODE LETTER - K						
1 HOME HEALTH SALARIES	L	HOME HEALTH AGENCY	101			7,955,374 1
2		HOSPICE	116			1,506,295 2
500 TOTAL RECLASSIFICATIONS						9,461,669 500
CODE LETTER - L						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS FCC ADMIN COSTS	M	PHYSICIANS' PRIVATE OFFICES	192		855,344 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					855,344 500
1 PHARMACY RESIDENCY	N	PARAMED ED PRGM-(SPECIFY)	23	138,302	13,197 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				138,302	13,197 500
GRAND TOTAL (INCREASES)				1,738,100	28,836,129

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECLASS NON CAP INSURANCE	A	ADMINISTRATIVE & GENERAL	5		1,013,740	9 1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					1,013,740	500
1 RECALLS CAFETERIA COSTS	B	DIETARY	10		1,530,454	1
2		DIETARY	10		121,095	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					1,651,549	500
1 RECLASS VACATION ACCRUAL	C	ADMINISTRATIVE & GENERAL	5	116,960		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				116,960		500
1 RECALSS CHARGEABLE MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	14		440,315	1
2 RECLASS IMPLANT EXPENSE	D	OPERATING ROOM	50		8,455,011	2
3		CARDIAC CATHETERIZATION	59		1,391,136	3
4		SPECIAL PROCEDURES	54.02		2,488,148	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					12,774,610	500
1 RECALSS DRUGS CHARGED TO PATIENTS	E	PHARMACY	15		805,420	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					805,420	500
1 POB COST OFFSET	F	EMPLOYEE BENEFITS DEPARTMENT	4		27,525	1
2		MAINTENANCE & REPAIRS	6		126,951	2
3		OPERATION OF PLANT	7		266,052	3
4		HOUSEKEEPING	9		248,315	4
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					668,843	500
1 LAB ADMIN	G	LABORATORY	60	16,042	14,148	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				16,042	14,148	500
1 RECLASS RECOVERY COSTS	H	ADULTS & PEDIATRICS	30	663,251	72,627	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				663,251	72,627	500
1 RECLASS EMT PRECEPTOR COSTS	I	ADULTS & PEDIATRICS	30	42,588		1
2		INTENSIVE CARE UNIT	31	32,651		2
3		OPERATING ROOM	50	11,357		3
4		RESPIRATORY THERAPY	65	9,253		4
5		CARDIAC CATHETERIZATION	59	11,185		5
6		EMERGENCY	91	383,296		6
500 TOTAL RECLASSIFICATIONS CODE LETTER - I				490,330		500
1 RECLASS PSYCH ANCILLARY SERVICES	J	ADULTS & PEDIATRICS	30	313,215	1,496,465	1
2 RECLASS PSYCH IP ANCILLARY SERVICES	J					2
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				313,215	1,496,465	500
1 RECLASS VACCINE DRUG COSTS	K	DRUGS CHARGED TO PATIENTS	73		8,517	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					8,517	500
1 HOME HEALTH SALARIES	L	HOME HEALTH AGENCY	101	7,955,374		1
2		HOSPICE	116	1,506,295		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				9,461,669		500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7 REF.
			LINE #	SALARY		
	1	6	7	8	9	10
1 RECLASS FCC ADMIN COSTS	M	IFCC	91.01		855,344	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					855,344	500
1 PHARMACY RESIDENCY	N	PHARMACY	15	138,302	13,197	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				138,302	13,197	500
GRAND TOTAL (DECREASES)				11,199,769	19,374,460	

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	132,547		132,547		12,027,892	2
3 BUILDINGS AND FIXTURES	219,394,013	13,892,155		13,892,155		233,286,168	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	178,943,388	3,561,672		3,561,672		182,505,060	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	428,586,996	17,586,374		17,586,374		446,173,370	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	428,586,996	17,586,374		17,586,374		446,173,370	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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)
1 CAP REL COSTS-BLDG & FIXT	6,469,328						6,469,328 1
2 CAP REL COSTS-MVBLE EQUIP	9,645,842						9,645,842 2
3 TOTAL (SUM OF LINES 1-2)	16,115,170						16,115,170 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

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)
1 CAP REL COSTS-BLDG & FIXT	263,668,310		263,668,310	0.590955				1
2 CAP REL COSTS-MVBLE EQUIP	182,505,060		182,505,060	0.409045				2
3 TOTAL (SUM OF LINES 1-2)	446,173,370		446,173,370	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 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)
1 CAP REL COSTS-BLDG & FIXT	6,557,880						6,557,880 1
2 CAP REL COSTS-MVBLE EQUIP	9,645,842						9,645,842 2
3 TOTAL	16,203,722						16,203,722 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)	A	-169,052	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)					8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					9
9 PARKING LOT (CHAPTER 21)	B	-117,380	HOUSEKEEPING	9	10
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,960,508			11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	1,983,755			13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-241	CENTRAL SERVICES & SUPPLY	14	15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-608,595	MEDICAL RECORDS & LIBRARY	16	19
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-212,119	PARAMED ED PRGM - EMS	23.01	20
20 VENDING MACHINES					21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	27
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33					34
34 INVESTMENT INCOME	B	-1,218,493	ADMINISTRATIVE & GENERAL	5	34.01
34.01 INTEREST INCOME	A	-845,504	ADMINISTRATIVE & GENERAL	5	34.06
34.06 DAY CARE CENTER	B	-612,862	ADMINISTRATIVE & GENERAL	5	34.09
34.09 DIETARY TUITION REVENUE	B	-83,652	PARAMED ED PRGM - DIETETICS	23.02	35
35					35.01
35.01 POB RENT EXPENSE	A	-21,770	EMPLOYEE BENEFITS DEPARTMENT	4	35.02
35.02 POB RENT EXPENSE	A	-102,534	ADMINISTRATIVE & GENERAL	5	35.03
35.03 POB RENT EXPENSE	A	5,385	CENTRAL SERVICES & SUPPLY	14	35.04
35.04 POB RENT EXPENSE	A	-5,700	MEDICAL RECORDS & LIBRARY	16	35.05
35.05 POB RENT EXPENSE	A	-20,079	RADIOLOGY-DIAGNOSTIC	54	35.06
35.06 POB RENT EXPENSE	A	-37,019	CARDIAC REHABILITATION	76.97	35.07
35.07 POB RENT EXPENSE	A	-39,853	INFUSION THERAPY	73.01	35.08
35.08 POB RENT EXPENSE	A	-46,678	IFCC INFUSION THERAPY	73.02	35.09
35.09 POB RENT EXPENSE	A	-50,000	RETINAL VASCULAR	90.03	35.19
35.19 POB DEPT RENTAL - RETINAL	B	-25,368	RETINAL VASCULAR	90.03	35.20
35.20 MISC REVENUE	B	-17,080	CARDIAC CATHETERIZATION	59	35.21
35.21 MISC REVENUE	B	-24	SPECIAL PROCEDURES	54.02	35.22
35.22 PHARMACY REBATE	B	-25,000	PHARMACY	15	35.43
35.43 OTHER INCOME	B	-2,357	SPEECH PATHOLOGY	68	35.44
35.44 OTHER INCOME	B	-1,207,546	LABORATORY	60	35.45
35.45 MISC REVENUE	B	-124,286	ELECTROCARDIOLOGY	69	35.47
35.47 OTHER INCOME	B	-3,507,841	IFCC	91.01	35.48
35.48 OTHER INCOME	B	-159,395	CARDIAC REHABILITATION	76.97	35.51
35.51 OTHER INCOME	B	-1,030	RADIOLOGY-DIAGNOSTIC	54	35.53
35.53 OTHER INCOME	B	-4,469	CENTRAL SERVICES & SUPPLY	14	35.55
35.55 OTHER INCOME	B	-2,052,357	PHYSICAL THERAPY	66	36
36 NONALLOWABLE EXPENSE	A	-1,411,209	ADMINISTRATIVE & GENERAL	5	36.01
36.01 NONALLOWABLE EXPENSE	A	-671	PHYSICAL THERAPY	66	

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/27/2014 09:07

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	
36.02 NONALLOWABLE EXPENSE	A	-32,879	IFCC	91.01	36.02
37 LOBBYING EXPENSE	A	-22,475	ADMINISTRATIVE & GENERAL	5	37
38 NONALLOWABLE INTEREST EXPENSE	A	-494,657	ADMINISTRATIVE & GENERAL	5	38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-19,251,543			50

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

WORKSHEET A-8-1

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

LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT (INCL IN WKST A, COL. 5) 5	NET ADJ- USTMENTS (COL. 4-5) 6	WKST A-7 REF 7
1	5	ADMINISTRATIVE & GENERAL				
2	101	HOME HEALTH AGENCY				
3		MANAGEMENT FEE	10,129,546	8,208,123	1,921,423	1
4		MANAGEMENT FEE	496,985	434,653	62,332	2
5		TOTALS (SUM OF LINES 1-4)	10,626,531	8,642,776	1,983,755	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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					
7	B	100.00	INGALLS HEALTH SYSTEM		ACUTE
8	C		INGALLS HOME CARE	100.00	HOME CARE
9					
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	2,993,813	2,649,153	344,660	165,600	2,298	182,956	9,148	1
2	16 MEDICAL RECORDS & LIBRAR	117,983		117,983	165,600	787	62,657	3,133	2
3	23.01 PARAMED ED PRGM - EMS	38,250		38,250	208,000	255	25,500	1,275	3
4	30 ADULTS & PEDIATRICS	862,500	862,500		165,600				4
5	41 SUBPROVIDER - IRF	59,050		59,050	165,600	394	31,368	1,568	5
6	43 NURSERY	458,000		458,000	208,000	3,053	305,300	15,265	6
7	50 OPERATING ROOM	314,900	275,000	39,900	208,000	133	13,300	665	7
8	53 ANESTHESIOLOGY	525,000	525,000		208,000				8
9	54 RADIOLOGY-DIAGNOSTIC	1,150,092	950,000		165,600				9
10	56 RADIOISOTOPE	43,050		43,050	208,000	287	28,700	1,435	10
11	59 CARDIAC CATHETERIZATION	45,000		45,000	208,000	300	30,000	1,500	11
12	60 LABORATORY	16,667	16,667		208,000				12
13	66 PHYSICAL THERAPY	52,139	52,139		208,000				13
14	69 ELECTROCARDIOLOGY	478,762		478,762	208,000	3,192	319,200	15,960	14
15	70 ELECTROENCEPHALOGRAPHY	82,050	82,050		208,000				15
16	74 RENAL DIALYSIS	18,000		18,000	208,000	120	12,000	600	16
17	76.97 CARDIAC REHABILITATION	13,950		13,950	208,000	93	9,300	465	17
18	90.03 RETINAL VASCULAR	35,100		35,100	208,000	234	23,400	1,170	18
19	91 EMERGENCY	700,955	700,955		225,300				19
20	91.01 IFCC	990,528	990,528		225,300				20
21	65 RESPIRATORY THERAPY	25,200		25,200	208,000	168	16,800	840	21
200	TOTAL	9,020,989	7,103,992	1,716,905		11,314	1,060,481	53,024	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	
LINE NO.	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL	AGGREGATE			182,956	161,704	2,810,857	1
2	16	MEDICAL RECORDS & LIBRAR				62,657	55,326	55,326	2
3	23.01	PARAMED ED PRGM - EMS				25,500	12,750	12,750	3
4	30	ADULTS & PEDIATRICS	AGGREGATE					862,500	4
5	41	SUBPROVIDER - IRF				31,368	27,682	27,682	5
6	43	NURSERY	CHILDRENS			305,300	152,700	152,700	6
7	50	OPERATING ROOM	AGGREGATE			13,300	26,600	301,600	7
8	53	ANESTHESIOLOGY	AGGREGATE					525,000	8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE					1,150,092	9
10	56	RADIOISOTOPE				28,700	14,350	14,350	10
11	59	CARDIAC CATHETERIZATION				30,000	15,000	15,000	11
12	60	LABORATORY	AGGREGATE					16,667	12
13	66	PHYSICAL THERAPY	AGGREGATE					52,139	13
14	69	ELECTROCARDIOLOGY				319,200	159,562	159,562	14
15	70	ELECTROENCEPHALOGRAPHY	AGGREGATE					82,050	15
16	74	RENAL DIALYSIS				12,000	6,000	6,000	16
17	76.97	CARDIAC REHABILITATION				9,300	4,650	4,650	17
18	90.03	RETINAL VASCULAR				23,400	11,700	11,700	18
19	91	EMERGENCY	VARIOUS					700,955	19
20	91.01	IFCC	AGGREGATE					990,528	20
21	65	RESPIRATORY THERAPY				16,800	8,400	8,400	21
200		TOTAL				1,060,481	656,424	7,960,508	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,557,880	6,557,880				1
2 CAP REL COSTS-MVBLE EQUIP	9,645,842		9,645,842			2
4 EMPLOYEE BENEFITS DEPARTMENT	22,048,424	35,469		22,083,893		4
5 ADMINISTRATIVE & GENERAL	60,110,595	2,004,773	2,925,941	2,879,021	67,920,330	5
6 MAINTENANCE & REPAIRS	4,150,047	167,479	7,600	7	4,325,133	6
7 OPERATION OF PLANT	6,530,811	476,771	46,839	187,357	7,241,778	7
8 LAUNDRY & LINEN SERVICE	1,106,625	32,845	1,054	19,142	1,159,666	8
9 HOUSEKEEPING	3,836,145	38,955	28,839		3,903,939	9
10 DIETARY	2,143,634	119,532	48,568		2,311,734	10
11 CAFETERIA	1,531,082	57,048	788		1,588,918	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,975,116	23,143	1,792,251	594,951	5,385,461	13
14 CENTRAL SERVICES & SUPPLY	425,655	43,132	70,520	52,210	591,517	14
15 PHARMACY	13,997,513	62,259	224,814	714,131	14,998,717	15
16 MEDICAL RECORDS & LIBRARY	2,997,938	90,253	4,073	595,891	3,688,155	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	151,499	1,348		30,958	183,805	23
23.01 PARAMED ED PRGM - EMS	435,918	6,738	15,668	142,614	600,938	23.01
23.02 PARAMED ED PRGM - DIETETICS	43,421	20,780			64,201	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	23,080,464	1,187,394	344,225	4,334,011	28,946,094	30
31 INTENSIVE CARE UNIT	3,773,839	114,285	109,117	717,564	4,714,805	31
40 SUBPROVIDER - IPF	2,128,631	35,882	5,639	161,443	2,331,595	40
41 SUBPROVIDER - IRF	3,227,763	454,005	8,452	661,168	4,351,388	41
43 NURSERY	1,409,412	53,455	6,346	232,209	1,701,422	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,090,184	397,541	451,221	1,042,887	13,981,833	50
51 RECOVERY ROOM	794,765	29,890	25,467	151,899	1,002,021	51
53 ANESTHESIOLOGY	878,100	3,872	65,125	124,838	1,071,935	53
54 RADIOLOGY-DIAGNOSTIC	3,968,850	236,153	569,310	760,462	5,534,775	54
54.01 ULTRASOUND	1,073,171	25,631	57,588	219,165	1,375,555	54.01
54.02 SPECIAL PROCEDURES	765,250	16,468	152,964	239,387	1,174,069	54.02
56 RADIOISOTOPE	1,046,369	17,294	42,959	102,837	1,209,459	56
57 CT SCAN	883,752	18,462	75,985	140,955	1,119,154	57
58 MRI	716,080	48,756	20,333	117,143	902,312	58
59 CARDIAC CATHETERIZATION	2,219,542	32,971	315,724	154,311	2,722,548	59
60 LABORATORY	9,222,563	123,718	181,687	1,228,256	10,756,224	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,827,777	4,717	1,938	81,337	1,915,769	63
65 RESPIRATORY THERAPY	1,825,066	14,815	45,073	320,785	2,205,739	65
65.01 PULMONARY FUNCTION	50,207	7,133	4,606	9,936	71,882	65.01
66 PHYSICAL THERAPY	4,597,407	57,255	48,373	1,263,029	5,966,064	66
67 OCCUPATIONAL THERAPY	857,019	9,505	1,117	184,540	1,052,181	67
68 SPEECH PATHOLOGY	452,128	6,504	8,609	100,369	567,610	68
69 ELECTROCARDIOLOGY	1,138,498	33,708	129,519	166,262	1,467,987	69
70 ELECTROENCEPHALOGRAPHY	99,586	18,336	19,751	21,624	159,297	70
70.01 SLEEP LAB	130,001		11,720	29,050	170,771	70.01
70.02 PSYCH	553,102			70,111	623,213	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	440,315				440,315	71
72 IMPL. DEV. CHARGED TO PATIENTS	12,334,295				12,334,295	72
73 DRUGS CHARGED TO PATIENTS	796,903				796,903	73
73.01 INFUSION THERAPY	640,661	13,961	2,164	118,281	775,067	73.01
73.02 IFCC INFUSION THERAPY	262,591	5,795		51,342	319,728	73.02
73.03 PHARMACY VACCINE	8,517				8,517	73.03
74 RENAL DIALYSIS	704,505	16,180	21,372	132,297	874,354	74
76.97 CARDIAC REHABILITATION	490,233	18,318	12,092	108,484	629,127	76.97
76.98 HYPERBARIC OXYGEN THERAPY	775,861		1,694	106,400	883,955	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,873,486	125,767			1,999,253	90.02
90.03 RETINAL VASCULAR	280,607	97,422	16,618	45,720	440,367	90.03
91 EMERGENCY	4,928,697	84,198	74,003	815,620	5,902,518	91
91.01 IFCC	15,843,898		1,646,243	2,841,307	20,331,448	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM	918,764			12,582	931,346	100
101 HOME HEALTH AGENCY	10,891,565	55,530			10,947,095	101

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	2,483,181				2,483,181	116
118 SUBTOTALS (SUM OF LINES 1-117)	271,171,750	6,545,446	9,643,989	22,083,893	271,157,463	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	1,527,980		1,853		1,529,833	192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY		7,942			7,942	192.02
192.03 RETINAL VASCULAR GRANTS		4,492			4,492	192.03
192.04 AMBULANCE	2,233,742				2,233,742	192.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	274,933,472	6,557,880	9,645,842	22,083,893	274,933,472	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & 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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	67,920,330					5
6 MAINTENANCE & REPAIRS	1,419,063	5,744,196				6
7 OPERATION OF PLANT	2,376,006	629,555	10,247,339			7
8 LAUNDRY & LINEN SERVICE	380,483	43,371	86,895	1,670,415		8
9 HOUSEKEEPING	1,280,871	51,438	103,057		5,339,305	9
10 DIETARY	758,473	157,837	316,230		167,882	10
11 CAFETERIA	521,319	75,330	150,925		80,124	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,766,954	30,559	61,226		32,504	13
14 CENTRAL SERVICES & SUPPLY	194,075	56,954	114,109	3,434	60,579	14
15 PHARMACY	4,921,034	82,210	164,711		87,442	15
16 MEDICAL RECORDS & LIBRARY	1,210,073	119,175	238,771		126,760	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	60,306	1,779	3,565		1,893	23
23.01 PARAMED ED PRGM - EMS	197,166	8,897	17,826		9,463	23.01
23.02 PARAMED ED PRGM - DIETETICS	21,064	27,439	54,975		29,185	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,497,068	1,567,901	3,141,341	817,836	1,667,687	30
31 INTENSIVE CARE UNIT	1,546,913	150,909	302,350	99,284	160,513	31
40 SUBPROVIDER - IPF	764,989	47,381	94,929	32,884	50,396	40
41 SUBPROVIDER - IRF	1,427,677	599,494	1,201,105	86,603	637,647	41
43 NURSERY	558,231	70,585	141,418	21,459	75,077	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,587,397	524,936	1,051,725	188,577	558,344	50
51 RECOVERY ROOM	328,760	39,468	79,075	21,600	41,980	51
53 ANESTHESIOLOGY	351,699	5,113	10,244		5,438	53
54 RADIOLOGY-DIAGNOSTIC	1,815,943	311,830	624,760	53,650	331,675	54
54.01 ULTRASOUND	451,315	33,845	67,809	26,059	35,999	54.01
54.02 SPECIAL PROCEDURES	385,209	21,745	43,566	3,258	23,129	54.02
56 RADIOISOTOPE	396,820	22,836	45,753	5,269	24,290	56
57 CT SCAN	367,191	24,378	48,843	22,767	25,930	57
58 MRI	296,046	64,380	128,988	10,917	68,478	58
59 CARDIAC CATHETERIZATION	893,260	43,537	87,228	3,226	46,308	59
60 LABORATORY	3,529,085	163,365	327,306		173,762	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	628,558	6,228	12,478		6,624	63
65 RESPIRATORY THERAPY	723,696	19,562	39,193		20,807	65
65.01 PULMONARY FUNCTION	23,584	9,419	18,872		10,019	65.01
66 PHYSICAL THERAPY	1,957,448	75,603	151,472	39,397	80,414	66
67 OCCUPATIONAL THERAPY	345,217	12,551	25,146		13,350	67
68 SPEECH PATHOLOGY	186,231	8,589	17,208		9,135	68
69 ELECTROCARDIOLOGY	481,642	44,510	89,177	17,585	47,342	69
70 ELECTROENCEPHALOGRAPHY	52,265	24,212	48,510	2,725	25,753	70
70.01 SLEEP LAB	56,029					70.01
70.02 PSYCH	204,474					70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	144,466					71
72 IMPL. DEV. CHARGED TO PATIENTS	4,046,845					72
73 DRUGS CHARGED TO PATIENTS	261,461					73
73.01 INFUSION THERAPY	254,297	18,435	36,935	4,352	19,608	73.01
73.02 IFCC INFUSION THERAPY	104,902	7,652	15,330		8,139	73.02
73.03 PHARMACY VACCINE	2,794					73.03
74 RENAL DIALYSIS	286,873	21,365	42,806		22,725	74
76.97 CARDIAC REHABILITATION	206,415	24,189	48,463	9,179	25,728	76.97
76.98 HYPERBARIC OXYGEN THERAPY	290,023			397		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	655,949	166,069	332,725	20,033	176,638	90.02
90.03 RETINAL VASCULAR	144,483	128,642	257,738		136,829	90.03
91 EMERGENCY	1,936,598	111,180	222,752	179,924	118,255	91
91.01 IFCC	6,670,687					91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM	305,572					100
101 HOME HEALTH AGENCY	3,591,709	73,325	146,909		77,991	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	814,724					116

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 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
118 SUBTOTALS (SUM OF LINES 1-117)	66,681,432	5,727,778	10,214,444	1,670,415	5,321,842	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	501,934					192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY	2,606	10,487	21,011		11,154	192.02
192.03 RETINAL VASCULAR GRANTS	1,474	5,931	11,884		6,309	192.03
192.04 AMBULANCE	732,884					192.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	67,920,330	5,744,196	10,247,339	1,670,415	5,339,305	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	3,712,156					10
11 CAFETERIA		2,416,616				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		80,266	7,356,970			13
14 CENTRAL SERVICES & SUPPLY		12,776		1,033,444		14
15 PHARMACY		70,031			20,324,145	15
16 MEDICAL RECORDS & LIBRARY		84,671				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		3,728				23
23.01 PARAMED ED PRGM - EMS		14,115		34	2,048	23.01
23.02 PARAMED ED PRGM - DIETETICS						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,688,837	596,682	4,224,858	45,230	40,327	30
31 INTENSIVE CARE UNIT	240,948	76,826	543,974	11,688	1,942	31
40 SUBPROVIDER - IPF	284,355	22,011	155,850	15		40
41 SUBPROVIDER - IRF	450,906	84,756	600,123	5,666	2,852	41
43 NURSERY		21,706	153,690	1,151		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		112,121	793,886	175,233	19,941	50
51 RECOVERY ROOM		13,437	95,142	2,658	735	51
53 ANESTHESIOLOGY		6,862		7,724		53
54 RADIOLOGY-DIAGNOSTIC		119,052		2,512	107,739	54
54.01 ULTRASOUND		22,045		1,185	48	54.01
54.02 SPECIAL PROCEDURES		24,366		61,452	163,134	54.02
56 RADIOISOTOPE		9,777		1,969	3,254,092	56
57 CT SCAN		15,301		5,802	14,941	57
58 MRI		13,674		3,931		58
59 CARDIAC CATHETERIZATION		13,454		35,119	326,385	59
60 LABORATORY		184,728		62,426	3,169,564	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		9,116		3,802	186,250	63
65 RESPIRATORY THERAPY		40,836		9,760	106	65
65.01 PULMONARY FUNCTION		1,220		19		65.01
66 PHYSICAL THERAPY		151,466		7,326	59,856	66
67 OCCUPATIONAL THERAPY		21,401		63		67
68 SPEECH PATHOLOGY		11,132		67		68
69 ELECTROCARDIOLOGY		19,300		1,598		69
70 ELECTROENCEPHALOGRAPHY		2,965		33		70
70.01 SLEEP LAB		3,796		522		70.01
70.02 PSYCH						70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,762		71
72 IMPL. DEV. CHARGED TO PATIENTS				342,117		72
73 DRUGS CHARGED TO PATIENTS				165,503	11,521,294	73
73.01 INFUSION THERAPY		13,810		2,659	6,100	73.01
73.02 IFCC INFUSION THERAPY		4,897				73.02
73.03 PHARMACY VACCINE						73.03
74 RENAL DIALYSIS		12,725		1,898	21	74
76.97 CARDIAC REHABILITATION		12,742		234	8,338	76.97
76.98 HYPERBARIC OXYGEN THERAPY		9,557		3,097	25,476	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	23,555					90.02
90.03 RETINAL VASCULAR		9,133			10,741	90.03
91 EMERGENCY	23,555	99,769	789,447	29,243	630	91
91.01 IFCC		390,366		33,946	1,401,585	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116

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 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
118 SUBTOTALS (SUM OF LINES 1-117)	3,712,156	2,416,616	7,356,970	1,033,444	20,324,145	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
192.04 AMBULANCE						192.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,712,156	2,416,616	7,356,970	1,033,444	20,324,145	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL	PARAMED			SUBTOTAL	
	RECORDS & LIBRARY	EDUCATION	23.01	23.02		
	16	23	23.01	23.02	24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	5,467,605					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		255,076				23
23.01 PARAMED ED PRGM - EMS			850,487			23.01
23.02 PARAMED ED PRGM - DIETETICS				196,864		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,260,068		113,398	104,715	55,712,042	30
31 INTENSIVE CARE UNIT	208,712		85,049	26,179	8,170,092	31
40 SUBPROVIDER - IPF	228,830			15,707	4,028,942	40
41 SUBPROVIDER - IRF	366,056			46,075	9,860,348	41
43 NURSERY	146,604				2,891,343	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	215,104		28,350		22,237,447	50
51 RECOVERY ROOM	14,016				1,638,892	51
53 ANESTHESIOLOGY	37,132				1,496,147	53
54 RADIOLOGY-DIAGNOSTIC	112,656				9,014,592	54
54.01 ULTRASOUND	38,951				2,052,811	54.01
54.02 SPECIAL PROCEDURES	68,023				1,967,951	54.02
56 RADIOISOTOPE	30,147				5,000,412	56
57 CT SCAN	143,621				1,787,928	57
58 MRI	43,161				1,531,887	58
59 CARDIAC CATHETERIZATION	45,514				4,216,579	59
60 LABORATORY	329,655				18,696,115	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	16,317				2,785,142	63
65 RESPIRATORY THERAPY	36,208		28,350		3,124,257	65
65.01 PULMONARY FUNCTION	2,556				137,571	65.01
66 PHYSICAL THERAPY	104,851				8,593,897	66
67 OCCUPATIONAL THERAPY	21,536				1,491,445	67
68 SPEECH PATHOLOGY	20,892				820,864	68
69 ELECTROCARDIOLOGY	76,230		28,350		2,273,721	69
70 ELECTROENCEPHALOGRAPHY	2,493				318,253	70
70.01 SLEEP LAB	2,894				234,012	70.01
70.02 PSYCH	8,405			2,094	838,186	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,877				603,420	71
72 IMPL. DEV. CHARGED TO PATIENTS	68,723				16,791,980	72
73 DRUGS CHARGED TO PATIENTS	195,541	255,076			13,195,778	73
73.01 INFUSION THERAPY	14,205				1,145,468	73.01
73.02 IFCC INFUSION THERAPY	5,215				465,863	73.02
73.03 PHARMACY VACCINE	53				11,364	73.03
74 RENAL DIALYSIS					1,262,767	74
76.97 CARDIAC REHABILITATION	2,875				967,290	76.97
76.98 HYPERBARIC OXYGEN THERAPY	10,301				1,222,806	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	14,848				3,389,070	90.02
90.03 RETINAL VASCULAR	2,148				1,130,081	90.03
91 EMERGENCY	173,766		566,990	2,094	10,156,721	91
91.01 IFCC	388,421				29,216,453	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM					1,236,918	100
101 HOME HEALTH AGENCY					14,837,029	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					3,297,905	116

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COST CENTER DESCRIPTION	MEDICAL	PARAMED			SUBTOTAL	
	RECORDS & LIBRARY	EDUCATION				
	16	23	23.01	23.02	24	
118 SUBTOTALS (SUM OF LINES 1-117)	5,467,605	255,076	850,487	196,864	269,851,789	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES					2,031,767	192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY					53,200	192.02
192.03 RETINAL VASCULAR GRANTS					30,090	192.03
192.04 AMBULANCE					2,966,626	192.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,467,605	255,076	850,487	196,864	274,933,472	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL
	25	26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			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 SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-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	55,712,042		30
31 INTENSIVE CARE UNIT	8,170,092		31
40 SUBPROVIDER - IPF	4,028,942		40
41 SUBPROVIDER - IRF	9,860,348		41
43 NURSERY	2,891,343		43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	22,237,447		50
51 RECOVERY ROOM	1,638,892		51
53 ANESTHESIOLOGY	1,496,147		53
54 RADIOLOGY-DIAGNOSTIC	9,014,592		54
54.01 ULTRASOUND	2,052,811		54.01
54.02 SPECIAL PROCEDURES	1,967,951		54.02
56 RADIOISOTOPE	5,000,412		56
57 CT SCAN	1,787,928		57
58 MRI	1,531,887		58
59 CARDIAC CATHETERIZATION	4,216,579		59
60 LABORATORY	18,696,115		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	2,785,142		63
65 RESPIRATORY THERAPY	3,124,257		65
65.01 PULMONARY FUNCTION	137,571		65.01
66 PHYSICAL THERAPY	8,593,897		66
67 OCCUPATIONAL THERAPY	1,491,445		67
68 SPEECH PATHOLOGY	820,864		68
69 ELECTROCARDIOLOGY	2,273,721		69
70 ELECTROENCEPHALOGRAPHY	318,253		70
70.01 SLEEP LAB	234,012		70.01
70.02 PSYCH	838,186		70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	603,420		71
72 IMPL. DEV. CHARGED TO PATIENTS	16,791,980		72
73 DRUGS CHARGED TO PATIENTS	13,195,778		73
73.01 INFUSION THERAPY	1,145,468		73.01
73.02 IFCC INFUSION THERAPY	465,863		73.02
73.03 PHARMACY VACCINE	11,364		73.03
74 RENAL DIALYSIS	1,262,767		74
76.97 CARDIAC REHABILITATION	967,290		76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,222,806		76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90.02 PSYCH ANCILLARY	3,389,070		90.02
90.03 RETINAL VASCULAR	1,130,081		90.03
91 EMERGENCY	10,156,721		91
91.01 IFCC	29,216,453		91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
100 I&R SERVICES-NOT APPRVD PRGM	1,236,918		100
101 HOME HEALTH AGENCY	14,837,029		101
SPECIAL PURPOSE COST CENTERS			
116 HOSPICE	3,297,905		116

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
118 SUBTOTALS (SUM OF LINES 1-117)		269,851,789	118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES		2,031,767	192
192.01 REFERENCE LAB			192.01
192.02 OP PHARMACY		53,200	192.02
192.03 RETINAL VASCULAR GRANTS		30,090	192.03
192.04 AMBULANCE		2,966,626	192.04
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		274,933,472	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS DEPARTMENT	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT		35,469		35,469	35,469	4
5 ADMINISTRATIVE & GENERAL	2,004,773		2,925,941	4,930,714	4,630	5
6 MAINTENANCE & REPAIRS	167,479		7,600	175,079		6
7 OPERATION OF PLANT	476,771		46,839	523,610	301	7
8 LAUNDRY & LINEN SERVICE	32,845		1,054	33,899	31	8
9 HOUSEKEEPING	38,955		28,839	67,794		9
10 DIETARY	119,532		48,568	168,100		10
11 CAFETERIA	57,048		788	57,836		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	23,143		1,792,251	1,815,394	957	13
14 CENTRAL SERVICES & SUPPLY	43,132		70,520	113,652	84	14
15 PHARMACY	62,259		224,814	287,073	1,149	15
16 MEDICAL RECORDS & LIBRARY	90,253		4,073	94,326	958	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		1,348		1,348	50	23
23.01 PARAMED ED PRGM - EMS		6,738	15,668	22,406	229	23.01
23.02 PARAMED ED PRGM - DIETETICS		20,780		20,780		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,187,394	344,225	1,531,619	6,924	30
31 INTENSIVE CARE UNIT		114,285	109,117	223,402	1,154	31
40 SUBPROVIDER - IPF		35,882	5,639	41,521	260	40
41 SUBPROVIDER - IRF		454,005	8,452	462,457	1,063	41
43 NURSERY		53,455	6,346	59,801	373	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		397,541	451,221	848,762	1,677	50
51 RECOVERY ROOM		29,890	25,467	55,357	244	51
53 ANESTHESIOLOGY		3,872	65,125	68,997	201	53
54 RADIOLOGY-DIAGNOSTIC		236,153	569,310	805,463	1,223	54
54.01 ULTRASOUND		25,631	57,588	83,219	352	54.01
54.02 SPECIAL PROCEDURES		16,468	152,964	169,432	385	54.02
56 RADIOISOTOPE		17,294	42,959	60,253	165	56
57 CT SCAN		18,462	75,985	94,447	227	57
58 MRI		48,756	20,333	69,089	188	58
59 CARDIAC CATHETERIZATION		32,971	315,724	348,695	248	59
60 LABORATORY		123,718	181,687	305,405	1,975	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		4,717	1,938	6,655	131	63
65 RESPIRATORY THERAPY		14,815	45,073	59,888	516	65
65.01 PULMONARY FUNCTION		7,133	4,606	11,739	16	65.01
66 PHYSICAL THERAPY		57,255	48,373	105,628	2,031	66
67 OCCUPATIONAL THERAPY		9,505	1,117	10,622	297	67
68 SPEECH PATHOLOGY		6,504	8,609	15,113	161	68
69 ELECTROCARDIOLOGY		33,708	129,519	163,227	267	69
70 ELECTROENCEPHALOGRAPHY		18,336	19,751	38,087	35	70
70.01 SLEEP LAB			11,720	11,720	47	70.01
70.02 PSYCH					113	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 INFUSION THERAPY		13,961	2,164	16,125	190	73.01
73.02 IFCC INFUSION THERAPY		5,795		5,795	83	73.02
73.03 PHARMACY VACCINE						73.03
74 RENAL DIALYSIS		16,180	21,372	37,552	213	74
76.97 CARDIAC REHABILITATION		18,318	12,092	30,410	174	76.97
76.98 HYPERBARIC OXYGEN THERAPY			1,694	1,694	171	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY		125,767		125,767		90.02
90.03 RETINAL VASCULAR		97,422	16,618	114,040	74	90.03
91 EMERGENCY		84,198	74,003	158,201	1,312	91
91.01 IFCC			1,646,243	1,646,243	4,570	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM					20	100
101 HOME HEALTH AGENCY		55,530		55,530		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	DEPARTMENT	
	0	1	2		4	
118 SUBTOTALS (SUM OF LINES 1-117)		6,545,446	9,643,989	16,189,435	35,469	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES			1,853	1,853		192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY		7,942		7,942		192.02
192.03 RETINAL VASCULAR GRANTS		4,492		4,492		192.03
192.04 AMBULANCE						192.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		6,557,880	9,645,842	16,203,722	35,469	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & 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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	4,935,344					5
6 MAINTENANCE & REPAIRS	103,115	278,194				6
7 OPERATION OF PLANT	172,651	30,490	727,052			7
8 LAUNDRY & LINEN SERVICE	27,648	2,100	6,165	69,843		8
9 HOUSEKEEPING	93,074	2,491	7,312		170,671	9
10 DIETARY	55,114	7,644	22,437		5,366	10
11 CAFETERIA	37,881	3,648	10,708		2,561	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	128,395	1,480	4,344		1,039	13
14 CENTRAL SERVICES & SUPPLY	14,102	2,758	8,096	144	1,936	14
15 PHARMACY	357,584	3,981	11,686		2,795	15
16 MEDICAL RECORDS & LIBRARY	87,929	5,772	16,941		4,052	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	4,382	86	253			23
23.01 PARAMED ED PRGM - EMS	14,327	431	1,265		302	23.01
23.02 PARAMED ED PRGM - DIETETICS	1,531	1,329	3,900		933	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	690,047	75,934	222,880	34,195	53,311	30
31 INTENSIVE CARE UNIT	112,406	7,309	21,452	4,151	5,131	31
40 SUBPROVIDER - IPF	55,588	2,295	6,735	1,375	1,611	40
41 SUBPROVIDER - IRF	103,741	29,034	85,219	3,621	20,382	41
43 NURSERY	40,564	3,418	10,034	897	2,400	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	333,341	25,423	74,620	7,885	17,847	50
51 RECOVERY ROOM	23,889	1,911	5,610	903	1,342	51
53 ANESTHESIOLOGY	25,556	248	727		174	53
54 RADIOLOGY-DIAGNOSTIC	131,955	15,102	44,327	2,243	10,602	54
54.01 ULTRASOUND	32,795	1,639	4,811	1,090	1,151	54.01
54.02 SPECIAL PROCEDURES	27,991	1,053	3,091	136	739	54.02
56 RADIOISOTOPE	28,835	1,106	3,246	220	776	56
57 CT SCAN	26,682	1,181	3,465	952	829	57
58 MRI	21,512	3,118	9,152	456	2,189	58
59 CARDIAC CATHETERIZATION	64,908	2,109	6,189	135	1,480	59
60 LABORATORY	256,439	7,912	23,222		5,554	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	45,674	302	885		212	63
65 RESPIRATORY THERAPY	52,587	947	2,781		665	65
65.01 PULMONARY FUNCTION	1,714	456	1,339		320	65.01
66 PHYSICAL THERAPY	142,237	3,661	10,747	1,647	2,570	66
67 OCCUPATIONAL THERAPY	25,085	608	1,784		427	67
68 SPEECH PATHOLOGY	13,532	416	1,221		292	68
69 ELECTROCARDIOLOGY	34,998	2,156	6,327	735	1,513	69
70 ELECTROENCEPHALOGRAPHY	3,798	1,173	3,442	114	823	70
70.01 SLEEP LAB	4,071					70.01
70.02 PSYCH	14,858					70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,498					71
72 IMPL. DEV. CHARGED TO PATIENTS	294,062					72
73 DRUGS CHARGED TO PATIENTS	18,999					73
73.01 INFUSION THERAPY	18,478	893	2,621	182	627	73.01
73.02 IFCC INFUSION THERAPY	7,623	371	1,088		260	73.02
73.03 PHARMACY VACCINE	203					73.03
74 RENAL DIALYSIS	20,845	1,035	3,037		726	74
76.97 CARDIAC REHABILITATION	14,999	1,171	3,438	384	822	76.97
76.98 HYPERBARIC OXYGEN THERAPY	21,074			17		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	47,664	8,043	23,607	838	5,646	90.02
90.03 RETINAL VASCULAR	10,499	6,230	18,287		4,374	90.03
91 EMERGENCY	140,722	5,384	15,804	7,523	3,780	91
91.01 IFCC	484,722					91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM	22,204					100
101 HOME HEALTH AGENCY	260,990	3,551	10,423		2,493	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	59,202					116

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-	
	TRATIVE & GENERAL 5	TENANCE & REPAIRS 6	OF PLANT 7	& LINEN SERVICE 8	KEEPING 9	
118 SUBTOTALS (SUM OF LINES 1-117)	4,845,320	277,399	724,718	69,843	170,112	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	36,473					192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY	189	508	1,491		357	192.02
192.03 RETINAL VASCULAR GRANTS	107	287	843		202	192.03
192.04 AMBULANCE	53,255					192.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,935,344	278,194	727,052	69,843	170,671	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	258,661					10
11 CAFETERIA		112,634				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		3,741	1,955,350			13
14 CENTRAL SERVICES & SUPPLY		595		141,367		14
15 PHARMACY		3,264			667,532	15
16 MEDICAL RECORDS & LIBRARY		3,946				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		174				23
23.01 PARAMED ED PRGM - EMS		658		5	67	23.01
23.02 PARAMED ED PRGM - DIETETICS						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	187,357	27,810	1,122,890	6,187	1,325	30
31 INTENSIVE CARE UNIT	16,789	3,581	144,579	1,599	64	31
40 SUBPROVIDER - IPF	19,814	1,026	41,422	2		40
41 SUBPROVIDER - IRF	31,419	3,950	159,502	775	94	41
43 NURSERY		1,012	40,848	158		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		5,226	211,001	23,970	655	50
51 RECOVERY ROOM		626	25,287	364	24	51
53 ANESTHESIOLOGY		320		1,057		53
54 RADIOLOGY-DIAGNOSTIC		5,549		344	3,539	54
54.01 ULTRASOUND		1,027		162	2	54.01
54.02 SPECIAL PROCEDURES		1,136		8,406	5,358	54.02
56 RADIOISOTOPE		456		269	106,878	56
57 CT SCAN		713		794	491	57
58 MRI		637		538		58
59 CARDIAC CATHETERIZATION		627		4,804	10,720	59
60 LABORATORY		8,610		8,539	104,102	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		425		520	6,117	63
65 RESPIRATORY THERAPY		1,903		1,335	3	65
65.01 PULMONARY FUNCTION		57		3		65.01
66 PHYSICAL THERAPY		7,060		1,002	1,966	66
67 OCCUPATIONAL THERAPY		997		9		67
68 SPEECH PATHOLOGY		519		9		68
69 ELECTROCARDIOLOGY		900		219		69
70 ELECTROENCEPHALOGRAPHY		138		5		70
70.01 SLEEP LAB		177		71		70.01
70.02 PSYCH						70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,062		71
72 IMPL. DEV. CHARGED TO PATIENTS				46,797		72
73 DRUGS CHARGED TO PATIENTS				22,639	378,407	73
73.01 INFUSION THERAPY		644		364	200	73.01
73.02 IFCC INFUSION THERAPY		228				73.02
73.03 PHARMACY VACCINE						73.03
74 RENAL DIALYSIS		593		260	1	74
76.97 CARDIAC REHABILITATION		594		32	274	76.97
76.98 HYPERBARIC OXYGEN THERAPY		445		424	837	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,641					90.02
90.03 RETINAL VASCULAR		426			353	90.03
91 EMERGENCY	1,641	4,650	209,821	4,000	21	91
91.01 IFCC		18,194		4,643	46,034	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE						116

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
118 SUBTOTALS (SUM OF LINES 1-117)	258,661	112,634	1,955,350	141,367	667,532	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY						192.02
192.03 RETINAL VASCULAR GRANTS						192.03
192.04 AMBULANCE						192.04
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	258,661	112,634	1,955,350	141,367	667,532	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL	PARAMED			SUBTOTAL	
	RECORDS & LIBRARY	EDUCATION	23.01	23.02		
	16	23	23.01	23.02	24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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	213,924					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)		6,353				23
23.01 PARAMED ED PRGM - EMS			39,690			23.01
23.02 PARAMED ED PRGM - DIETETICS				28,473		23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	88,426				4,048,905	30
31 INTENSIVE CARE UNIT	8,166				549,783	31
40 SUBPROVIDER - IPF	8,953				180,602	40
41 SUBPROVIDER - IRF	14,322				915,579	41
43 NURSERY	5,736				165,241	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,416				1,558,823	50
51 RECOVERY ROOM	548				116,105	51
53 ANESTHESIOLOGY	1,453				98,733	53
54 RADIOLOGY-DIAGNOSTIC	4,408				1,024,755	54
54.01 ULTRASOUND	1,524				127,772	54.01
54.02 SPECIAL PROCEDURES	2,661				220,388	54.02
56 RADIOISOTOPE	1,180				203,384	56
57 CT SCAN	5,619				135,400	57
58 MRI	1,689				108,568	58
59 CARDIAC CATHETERIZATION	1,781				441,696	59
60 LABORATORY	12,898				734,656	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	638				61,559	63
65 RESPIRATORY THERAPY	1,417				122,042	65
65.01 PULMONARY FUNCTION	100				15,744	65.01
66 PHYSICAL THERAPY	4,102				282,651	66
67 OCCUPATIONAL THERAPY	843				40,672	67
68 SPEECH PATHOLOGY	817				32,080	68
69 ELECTROCARDIOLOGY	2,983				213,325	69
70 ELECTROENCEPHALOGRAPHY	98				47,713	70
70.01 SLEEP LAB	113				16,199	70.01
70.02 PSYCH	329				15,300	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	426				11,986	71
72 IMPL. DEV. CHARGED TO PATIENTS	2,689				343,548	72
73 DRUGS CHARGED TO PATIENTS	7,651				427,696	73
73.01 INFUSION THERAPY	556				40,880	73.01
73.02 IFCC INFUSION THERAPY	204				15,652	73.02
73.03 PHARMACY VACCINE	2				205	73.03
74 RENAL DIALYSIS					64,262	74
76.97 CARDIAC REHABILITATION	112				52,410	76.97
76.98 HYPERBARIC OXYGEN THERAPY	403				25,065	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	581				213,787	90.02
90.03 RETINAL VASCULAR	84				154,367	90.03
91 EMERGENCY	6,799				559,658	91
91.01 IFCC	15,197				2,219,603	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM					22,224	100
101 HOME HEALTH AGENCY					332,987	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					59,202	116

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2012 TO 09/30/2013

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL	PARAMED			SUBTOTAL	
	RECORDS & LIBRARY	EDUCATION				
	16	23	23.01	23.02	24	
118 SUBTOTALS (SUM OF LINES 1-117)	213,924				16,021,207	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES					38,326	192
192.01 REFERENCE LAB						192.01
192.02 OP PHARMACY					10,487	192.02
192.03 RETINAL VASCULAR GRANTS					5,931	192.03
192.04 AMBULANCE					53,255	192.04
200 CROSS FOOT ADJUSTMENTS		6,353	39,690	28,473	74,516	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	213,924	6,353	39,690	28,473	16,203,722	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	25	26		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS DEPARTMENT				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 SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-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		4,048,905		30
31 INTENSIVE CARE UNIT		549,783		31
40 SUBPROVIDER - IPF		180,602		40
41 SUBPROVIDER - IRF		915,579		41
43 NURSERY		165,241		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		1,558,823		50
51 RECOVERY ROOM		116,105		51
53 ANESTHESIOLOGY		98,733		53
54 RADIOLOGY-DIAGNOSTIC		1,024,755		54
54.01 ULTRASOUND		127,772		54.01
54.02 SPECIAL PROCEDURES		220,388		54.02
56 RADIOISOTOPE		203,384		56
57 CT SCAN		135,400		57
58 MRI		108,568		58
59 CARDIAC CATHETERIZATION		441,696		59
60 LABORATORY		734,656		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.		61,559		63
65 RESPIRATORY THERAPY		122,042		65
65.01 PULMONARY FUNCTION		15,744		65.01
66 PHYSICAL THERAPY		282,651		66
67 OCCUPATIONAL THERAPY		40,672		67
68 SPEECH PATHOLOGY		32,080		68
69 ELECTROCARDIOLOGY		213,325		69
70 ELECTROENCEPHALOGRAPHY		47,713		70
70.01 SLEEP LAB		16,199		70.01
70.02 PSYCH		15,300		70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,986		71
72 IMPL. DEV. CHARGED TO PATIENTS		343,548		72
73 DRUGS CHARGED TO PATIENTS		427,696		73
73.01 INFUSION THERAPY		40,880		73.01
73.02 IFCC INFUSION THERAPY		15,652		73.02
73.03 PHARMACY VACCINE		205		73.03
74 RENAL DIALYSIS		64,262		74
76.97 CARDIAC REHABILITATION		52,410		76.97
76.98 HYPERBARIC OXYGEN THERAPY		25,065		76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY		213,787		90.02
90.03 RETINAL VASCULAR		154,367		90.03
91 EMERGENCY		559,658		91
91.01 IFCC		2,219,603		91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
100 I&R SERVICES-NOT APPRVD PRGM		22,224		100
101 HOME HEALTH AGENCY		332,987		101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE		59,202		116

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
118 SUBTOTALS (SUM OF LINES 1-117)		16,021,207	118
NONREIMBURSABLE COST CENTERS			
192 PHYSICIANS' PRIVATE OFFICES		38,326	192
192.01 REFERENCE LAB			192.01
192.02 OP PHARMACY		10,487	192.02
192.03 RETINAL VASCULAR GRANTS		5,931	192.03
192.04 AMBULANCE		53,255	192.04
200 CROSS FOOT ADJUSTMENTS		74,516	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		16,203,722	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	729,953					1
2 CAP REL COSTS-MVBLE EQUIP		10,386,830				2
4 EMPLOYEE BENEFITS DEPARTMENT	3,948		98,658,240			4
5 ADMINISTRATIVE & GENERAL	223,150	3,150,711	12,861,846	-67,920,330	207,013,142	5
6 MAINTENANCE & REPAIRS	18,642	8,184	30		4,325,133	6
7 OPERATION OF PLANT	53,069	50,437	837,005		7,241,778	7
8 LAUNDRY & LINEN SERVICE	3,656	1,135	85,514		1,159,666	8
9 HOUSEKEEPING	4,336	31,054			3,903,939	9
10 DIETARY	13,305	52,299			2,311,734	10
11 CAFETERIA	6,350	849			1,588,918	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,576	1,929,930	2,657,906		5,385,461	13
14 CENTRAL SERVICES & SUPPLY	4,801	75,937	233,246		591,517	14
15 PHARMACY	6,930	242,084	3,190,334		14,998,717	15
16 MEDICAL RECORDS & LIBRARY	10,046	4,386	2,662,105		3,688,155	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	150		138,302		183,805	23
23.01 PARAMED ED PRGM - EMS	750	16,872	637,121		600,938	23.01
23.02 PARAMED ED PRGM - DIETETICS	2,313				64,201	23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	132,168	370,668	19,361,769		28,946,094	30
31 INTENSIVE CARE UNIT	12,721	117,499	3,205,671		4,714,805	31
40 SUBPROVIDER - IPF	3,994	6,072	721,235		2,331,595	40
41 SUBPROVIDER - IRF	50,535	9,101	2,953,726		4,351,388	41
43 NURSERY	5,950	6,834	1,037,379		1,701,422	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,250	485,883	4,659,033		13,981,833	50
51 RECOVERY ROOM	3,327	27,423	678,600		1,002,021	51
53 ANESTHESIOLOGY	431	70,128	557,708		1,071,935	53
54 RADIOLOGY-DIAGNOSTIC	26,286	613,044	3,397,318		5,534,775	54
54.01 ULTRASOUND	2,853	62,012	979,104		1,375,555	54.01
54.02 SPECIAL PROCEDURES	1,833	164,715	1,069,446		1,174,069	54.02
56 RADIOISOTOPE	1,925	46,259	459,417		1,209,459	56
57 CT SCAN	2,055	81,822	629,709		1,119,154	57
58 MRI	5,427	21,895	523,329		902,312	58
59 CARDIAC CATHETERIZATION	3,670	339,978	689,374		2,722,548	59
60 LABORATORY	13,771	195,644	5,487,157		10,756,224	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	525	2,087	363,370		1,915,769	63
65 RESPIRATORY THERAPY	1,649	48,536	1,433,085		2,205,739	65
65.01 PULMONARY FUNCTION	794	4,960	44,389		71,882	65.01
66 PHYSICAL THERAPY	6,373	52,089	5,642,501		5,966,064	66
67 OCCUPATIONAL THERAPY	1,058	1,203	824,419		1,052,181	67
68 SPEECH PATHOLOGY	724	9,270	448,391		567,610	68
69 ELECTROCARDIOLOGY	3,752	139,469	742,767		1,467,987	69
70 ELECTROENCEPHALOGRAPHY	2,041	21,268	96,606		159,297	70
70.01 SLEEP LAB		12,620	129,781		170,771	70.01
70.02 PSYCH			313,215		623,213	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					440,315	71
72 IMPL. DEV. CHARGED TO PATIENTS					12,334,295	72
73 DRUGS CHARGED TO PATIENTS					796,903	73
73.01 INFUSION THERAPY	1,554	2,330	528,412		775,067	73.01
73.02 IFCC INFUSION THERAPY	645		229,365		319,728	73.02
73.03 PHARMACY VACCINE					8,517	73.03
74 RENAL DIALYSIS	1,801	23,014	591,028		874,354	74
76.97 CARDIAC REHABILITATION	2,039	13,021	484,644		629,127	76.97
76.98 HYPERBARIC OXYGEN THERAPY		1,824	475,336		883,955	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	13,999				1,999,253	90.02
90.03 RETINAL VASCULAR	10,844	17,895	204,250		440,367	90.03
91 EMERGENCY	9,372	79,688	3,643,729		5,902,518	91
91.01 IFCC		1,772,706	12,693,359		20,331,448	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM			56,209		931,346	100
101 HOME HEALTH AGENCY	6,181				10,947,095	101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
116	HOSPICE					2,483,181	116
118	SUBTOTALS (SUM OF LINES 1-117)	728,569	10,384,835	98,658,240	-67,920,330	203,237,133	118
	NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES		1,995			1,529,833	192
192.01	REFERENCE LAB						192.01
192.02	OP PHARMACY	884				7,942	192.02
192.03	RETINAL VASCULAR GRANTS	500				4,492	192.03
192.04	AMBULANCE					2,233,742	192.04
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	6,557,880	9,645,842	22,083,893		67,920,330	202
203	UNIT COST MULT-WS B PT I	8.983976	0.928661	0.223842		0.328097	203
204	COST TO BE ALLOC PER B PT II			35,469		4,935,344	204
205	UNIT COST MULT-WS B PT II			0.000360		0.023841	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	MEALS SERVED
	6	7	8	9	10
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS	484,213				6
7 OPERATION OF PLANT	53,069	431,144			7
8 LAUNDRY & LINEN SERVICE	3,656	3,656	1,610,869		8
9 HOUSEKEEPING	4,336	4,336		423,152	9
10 DIETARY	13,305	13,305		13,305	371,927 10
11 CAFETERIA	6,350	6,350		6,350	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	2,576	2,576		2,576	13
14 CENTRAL SERVICES & SUPPLY	4,801	4,801	3,312	4,801	14
15 PHARMACY	6,930	6,930		6,930	15
16 MEDICAL RECORDS & LIBRARY	10,046	10,046		10,046	16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)	150	150		150	23
23.01 PARAMED ED PRGM - EMS	750	750		750	23.01
23.02 PARAMED ED PRGM - DIETETICS	2,313	2,313		2,313	23.02
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	132,168	132,168	788,680	132,168	269,399 30
31 INTENSIVE CARE UNIT	12,721	12,721	95,745	12,721	24,141 31
40 SUBPROVIDER - IPF	3,994	3,994	31,712	3,994	28,490 40
41 SUBPROVIDER - IRF	50,535	50,535	83,516	50,535	45,177 41
43 NURSERY	5,950	5,950	20,694	5,950	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	44,250	44,250	181,855	44,250	50
51 RECOVERY ROOM	3,327	3,327	20,830	3,327	51
53 ANESTHESIOLOGY	431	431		431	53
54 RADIOLOGY-DIAGNOSTIC	26,286	26,286	51,738	26,286	54
54.01 ULTRASOUND	2,853	2,853	25,130	2,853	54.01
54.02 SPECIAL PROCEDURES	1,833	1,833	3,142	1,833	54.02
56 RADIOISOTOPE	1,925	1,925	5,081	1,925	56
57 CT SCAN	2,055	2,055	21,955	2,055	57
58 MRI	5,427	5,427	10,528	5,427	58
59 CARDIAC CATHETERIZATION	3,670	3,670	3,111	3,670	59
60 LABORATORY	13,771	13,771		13,771	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.	525	525		525	63
65 RESPIRATORY THERAPY	1,649	1,649		1,649	65
65.01 PULMONARY FUNCTION	794	794		794	65.01
66 PHYSICAL THERAPY	6,373	6,373	37,993	6,373	66
67 OCCUPATIONAL THERAPY	1,058	1,058		1,058	67
68 SPEECH PATHOLOGY	724	724		724	68
69 ELECTROCARDIOLOGY	3,752	3,752	16,958	3,752	69
70 ELECTROENCEPHALOGRAPHY	2,041	2,041	2,628	2,041	70
70.01 SLEEP LAB					70.01
70.02 PSYCH					70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 INFUSION THERAPY	1,554	1,554	4,197	1,554	73.01
73.02 IFCC INFUSION THERAPY	645	645		645	73.02
73.03 PHARMACY VACCINE					73.03
74 RENAL DIALYSIS	1,801	1,801		1,801	74
76.97 CARDIAC REHABILITATION	2,039	2,039	8,852	2,039	76.97
76.98 HYPERBARIC OXYGEN THERAPY			383		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	13,999	13,999	19,319	13,999	2,360 90.02
90.03 RETINAL VASCULAR	10,844	10,844		10,844	90.03
91 EMERGENCY	9,372	9,372	173,510	9,372	2,360 91
91.01 IFCC					91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
100 I&R SERVICES-NOT APPRVD PRGM					100
101 HOME HEALTH AGENCY	6,181	6,181		6,181	101
SPECIAL PURPOSE COST CENTERS					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	482,829	429,760	1,610,869	421,768	371,927	118
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	REFERENCE LAB						192.01
192.02	OP PHARMACY	884	884		884		192.02
192.03	RETINAL VASCULAR GRANTS	500	500		500		192.03
192.04	AMBULANCE						192.04
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	5,744,196	10,247,339	1,670,415	5,339,305	3,712,156	202
203	UNIT COST MULT-WS B PT I	11.862953	23.767788	1.036965	12.617936	9.980873	203
204	COST TO BE ALLOC PER B PT II	278,194	727,052	69,843	170,671	258,661	204
205	UNIT COST MULT-WS B PT II	0.574528	1.686332	0.043357	0.403333	0.695462	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING 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 DEPARTMENT						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	142,620					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,737	61,320				13
14 CENTRAL SERVICES & SUPPLY	754		36,593,350			14
15 PHARMACY	4,133			3,841,343		15
16 MEDICAL RECORDS & LIBRARY	4,997		1		3,324,810	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)	220					23
23.01 PARAMED ED PRGM - EMS	833		1,199	387		23.01
23.02 PARAMED ED PRGM - DIETETICS						23.02
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	35,214	35,214	1,601,581	7,622	1,374,331	30
31 INTENSIVE CARE UNIT	4,534	4,534	413,860	367	126,916	31
40 SUBPROVIDER - IPF	1,299	1,299	515		139,150	40
41 SUBPROVIDER - IRF	5,002	5,002	200,642	539	222,596	41
43 NURSERY	1,281	1,281	40,772		89,149	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,617	6,617	6,204,908	3,769	130,803	50
51 RECOVERY ROOM	793	793	94,136	139	8,523	51
53 ANESTHESIOLOGY	405		273,519		22,580	53
54 RADIOLOGY-DIAGNOSTIC	7,026		88,958	20,363	68,505	54
54.01 ULTRASOUND	1,301		41,953	9	23,686	54.01
54.02 SPECIAL PROCEDURES	1,438		2,176,000	30,833	41,364	54.02
56 RADIOISOTOPE	577		69,711	615,036	18,332	56
57 CT SCAN	903		205,445	2,824	87,335	57
58 MRI	807		139,186		26,246	58
59 CARDIAC CATHETERIZATION	794		1,243,541	61,688	27,677	59
60 LABORATORY	10,902		2,210,461	599,060	200,461	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	538		134,620	35,202	9,922	63
65 RESPIRATORY THERAPY	2,410		345,593	20	22,018	65
65.01 PULMONARY FUNCTION	72		667		1,554	65.01
66 PHYSICAL THERAPY	8,939		259,413	11,313	63,759	66
67 OCCUPATIONAL THERAPY	1,263		2,240		13,096	67
68 SPEECH PATHOLOGY	657		2,365		12,704	68
69 ELECTROCARDIOLOGY	1,139		56,599		46,355	69
70 ELECTROENCEPHALOGRAPHY	175		1,167		1,516	70
70.01 SLEEP LAB	224		18,479		1,760	70.01
70.02 PSYCH					5,111	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			274,861		6,614	71
72 IMPL. DEV. CHARGED TO PATIENTS			12,113,716		41,790	72
73 DRUGS CHARGED TO PATIENTS			5,860,390	2,177,570	118,907	73
73.01 INFUSION THERAPY	815		94,171	1,153	8,638	73.01
73.02 IFCC INFUSION THERAPY	289				3,171	73.02
73.03 PHARMACY VACCINE					32	73.03
74 RENAL DIALYSIS	751		67,216	4		74
76.97 CARDIAC REHABILITATION	752		8,285	1,576	1,748	76.97
76.98 HYPERBARIC OXYGEN THERAPY	564		109,664	4,815	6,264	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY			10		9,029	90.02
90.03 RETINAL VASCULAR	539			2,030	1,306	90.03
91 EMERGENCY	5,888	6,580	1,035,480	119	105,666	91
91.01 IFCC	23,038		1,202,026	264,905	236,196	91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRGM						100
101 HOME HEALTH AGENCY						101
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		FTEs	13	14	15	16	
116	HOSPICE						116
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	142,620	61,320	36,593,350	3,841,343	3,324,810	118
192	PHYSICIANS' PRIVATE OFFICES						192
192.01	REFERENCE LAB						192.01
192.02	OP PHARMACY						192.02
192.03	RETINAL VASCULAR GRANTS						192.03
192.04	AMBULANCE						192.04
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,416,616	7,356,970	1,033,444	20,324,145	5,467,605	202
203	UNIT COST MULT-WS B PT I	16.944440	119.976680	0.028241	5.290896	1.644486	203
204	COST TO BE ALLOC PER B PT II	112,634	1,955,350	141,367	667,532	213,924	204
205	UNIT COST MULT-WS B PT II	0.789749	31.887639	0.003863	0.173776	0.064342	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	TIME	MEALS	
	EDUCATION			
	ASSIGNED	SPENT	SERVED	
	TIME			
	23	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 DEPARTMENT				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 SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)	100			23
23.01 PARAMED ED PRGM - EMS		120		23.01
23.02 PARAMED ED PRGM - DIETETICS			188	23.02
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		16	100	30
31 INTENSIVE CARE UNIT		12	25	31
40 SUBPROVIDER - IPF			15	40
41 SUBPROVIDER - IRF			44	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 CT SCAN				57
58 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
70.02 PSYCH			2	70.02
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENTS				72
73 DRUGS CHARGED TO PATIENTS	100			73
73.01 INFUSION THERAPY				73.01
73.02 IFCC INFUSION THERAPY				73.02
73.03 PHARMACY VACCINE				73.03
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		80	2	91
91.01 IFCC				91.01
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
100 I&R SERVICES-NOT APPRVD PRGM				100
101 HOME HEALTH AGENCY				101
SPECIAL PURPOSE COST CENTERS				

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PARAMED EDUCATION				
		ASSIGNED TIME	TIME SPENT	MEALS SERVED		
		23	23.01	23.02		
116	HOSPICE					116
118	SUBTOTALS (SUM OF LINES 1-117)	100	120	188		118
	NONREIMBURSABLE COST CENTERS					
192	PHYSICIANS' PRIVATE OFFICES					192
192.01	REFERENCE LAB					192.01
192.02	OP PHARMACY					192.02
192.03	RETINAL VASCULAR GRANTS					192.03
192.04	AMBULANCE					192.04
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	COST TO BE ALLOC PER B PT I	255,076	850,487	196,864		202
203	UNIT COST MULT-WS B PT I	2,550.760000	7,087.391667	1,047.148936		203
204	COST TO BE ALLOC PER B PT II	6,353	39,690	28,473		204
205	UNIT COST MULT-WS B PT II	63.530000	330.750000	151.452128		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	55,712,042		55,712,042		55,712,042	30
31 INTENSIVE CARE UNIT	8,170,092		8,170,092		8,170,092	31
40 SUBPROVIDER - IPF	4,028,942		4,028,942		4,028,942	40
41 SUBPROVIDER - IRF	9,860,348		9,860,348	27,682	9,888,030	41
43 NURSERY	2,891,343		2,891,343	152,700	3,044,043	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	22,237,447		22,237,447	26,600	22,264,047	50
51 RECOVERY ROOM	1,638,892		1,638,892		1,638,892	51
53 ANESTHESIOLOGY	1,496,147		1,496,147		1,496,147	53
54 RADIOLOGY-DIAGNOSTIC	9,014,592		9,014,592		9,014,592	54
54.01 ULTRASOUND	2,052,811		2,052,811		2,052,811	54.01
54.02 SPECIAL PROCEDURES	1,967,951		1,967,951		1,967,951	54.02
56 RADIOISOTOPE	5,000,412		5,000,412	14,350	5,014,762	56
57 CT SCAN	1,787,928		1,787,928		1,787,928	57
58 MRI	1,531,887		1,531,887		1,531,887	58
59 CARDIAC CATHETERIZATION	4,216,579		4,216,579	15,000	4,231,579	59
60 LABORATORY	18,696,115		18,696,115		18,696,115	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,785,142		2,785,142		2,785,142	63
65 RESPIRATORY THERAPY	3,124,257		3,124,257	8,400	3,132,657	65
65.01 PULMONARY FUNCTION	137,571		137,571		137,571	65.01
66 PHYSICAL THERAPY	8,593,897		8,593,897		8,593,897	66
67 OCCUPATIONAL THERAPY	1,491,445		1,491,445		1,491,445	67
68 SPEECH PATHOLOGY	820,864		820,864		820,864	68
69 ELECTROCARDIOLOGY	2,273,721		2,273,721	159,562	2,433,283	69
70 ELECTROENCEPHALOGRAPHY	318,253		318,253		318,253	70
70.01 SLEEP LAB	234,012		234,012		234,012	70.01
70.02 PSYCH	838,186		838,186		838,186	70.02
71 MEDICAL SUPPLIES CHARGED TO	603,420		603,420		603,420	71
72 IMPL. DEV. CHARGED TO PATIE	16,791,980		16,791,980		16,791,980	72
73 DRUGS CHARGED TO PATIENTS	13,195,778		13,195,778		13,195,778	73
73.01 INFUSION THERAPY	1,145,468		1,145,468		1,145,468	73.01
73.02 IFCC INFUSION THERAPY	465,863		465,863		465,863	73.02
73.03 PHARMACY VACCINE	11,364		11,364		11,364	73.03
74 RENAL DIALYSIS	1,262,767		1,262,767	6,000	1,268,767	74
76.97 CARDIAC REHABILITATION	967,290		967,290	4,650	971,940	76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,222,806		1,222,806		1,222,806	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	3,389,070		3,389,070		3,389,070	90.02
90.03 RETINAL VASCULAR	1,130,081		1,130,081	11,700	1,141,781	90.03
91 EMERGENCY	10,156,721		10,156,721		10,156,721	91
91.01 IFCC	29,216,453		29,216,453		29,216,453	91.01
92 OBSERVATION BEDS (NON-DISTI	4,501,305		4,501,305		4,501,305	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRG	1,236,918		1,236,918		1,236,918	100
101 HOME HEALTH AGENCY	14,837,029		14,837,029		14,837,029	101
116 HOSPICE	3,297,905		3,297,905		3,297,905	116
200 SUBTOTAL (SEE INSTRUCTIONS)	274,353,094		274,353,094	426,644	274,779,738	200
201 LESS OBSERVATION BEDS	4,501,305		4,501,305		4,501,305	201
202 TOTAL (SEE INSTRUCTIONS)	269,851,789		269,851,789		270,278,433	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	80,981,207		80,981,207			30
31 INTENSIVE CARE UNIT	10,766,847		10,766,847			31
40 SUBPROVIDER - IPF	4,489,178		4,489,178			40
41 SUBPROVIDER - IRF	8,631,716		8,631,716			41
43 NURSERY	3,333,801		3,333,801			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	54,166,108	47,860,900	102,027,008	0.217956	0.217956	0.218217 50
51 RECOVERY ROOM	2,953,503	3,694,609	6,648,112	0.246520	0.246520	0.246520 51
53 ANESTHESIOLOGY	9,553,027	8,059,375	17,612,402	0.084948	0.084948	0.084948 53
54 RADIOLOGY-DIAGNOSTIC	7,734,232	23,595,277	31,329,509	0.287735	0.287735	0.287735 54
54.01 ULTRASOUND	4,386,865	8,631,033	13,017,898	0.157691	0.157691	0.157691 54.01
54.02 SPECIAL PROCEDURES	12,428,054	17,013,770	29,441,824	0.066842	0.066842	0.066842 54.02
56 RADIOISOTOPE	3,816,654	7,437,800	11,254,454	0.444305	0.444305	0.445580 56
57 CT SCAN	23,362,347	37,497,051	60,859,398	0.029378	0.029378	0.029378 57
58 MRI	7,690,982	11,302,084	18,993,066	0.080655	0.080655	0.080655 58
59 CARDIAC CATHETERIZATION	13,731,091	6,926,510	20,657,601	0.204118	0.204118	0.204844 59
60 LABORATORY	55,310,099	101,049,818	156,359,917	0.119571	0.119571	0.119571 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	5,695,939	2,043,477	7,739,416	0.359865	0.359865	0.359865 63
65 RESPIRATORY THERAPY	14,912,390	2,261,734	17,174,124	0.181917	0.181917	0.182406 65
65.01 PULMONARY FUNCTION	338,884	873,439	1,212,323	0.113477	0.113477	0.113477 65.01
66 PHYSICAL THERAPY	7,779,431	15,582,653	23,362,084	0.367857	0.367857	0.367857 66
67 OCCUPATIONAL THERAPY	5,959,435		5,959,435	0.250266	0.250266	0.250266 67
68 SPEECH PATHOLOGY	3,480,895		3,480,895	0.235820	0.235820	0.235820 68
69 ELECTROCARDIOLOGY	14,658,709	11,575,657	26,234,366	0.086670	0.086670	0.092752 69
70 ELECTROENCEPHALOGRAPHY	858,295	324,235	1,182,530	0.269129	0.269129	0.269129 70
70.01 SLEEP LAB	586,673	785,803	1,372,476	0.170504	0.170504	0.170504 70.01
70.02 PSYCH	3,983,995	2,327	3,986,322	0.210266	0.210266	0.210266 70.02
71 MEDICAL SUPPLIES CHARGED TO	3,130,287	2,028,490	5,158,777	0.116970	0.116970	0.116970 71
72 IMPL. DEV. CHARGED TO PATIE	23,616,259	8,980,205	32,596,464	0.515147	0.515147	0.515147 72
73 DRUGS CHARGED TO PATIENTS	41,721,375	51,003,008	92,724,383	0.142312	0.142312	0.142312 73
73.01 INFUSION THERAPY	64,429	6,673,297	6,737,726	0.170008	0.170008	0.170008 73.01
73.02 IFCC INFUSION THERAPY	24,118	2,449,420	2,473,538	0.188339	0.188339	0.188339 73.02
73.03 PHARMACY VACCINE		23,790	23,790	0.477680	0.477680	0.477680 73.03
74 RENAL DIALYSIS	1,825,307	362,186	2,187,493	0.577267	0.577267	0.580010 74
76.97 CARDIAC REHABILITATION	102,041	1,261,067	1,363,108	0.709621	0.709621	0.713032 76.97
76.98 HYPERBARIC OXYGEN THERAPY	673,560	4,212,609	4,886,169	0.250259	0.250259	0.250259 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	1,363,115	5,679,560	7,042,675	0.481219	0.481219	0.481219 90.02
90.03 RETINAL VASCULAR	11,799	1,006,893	1,018,692	1.109345	1.109345	1.120830 90.03
91 EMERGENCY	15,730,387	66,689,682	82,420,069	0.123231	0.123231	0.123231 91
91.01 IFCC	4,673,356	179,560,155	184,233,511	0.158584	0.158584	0.158584 91.01
92 OBSERVATION BEDS (NON-DISTI		7,122,277	7,122,277	0.632004	0.632004	0.632004 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
100 I&R SERVICES-NOT APPRVD PRG						100
101 HOME HEALTH AGENCY						101
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	454,526,390	643,570,191	1,098,096,581			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	454,526,390	643,570,191	1,098,096,581			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	4,048,905		4,048,905	57,874	69.96	24,781	1,733,679	30
31 INTENSIVE CARE UNIT	549,783		549,783	4,813	114.23	2,908	332,181	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	180,602		180,602	5,680	31.80	2,911	92,570	40
41 SUBPROVIDER - IRF	915,579		915,579	9,007	101.65	7,352	747,331	41
42 SUBPROVIDER I								42
43 NURSERY	165,241		165,241	3,614	45.72			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	5,860,110		5,860,110	80,988		37,952	2,905,761	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,558,823	102,027,008	0.015279	25,129,977	383,961	50
51 RECOVERY ROOM	116,105	6,648,112	0.017464	1,300,838	22,718	51
53 ANESTHESIOLOGY	98,733	17,612,402	0.005606	4,363,464	24,462	53
54 RADIOLOGY-DIAGNOSTIC	1,024,755	31,329,509	0.032709	4,653,874	152,224	54
54.01 ULTRASOUND	127,772	13,017,898	0.009815	2,364,302	23,206	54.01
54.02 SPECIAL PROCEDURES	220,388	29,441,824	0.007486	7,120,874	53,307	54.02
56 RADIOISOTOPE	203,384	11,254,454	0.018071	1,591,931	28,768	56
57 CT SCAN	135,400	60,859,398	0.002225	12,799,212	28,478	57
58 MRI	108,568	18,993,066	0.005716	3,919,660	22,405	58
59 CARDIAC CATHETERIZATION	441,696	20,657,601	0.021382	7,323,530	156,592	59
60 LABORATORY	734,656	156,359,917	0.004698	29,169,143	137,037	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	61,559	7,739,416	0.007954	3,339,237	26,560	63
65 RESPIRATORY THERAPY	122,042	17,174,124	0.007106	8,429,787	59,902	65
65.01 PULMONARY FUNCTION	15,744	1,212,323	0.012987	191,578	2,488	65.01
66 PHYSICAL THERAPY	282,651	23,362,084	0.012099	2,282,704	27,618	66
67 OCCUPATIONAL THERAPY	40,672	5,959,435	0.006825	1,212,990	8,279	67
68 SPEECH PATHOLOGY	32,080	3,480,895	0.009216	678,916	6,257	68
69 ELECTROCARDIOLOGY	213,325	26,234,366	0.008132	8,224,025	66,878	69
70 ELECTROENCEPHALOGRAPHY	47,713	1,182,530	0.040348	514,573	20,762	70
70.01 SLEEP LAB	16,199	1,372,476	0.011803	233,106	2,751	70.01
70.02 PSYCH	15,300	3,986,322	0.003838	1,832,438	7,033	70.02
71 MEDICAL SUPPLIES CHARGED TO P	11,986	5,158,777	0.002323	1,488,982	3,459	71
72 IMPL. DEV. CHARGED TO PATIENT	343,548	32,596,464	0.010539	11,937,486	125,809	72
73 DRUGS CHARGED TO PATIENTS	427,696	92,724,383	0.004613	21,324,737	98,371	73
73.01 INFUSION THERAPY	40,880	6,737,726	0.006067	45,420	276	73.01
73.02 IFCC INFUSION THERAPY	15,652	2,473,538	0.006328	13,171	83	73.02
73.03 PHARMACY VACCINE	205	23,790	0.008617			73.03
74 RENAL DIALYSIS	64,262	2,187,493	0.029377	1,181,150	34,699	74
76.97 CARDIAC REHABILITATION	52,410	1,363,108	0.038449	49,902	1,919	76.97
76.98 HYPERBARIC OXYGEN THERAPY	25,065	4,886,169	0.005130	371,994	1,908	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	213,787	7,042,675	0.030356			90.02
90.03 RETINAL VASCULAR	154,367	1,018,692	0.151535	2,720	412	90.03
91 EMERGENCY	559,658	82,420,069	0.006790	9,834,043	66,773	91
91.01 IFCC	2,219,603	184,233,511	0.012048	2,173,793	26,190	91.01
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	327,137	7,122,277	0.045932			92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	10,073,821	989,893,832		175,099,557	1,621,585	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/27/2014 09:07

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	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		218,113			218,113	31
31 INTENSIVE CARE UNIT		111,228			111,228	32
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		15,707			15,707	40
41 SUBPROVIDER - IRF		46,075			46,075	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		391,123			391,123	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/27/2014 09:07

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	57,874	3.77	24,781	93,424	30
31 INTENSIVE CARE UNIT	4,813	23.11	2,908	67,204	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	5,680	2.77	2,911	8,063	40
41 SUBPROVIDER - IRF	9,007	5.12	7,352	37,642	41
42 SUBPROVIDER I					42
43 NURSERY	3,614				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	80,988		37,952	206,333	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P	
	PHYSICIAN			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS. 1-4)	COLS. 2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			28,350		28,350	28,350	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 CT SCAN							57
58 MRI							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			28,350		28,350	28,350	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			28,350		28,350	28,350	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
70.02 PSYCH			2,094		2,094	2,094	70.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			255,076		255,076	255,076	73
73.01 INFUSION THERAPY							73.01
73.02 IFCC INFUSION THERAPY							73.02
73.03 PHARMACY VACCINE							73.03
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			569,084		569,084	569,084	91
91.01 IFCC							91.01
92 OBSERVATION BEDS (NON-DISTINC			17,623		17,623	17,623	92
94 OTHER REIMBURSABLE COST CENTERS							94
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			928,927		928,927	928,927	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	[XX] HOSPITAL (14-0191) [] IPF [] IRF	[] 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	102,027,008	0.000278	0.000278	25,129,977	6,986	14,631,374	4,068	50				
51	RECOVERY ROOM	6,648,112			1,300,838		1,007,002		51				
53	ANESTHESIOLOGY	17,612,402			4,363,464		2,150,358		53				
54	RADIOLOGY-DIAGNOSTIC	31,329,509			4,653,874		6,057,998		54				
54.01	ULTRASOUND	13,017,898			2,364,302		1,938,103		54.01				
54.02	SPECIAL PROCEDURES	29,441,824			7,120,874		13,020,702		54.02				
56	RADIOISOTOPE	11,254,454			1,591,931		2,855,909		56				
57	CT SCAN	60,859,398			12,799,212		9,461,342		57				
58	MRI	18,993,066			3,919,660		3,907,554		58				
59	CARDIAC CATHETERIZATION	20,657,601			7,323,530		4,731,571		59				
60	LABORATORY	156,359,917			29,169,143		1,450,092		60				
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30				
63	BLOOD STORING, PROCESSING &	7,739,416			3,339,237		508,372		63				
65	RESPIRATORY THERAPY	17,174,124	0.001651	0.001651	8,429,787	13,918	665,574	1,099	65				
65.01	PULMONARY FUNCTION	1,212,323			191,578		287,379		65.01				
66	PHYSICAL THERAPY	23,362,084			2,282,704				66				
67	OCCUPATIONAL THERAPY	5,959,435			1,212,990				67				
68	SPEECH PATHOLOGY	3,480,895			678,916				68				
69	ELECTROCARDIOLOGY	26,234,366	0.001081	0.001081	8,224,025	8,890	3,571,287	3,861	69				
70	ELECTROENCEPHALOGRAPHY	1,182,530			514,573		117,991		70				
70.01	SLEEP LAB	1,372,476			233,106		248,108		70.01				
70.02	PSYCH	3,986,322	0.000525	0.000525	1,832,438	962			70.02				
71	MEDICAL SUPPLIES CHARGED TO	5,158,777			1,488,982		257,667		71				
72	IMPL. DEV. CHARGED TO PATIEN	32,596,464			11,937,486		1,413		72				
73	DRUGS CHARGED TO PATIENTS	92,724,383	0.002751	0.002751	21,324,737	58,664	24,933,474	68,592	73				
73.01	INFUSION THERAPY	6,737,726			45,420		3,123,775		73.01				
73.02	IFCC INFUSION THERAPY	2,473,538			13,171		1,489,753		73.02				
73.03	PHARMACY VACCINE	23,790							73.03				
74	RENAL DIALYSIS	2,187,493			1,181,150		190,838		74				
76.97	CARDIAC REHABILITATION	1,363,108			49,902		388,101		76.97				
76.98	HYPERBARIC OXYGEN THERAPY	4,886,169			371,994		1,689,463		76.98				
76.99	LITHOTRIPSY								76.99				
OUTPATIENT SERVICE COST CENTERS													
90.02	PSYCH ANCILLARY	7,042,675					303,475		90.02				
90.03	RETINAL VASCULAR	1,018,692			2,720		472,783		90.03				
91	EMERGENCY	82,420,069	0.006905	0.006905	9,834,043	67,904	8,258,620	57,026	91				
91.01	IFCC	184,233,511			2,173,793		36,722,496		91.01				
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	7,122,277	0.002474	0.002474			1,653,402	4,091	92				
94	HOME PROGRAM DIALYSIS								94				
200	TOTAL (SUM OF LINES 50-199)	989,893,832			175,099,557	157,324	146,095,976	138,737	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 CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.217956	14,631,374			3,188,996			50
51 RECOVERY ROOM	0.246520	1,007,002			248,246			51
53 ANESTHESIOLOGY	0.084948	2,150,358			182,669			53
54 RADIOLOGY-DIAGNOSTIC	0.287735	6,057,998			1,743,098			54
54.01 ULTRASOUND	0.157691	1,938,103			305,621			54.01
54.02 SPECIAL PROCEDURES	0.066842	13,020,702			870,330			54.02
56 RADIOISOTOPE	0.444305	2,855,909			1,268,895			56
57 CT SCAN	0.029378	9,461,342			277,955			57
58 MRI	0.080655	3,907,554			315,164			58
59 CARDIAC CATHETERIZATION	0.204118	4,731,571			965,799			59
60 LABORATORY	0.119571	1,450,092	8,081		173,389	966		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865	508,372			182,945			63
65 RESPIRATORY THERAPY	0.181917	665,574			121,079			65
65.01 PULMONARY FUNCTION	0.113477	287,379			32,611			65.01
66 PHYSICAL THERAPY	0.367857							66
67 OCCUPATIONAL THERAPY	0.250266							67
68 SPEECH PATHOLOGY	0.235820							68
69 ELECTROCARDIOLOGY	0.086670	3,571,287			309,523			69
70 ELECTROENCEPHALOGRAPHY	0.269129	117,991			31,755			70
70.01 SLEEP LAB	0.170504	248,108			42,303			70.01
70.02 PSYCH	0.210266							70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970	257,667			30,139			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147	1,413			728			72
73 DRUGS CHARGED TO PATIENTS	0.142312	24,933,474			3,548,333			73
73.01 INFUSION THERAPY	0.170008	3,123,775			531,067			73.01
73.02 IFCC INFUSION THERAPY	0.188339	1,489,753			280,579			73.02
73.03 PHARMACY VACCINE	0.477680							73.03
74 RENAL DIALYSIS	0.577267	190,838			110,164			74
76.97 CARDIAC REHABILITATION	0.709621	388,101			275,405			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259	1,689,463			422,803			76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.02 PSYCH ANCILLARY	0.481219	303,475	83,532		146,038	40,197		90.02
90.03 RETINAL VASCULAR	1.109345	472,783			524,479			90.03
91 EMERGENCY	0.123231	8,258,620			1,017,718			91
91.01 IFCC	0.158584	36,722,496			5,823,600			91.01
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.632004	1,653,402			1,044,957			92
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		146,095,976	91,613		24,016,388	41,163		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		146,095,976	91,613		24,016,388	41,163		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 [XX] IPF (14-S191) [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,558,823	102,027,008	0.015279			50
51 RECOVERY ROOM	116,105	6,648,112	0.017464			51
53 ANESTHESIOLOGY	98,733	17,612,402	0.005606			53
54 RADIOLOGY-DIAGNOSTIC	1,024,755	31,329,509	0.032709	33,653	1,101	54
54.01 ULTRASOUND	127,772	13,017,898	0.009815	22,942	225	54.01
54.02 SPECIAL PROCEDURES	220,388	29,441,824	0.007486	8,051	60	54.02
56 RADIOISOTOPE	203,384	11,254,454	0.018071	6,552	118	56
57 CT SCAN	135,400	60,859,398	0.002225	94,709	211	57
58 MRI	108,568	18,993,066	0.005716	72,575	415	58
59 CARDIAC CATHETERIZATION	441,696	20,657,601	0.021382	671	14	59
60 LABORATORY	734,656	156,359,917	0.004698	56,238	264	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	61,559	7,739,416	0.007954			63
65 RESPIRATORY THERAPY	122,042	17,174,124	0.007106	69,667	495	65
65.01 PULMONARY FUNCTION	15,744	1,212,323	0.012987	181	2	65.01
66 PHYSICAL THERAPY	282,651	23,362,084	0.012099	12,302	149	66
67 OCCUPATIONAL THERAPY	40,672	5,959,435	0.006825	381,393	2,603	67
68 SPEECH PATHOLOGY	32,080	3,480,895	0.009216	5,757	53	68
69 ELECTROCARDIOLOGY	213,325	26,234,366	0.008132	87,835	714	69
70 ELECTROENCEPHALOGRAPHY	47,713	1,182,530	0.040348	9,762	394	70
70.01 SLEEP LAB	16,199	1,372,476	0.011803			70.01
70.02 PSYCH	15,300	3,986,322	0.003838	879,118	3,374	70.02
71 MEDICAL SUPPLIES CHARGED TO P	11,986	5,158,777	0.002323	633,481	1,472	71
72 IMPL. DEV. CHARGED TO PATIENT	343,548	32,596,464	0.010539	1,098	12	72
73 DRUGS CHARGED TO PATIENTS	427,696	92,724,383	0.004613	342,399	1,579	73
73.01 INFUSION THERAPY	40,880	6,737,726	0.006067	8,813	53	73.01
73.02 IFCC INFUSION THERAPY	15,652	2,473,538	0.006328			73.02
73.03 PHARMACY VACCINE	205	23,790	0.008617			73.03
74 RENAL DIALYSIS	64,262	2,187,493	0.029377	6,743	198	74
76.97 CARDIAC REHABILITATION	52,410	1,363,108	0.038449			76.97
76.98 HYPERBARIC OXYGEN THERAPY	25,065	4,886,169	0.005130	4,679	24	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	213,787	7,042,675	0.030356			90.02
90.03 RETINAL VASCULAR	154,367	1,018,692	0.151535			90.03
91 EMERGENCY	559,658	82,420,069	0.006790	445,980	3,028	91
91.01 IFCC	2,219,603	184,233,511	0.012048			91.01
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		7,122,277	7,122,277			92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	9,746,684	989,893,832		3,184,599	16,558	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			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS. 1-4)	COLS. 2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			28,350		28,350	28,350	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 CT SCAN							57
58 MRI							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			28,350		28,350	28,350	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			28,350		28,350	28,350	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
70.02 PSYCH			2,094		2,094	2,094	70.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			255,076		255,076	255,076	73
73.01 INFUSION THERAPY							73.01
73.02 IFCC INFUSION THERAPY							73.02
73.03 PHARMACY VACCINE							73.03
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			569,084		569,084	569,084	91
91.01 IFCC							91.01
92 OBSERVATION BEDS (NON-DISTINC							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			911,304		911,304	911,304	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 [XX] IPF (14-S191) [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA						
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	102,027,008	0.000278	0.000278							50
51	RECOVERY ROOM	6,648,112									51
53	ANESTHESIOLOGY	17,612,402									53
54	RADIOLOGY-DIAGNOSTIC	31,329,509			33,653						54
54.01	ULTRASOUND	13,017,898			22,942						54.01
54.02	SPECIAL PROCEDURES	29,441,824			8,051						54.02
56	RADIOISOTOPE	11,254,454			6,552						56
57	CT SCAN	60,859,398			94,709						57
58	MRI	18,993,066			72,575						58
59	CARDIAC CATHETERIZATION	20,657,601			671						59
60	LABORATORY	156,359,917			56,238						60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
63	BLOOD STORING, PROCESSING &	7,739,416									63
65	RESPIRATORY THERAPY	17,174,124	0.001651	0.001651	69,667	115					65
65.01	PULMONARY FUNCTION	1,212,323			181						65.01
66	PHYSICAL THERAPY	23,362,084			12,302						66
67	OCCUPATIONAL THERAPY	5,959,435			381,393						67
68	SPEECH PATHOLOGY	3,480,895			5,757						68
69	ELECTROCARDIOLOGY	26,234,366	0.001081	0.001081	87,835	95					69
70	ELECTROENCEPHALOGRAPHY	1,182,530			9,762						70
70.01	SLEEP LAB	1,372,476									70.01
70.02	PSYCH	3,986,322	0.000525	0.000525	879,118	462					70.02
71	MEDICAL SUPPLIES CHARGED TO	5,158,777			633,481						71
72	IMPL. DEV. CHARGED TO PATIEN	32,596,464			1,098						72
73	DRUGS CHARGED TO PATIENTS	92,724,383	0.002751	0.002751	342,399	942					73
73.01	INFUSION THERAPY	6,737,726			8,813						73.01
73.02	IFCC INFUSION THERAPY	2,473,538									73.02
73.03	PHARMACY VACCINE	23,790									73.03
74	RENAL DIALYSIS	2,187,493			6,743						74
76.97	CARDIAC REHABILITATION	1,363,108									76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,886,169			4,679						76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
90.02	PSYCH ANCILLARY	7,042,675									90.02
90.03	RETINAL VASCULAR	1,018,692									90.03
91	EMERGENCY	82,420,069	0.006905	0.006905	445,980	3,079					91
91.01	IFCC	184,233,511									91.01
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	7,122,277									92
94	HOME PROGRAM DIALYSIS										94
200	TOTAL (SUM OF LINES 50-199)	989,893,832			3,184,599	4,693					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		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.217956						50
51 RECOVERY ROOM	0.246520						51
53 ANESTHESIOLOGY	0.084948						53
54 RADIOLOGY-DIAGNOSTIC	0.287735						54
54.01 ULTRASOUND	0.157691						54.01
54.02 SPECIAL PROCEDURES	0.066842						54.02
56 RADIOISOTOPE	0.444305						56
57 CT SCAN	0.029378						57
58 MRI	0.080655						58
59 CARDIAC CATHETERIZATION	0.204118						59
60 LABORATORY	0.119571						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865						63
65 RESPIRATORY THERAPY	0.181917						65
65.01 PULMONARY FUNCTION	0.113477						65.01
66 PHYSICAL THERAPY	0.367857						66
67 OCCUPATIONAL THERAPY	0.250266						67
68 SPEECH PATHOLOGY	0.235820						68
69 ELECTROCARDIOLOGY	0.086670						69
70 ELECTROENCEPHALOGRAPHY	0.269129						70
70.01 SLEEP LAB	0.170504						70.01
70.02 PSYCH	0.210266						70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147						72
73 DRUGS CHARGED TO PATIENTS	0.142312						73
73.01 INFUSION THERAPY	0.170008						73.01
73.02 IFCC INFUSION THERAPY	0.188339						73.02
73.03 PHARMACY VACCINE	0.477680						73.03
74 RENAL DIALYSIS	0.577267						74
76.97 CARDIAC REHABILITATION	0.709621						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.481219						90.02
90.03 RETINAL VASCULAR	1.109345						90.03
91 EMERGENCY	0.123231						91
91.01 IFCC	0.158584						91.01
92 OBSERVATION BEDS (NON-DISTINCT	0.632004						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
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	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,558,823	102,027,008	0.015279	88,205	1,348	50
51 RECOVERY ROOM	116,105	6,648,112	0.017464	6,884	120	51
53 ANESTHESIOLOGY	98,733	17,612,402	0.005606	15,132	85	53
54 RADIOLOGY-DIAGNOSTIC	1,024,755	31,329,509	0.032709	202,319	6,618	54
54.01 ULTRASOUND	127,772	13,017,898	0.009815	91,544	899	54.01
54.02 SPECIAL PROCEDURES	220,388	29,441,824	0.007486	141,294	1,058	54.02
56 RADIOISOTOPE	203,384	11,254,454	0.018071	45,520	823	56
57 CT SCAN	135,400	60,859,398	0.002225	247,922	552	57
58 MRI	108,568	18,993,066	0.005716	98,868	565	58
59 CARDIAC CATHETERIZATION	441,696	20,657,601	0.021382	6,718	144	59
60 LABORATORY	734,656	156,359,917	0.004698	1,305,377	6,133	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	61,559	7,739,416	0.007954	101,003	803	63
65 RESPIRATORY THERAPY	122,042	17,174,124	0.007106	783,256	5,566	65
65.01 PULMONARY FUNCTION	15,744	1,212,323	0.012987	1,457	19	65.01
66 PHYSICAL THERAPY	282,651	23,362,084	0.012099	3,362,088	40,678	66
67 OCCUPATIONAL THERAPY	40,672	5,959,435	0.006825	3,263,679	22,275	67
68 SPEECH PATHOLOGY	32,080	3,480,895	0.009216	1,531,519	14,114	68
69 ELECTROCARDIOLOGY	213,325	26,234,366	0.008132	59,091	481	69
70 ELECTROENCEPHALOGRAPHY	47,713	1,182,530	0.040348	10,493	423	70
70.01 SLEEP LAB	16,199	1,372,476	0.011803			70.01
70.02 PSYCH	15,300	3,986,322	0.003838			70.02
71 MEDICAL SUPPLIES CHARGED TO P	11,986	5,158,777	0.002323	60,774	141	71
72 IMPL. DEV. CHARGED TO PATIENT	343,548	32,596,464	0.010539	22,213	234	72
73 DRUGS CHARGED TO PATIENTS	427,696	92,724,383	0.004613	2,003,415	9,242	73
73.01 INFUSION THERAPY	40,880	6,737,726	0.006067	10,096	61	73.01
73.02 IFCC INFUSION THERAPY	15,652	2,473,538	0.006328	602	4	73.02
73.03 PHARMACY VACCINE	205	23,790	0.008617			73.03
74 RENAL DIALYSIS	64,262	2,187,493	0.029377	248,552	7,302	74
76.97 CARDIAC REHABILITATION	52,410	1,363,108	0.038449			76.97
76.98 HYPERBARIC OXYGEN THERAPY	25,065	4,886,169	0.005130	79,682	409	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	213,787	7,042,675	0.030356			90.02
90.03 RETINAL VASCULAR	154,367	1,018,692	0.151535			90.03
91 EMERGENCY	559,658	82,420,069	0.006790	38,156	259	91
91.01 IFCC	2,219,603	184,233,511	0.012048			91.01
92 OBSERVATION BEDS (NON-DISTINC		7,122,277	7,122,277			92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	9,746,684	989,893,832		13,825,859	120,356	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			28,350		28,350	28,350	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 CT SCAN							57
58 MRI							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			28,350		28,350	28,350	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			28,350		28,350	28,350	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
70.02 PSYCH			2,094		2,094	2,094	70.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			255,076		255,076	255,076	73
73.01 INFUSION THERAPY							73.01
73.02 IFCC INFUSION THERAPY							73.02
73.03 PHARMACY VACCINE							73.03
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			569,084		569,084	569,084	91
91.01 IFCC							91.01
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							92
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			911,304		911,304	911,304	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)	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	102,027,008	0.000278	0.000278	88,205	25		50			
51	RECOVERY ROOM	6,648,112			6,884			51			
53	ANESTHESIOLOGY	17,612,402			15,132			53			
54	RADIOLOGY-DIAGNOSTIC	31,329,509			202,319			54			
54.01	ULTRASOUND	13,017,898			91,544			54.01			
54.02	SPECIAL PROCEDURES	29,441,824			141,294			54.02			
56	RADIOISOTOPE	11,254,454			45,520			56			
57	CT SCAN	60,859,398			247,922			57			
58	MRI	18,993,066			98,868			58			
59	CARDIAC CATHETERIZATION	20,657,601			6,718			59			
60	LABORATORY	156,359,917			1,305,377			60			
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30			
63	BLOOD STORING, PROCESSING &	7,739,416			101,003			63			
65	RESPIRATORY THERAPY	17,174,124	0.001651	0.001651	783,256	1,293		65			
65.01	PULMONARY FUNCTION	1,212,323			1,457			65.01			
66	PHYSICAL THERAPY	23,362,084			3,362,088			66			
67	OCCUPATIONAL THERAPY	5,959,435			3,263,679			67			
68	SPEECH PATHOLOGY	3,480,895			1,531,519			68			
69	ELECTROCARDIOLOGY	26,234,366	0.001081	0.001081	59,091	64		69			
70	ELECTROENCEPHALOGRAPHY	1,182,530			10,493			70			
70.01	SLEEP LAB	1,372,476						70.01			
70.02	PSYCH	3,986,322	0.000525	0.000525				70.02			
71	MEDICAL SUPPLIES CHARGED TO	5,158,777			60,774			71			
72	IMPL. DEV. CHARGED TO PATIEN	32,596,464			22,213			72			
73	DRUGS CHARGED TO PATIENTS	92,724,383	0.002751	0.002751	2,003,415	5,511		73			
73.01	INFUSION THERAPY	6,737,726			10,096			73.01			
73.02	IFCC INFUSION THERAPY	2,473,538			602			73.02			
73.03	PHARMACY VACCINE	23,790						73.03			
74	RENAL DIALYSIS	2,187,493			248,552			74			
76.97	CARDIAC REHABILITATION	1,363,108						76.97			
76.98	HYPERBARIC OXYGEN THERAPY	4,886,169			79,682			76.98			
76.99	LITHOTRIPSY							76.99			
OUTPATIENT SERVICE COST CENTERS											
90.02	PSYCH ANCILLARY	7,042,675						90.02			
90.03	RETINAL VASCULAR	1,018,692						90.03			
91	EMERGENCY	82,420,069	0.006905	0.006905	38,156	263		91			
91.01	IFCC	184,233,511						91.01			
92	OBSERVATION BEDS (NON-DISTIN	7,122,277						92			
OTHER REIMBURSABLE COST CENTERS											
94	HOME PROGRAM DIALYSIS							94			
200	TOTAL (SUM OF LINES 50-199)	989,893,832			13,825,859	7,156		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. SVCES NOT SUBJECT TO	PPS	COST SERVICES SUBJECT TO	COST SVCES NOT SUBJECT TO
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.217956						50
51 RECOVERY ROOM	0.246520						51
53 ANESTHESIOLOGY	0.084948						53
54 RADIOLOGY-DIAGNOSTIC	0.287735						54
54.01 ULTRASOUND	0.157691						54.01
54.02 SPECIAL PROCEDURES	0.066842						54.02
56 RADIOISOTOPE	0.444305						56
57 CT SCAN	0.029378						57
58 MRI	0.080655						58
59 CARDIAC CATHETERIZATION	0.204118						59
60 LABORATORY	0.119571						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865						63
65 RESPIRATORY THERAPY	0.181917						65
65.01 PULMONARY FUNCTION	0.113477						65.01
66 PHYSICAL THERAPY	0.367857						66
67 OCCUPATIONAL THERAPY	0.250266						67
68 SPEECH PATHOLOGY	0.235820						68
69 ELECTROCARDIOLOGY	0.086670						69
70 ELECTROENCEPHALOGRAPHY	0.269129						70
70.01 SLEEP LAB	0.170504						70.01
70.02 PSYCH	0.210266						70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147						72
73 DRUGS CHARGED TO PATIENTS	0.142312						73
73.01 INFUSION THERAPY	0.170008						73.01
73.02 IFCC INFUSION THERAPY	0.188339						73.02
73.03 PHARMACY VACCINE	0.477680						73.03
74 RENAL DIALYSIS	0.577267						74
76.97 CARDIAC REHABILITATION	0.709621						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.481219						90.02
90.03 RETINAL VASCULAR	1.109345						90.03
91 EMERGENCY	0.123231						91
91.01 IFCC	0.158584						91.01
92 OBSERVATION BEDS (NON-DISTINCT)	0.632004						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							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		5		7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	4,048,905		4,048,905	57,874	69.96	10,445	730,732	30
31 INTENSIVE CARE UNIT	549,783		549,783	4,813	114.23	452	51,632	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	180,602		180,602	5,680	31.80	388	12,338	40
41 SUBPROVIDER - IRF	915,579		915,579	9,007	101.65	279	28,360	41
42 SUBPROVIDER I								42
43 NURSERY	165,241		165,241	3,614	45.72	2,679	122,484	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	5,860,110		5,860,110	80,988		14,243	945,546	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

[] 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	1,558,823	102,027,008	0.015279	2,279,778	34,833	50
51 RECOVERY ROOM	116,105	6,648,112	0.017464	195,355	3,412	51
53 ANESTHESIOLOGY	98,733	17,612,402	0.005606	465,573	2,610	53
54 RADIOLOGY-DIAGNOSTIC	1,024,755	31,329,509	0.032709	409,103	13,381	54
54.01 ULTRASOUND	127,772	13,017,898	0.009815	367,724	3,609	54.01
54.02 SPECIAL PROCEDURES	220,388	29,441,824	0.007486	923,607	6,914	54.02
56 RADIOISOTOPE	203,384	11,254,454	0.018071	185,876	3,359	56
57 CT SCAN	135,400	60,859,398	0.002225	1,118,272	2,488	57
58 MRI	108,568	18,993,066	0.005716	485,140	2,773	58
59 CARDIAC CATHETERIZATION	441,696	20,657,601	0.021382	876,697	18,746	59
60 LABORATORY	734,656	156,359,917	0.004698	5,554,807	26,096	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	61,559	7,739,416	0.007954	553,434	4,402	63
65 RESPIRATORY THERAPY	122,042	17,174,124	0.007106	1,218,880	8,661	65
65.01 PULMONARY FUNCTION	15,744	1,212,323	0.012987	36,789	478	65.01
66 PHYSICAL THERAPY	282,651	23,362,084	0.012099	159,944	1,935	66
67 OCCUPATIONAL THERAPY	40,672	5,959,435	0.006825	106,426	726	67
68 SPEECH PATHOLOGY	32,080	3,480,895	0.009216	441,003	4,064	68
69 ELECTROCARDIOLOGY	213,325	26,234,366	0.008132	1,012,509	8,234	69
70 ELECTROENCEPHALOGRAPHY	47,713	1,182,530	0.040348	63,951	2,580	70
70.01 SLEEP LAB	16,199	1,372,476	0.011803	4,114	49	70.01
70.02 PSYCH	15,300	3,986,322	0.003838			70.02
71 MEDICAL SUPPLIES CHARGED TO P	11,986	5,158,777	0.002323	357,895	831	71
72 IMPL. DEV. CHARGED TO PATIENT	343,548	32,596,464	0.010539			72
73 DRUGS CHARGED TO PATIENTS	427,696	92,724,383	0.004613	4,216,756	19,452	73
73.01 INFUSION THERAPY	40,880	6,737,726	0.006067			73.01
73.02 IFCC INFUSION THERAPY	15,652	2,473,538	0.006328			73.02
73.03 PHARMACY VACCINE	205	23,790	0.008617			73.03
74 RENAL DIALYSIS	64,262	2,187,493	0.029377	122,355	3,594	74
76.97 CARDIAC REHABILITATION	52,410	1,363,108	0.038449	7,173	276	76.97
76.98 HYPERBARIC OXYGEN THERAPY	25,065	4,886,169	0.005130	44,918	230	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.02 PSYCH ANCILLARY	213,787	7,042,675	0.030356	680	21	90.02
90.03 RETINAL VASCULAR	154,367	1,018,692	0.151535	1,121	170	90.03
91 EMERGENCY	559,658	82,420,069	0.006790	162,129	1,101	91
91.01 IFCC	2,219,603	184,233,511	0.012048	2,076	25	91.01
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	327,137	7,122,277	0.045932			92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	10,073,821	989,893,832		21,374,085	175,050	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/27/2014 09:07

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	
30 INPAT ROUTINE SERV COST CTRS						30
ADULTS & PEDIATRICS		218,113			218,113	31
31 INTENSIVE CARE UNIT		111,228			111,228	32
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		15,707			15,707	40
41 SUBPROVIDER - IRF		46,075			46,075	41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)		391,123			391,123	200

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/27/2014 09:07

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	57,874	3.77	10,445	39,378	30
31 INTENSIVE CARE UNIT	4,813	23.11	452	10,446	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	5,680	2.77	388	1,075	40
41 SUBPROVIDER - IRF	9,007	5.12	279	1,428	41
42 SUBPROVIDER I					42
43 NURSERY	3,614		2,679		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	80,988		14,243	52,327	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			MEDICAL	COST	COST	
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF	
	COST			COST	COLS. 1-4)	COLS. 2-4)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM			28,350		28,350	28,350	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 CT SCAN							57
58 MRI							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			28,350		28,350	28,350	65
65.01 PULMONARY FUNCTION							65.01
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY			28,350		28,350	28,350	69
70 ELECTROENCEPHALOGRAPHY							70
70.01 SLEEP LAB							70.01
70.02 PSYCH			2,094		2,094	2,094	70.02
71 MEDICAL SUPPLIES CHARGED TO P							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS			255,076		255,076	255,076	73
73.01 INFUSION THERAPY							73.01
73.02 IFCC INFUSION THERAPY							73.02
73.03 PHARMACY VACCINE							73.03
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			569,084		569,084	569,084	91
91.01 IFCC							91.01
92 OBSERVATION BEDS (NON-DISTINC							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)			911,304		911,304	911,304	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 PASS-THRU COSTS 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						102,027,008	0.000278	0.000278	2,279,778	634		50
51						6,648,112			195,355			51
53						17,612,402			465,573			53
54						31,329,509			409,103			54
54.01						13,017,898			367,724			54.01
54.02						29,441,824			923,607			54.02
56						11,254,454			185,876			56
57						60,859,398			1,118,272			57
58						18,993,066			485,140			58
59						20,657,601			876,697			59
60						156,359,917			5,554,807			60
62.30												62.30
63						7,739,416			553,434			63
65						17,174,124	0.001651	0.001651	1,218,880	2,012		65
65.01						1,212,323			36,789			65.01
66						23,362,084			159,944			66
67						5,959,435			106,426			67
68						3,480,895			441,003			68
69						26,234,366	0.001081	0.001081	1,012,509	1,095		69
70						1,182,530			63,951			70
70.01						1,372,476			4,114			70.01
70.02						3,986,322	0.000525	0.000525				70.02
71						5,158,777			357,895			71
72						32,596,464						72
73						92,724,383	0.002751	0.002751	4,216,756	11,600		73
73.01						6,737,726						73.01
73.02						2,473,538						73.02
73.03						23,790						73.03
74						2,187,493			122,355			74
76.97						1,363,108			7,173			76.97
76.98						4,886,169			44,918			76.98
76.99												76.99
OUTPATIENT SERVICE COST CENTERS												
90.02						7,042,675			680			90.02
90.03						1,018,692			1,121			90.03
91						82,420,069	0.006905	0.006905	162,129	1,120		91
91.01						184,233,511			2,076			91.01
92						7,122,277						92
OTHER REIMBURSABLE COST CENTERS												
94												94
200						989,893,832			21,374,085	16,461		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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.217956			3,422,686		745,995	50	
51 RECOVERY ROOM	0.246520			343,696		84,728	51	
53 ANESTHESIOLOGY	0.084948			609,591		51,784	53	
54 RADIOLOGY-DIAGNOSTIC	0.287735			3,113,586		895,888	54	
54.01 ULTRASOUND	0.157691			2,475,108		390,302	54.01	
54.02 SPECIAL PROCEDURES	0.066842			578,059		38,639	54.02	
56 RADIOISOTOPE	0.444305			546,180		242,671	56	
57 CT SCAN	0.029378			7,014,274		206,065	57	
58 MRI	0.080655			1,157,799		93,382	58	
59 CARDIAC CATHETERIZATION	0.204118			523,757		106,908	59	
60 LABORATORY	0.119571			11,888,036		1,421,464	60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63 BLOOD STORING, PROCESSING & TRA	0.359865			469,189		168,845	63	
65 RESPIRATORY THERAPY	0.181917			698,240		127,022	65	
65.01 PULMONARY FUNCTION	0.113477			127,937		14,518	65.01	
66 PHYSICAL THERAPY	0.367857			1,054,833		388,028	66	
67 OCCUPATIONAL THERAPY	0.250266						67	
68 SPEECH PATHOLOGY	0.235820						68	
69 ELECTROCARDIOLOGY	0.086670			1,612,752		139,777	69	
70 ELECTROENCEPHALOGRAPHY	0.269129			63,642		17,128	70	
70.01 SLEEP LAB	0.170504			47,363		8,076	70.01	
70.02 PSYCH	0.210266						70.02	
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970			326,222		38,158	71	
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147						72	
73 DRUGS CHARGED TO PATIENTS	0.142312			2,938,608		418,199	73	
73.01 INFUSION THERAPY	0.170008			695,227		118,194	73.01	
73.02 IFCC INFUSION THERAPY	0.188339			88,305		16,631	73.02	
73.03 PHARMACY VACCINE	0.477680						73.03	
74 RENAL DIALYSIS	0.577267			12,260		7,077	74	
76.97 CARDIAC REHABILITATION	0.709621			378		268	76.97	
76.98 HYPERBARIC OXYGEN THERAPY	0.250259			484,671		121,293	76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90.02 PSYCH ANCILLARY	0.481219			1,429,699		687,998	90.02	
90.03 RETINAL VASCULAR	1.109345			20,520		22,764	90.03	
91 EMERGENCY	0.123231			19,890,415		2,451,116	91	
91.01 IFCC	0.158584			19,451,072		3,084,629	91.01	
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.632004			1,849,811		1,169,088	92	
94 HOME PROGRAM DIALYSIS							94	
200 SUBTOTAL (SEE INSTRUCTIONS)				82,933,916		13,276,635	200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)				82,933,916		13,276,635	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	1,558,823	102,027,008	0.015279	50
51	RECOVERY ROOM	116,105	6,648,112	0.017464	51
53	ANESTHESIOLOGY	98,733	17,612,402	0.005606	53
54	RADIOLOGY-DIAGNOSTIC	1,024,755	31,329,509	0.032709	1,061 35
54.01	ULTRASOUND	127,772	13,017,898	0.009815	2,613 26
54.02	SPECIAL PROCEDURES	220,388	29,441,824	0.007486	54.01 54.02
56	RADIOISOTOPE	203,384	11,254,454	0.018071	56
57	CT SCAN	135,400	60,859,398	0.002225	10,763 24
58	MRI	108,568	18,993,066	0.005716	3,880 22
59	CARDIAC CATHETERIZATION	441,696	20,657,601	0.021382	59
60	LABORATORY	734,656	156,359,917	0.004698	61,208 288
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	61,559	7,739,416	0.007954	63
65	RESPIRATORY THERAPY	122,042	17,174,124	0.007106	12,378 88
65.01	PULMONARY FUNCTION	15,744	1,212,323	0.012987	65.01
66	PHYSICAL THERAPY	282,651	23,362,084	0.012099	2,529 31
67	OCCUPATIONAL THERAPY	40,672	5,959,435	0.006825	1,053 7
68	SPEECH PATHOLOGY	32,080	3,480,895	0.009216	68
69	ELECTROCARDIOLOGY	213,325	26,234,366	0.008132	9,818 80
70	ELECTROENCEPHALOGRAPHY	47,713	1,182,530	0.040348	809 33
70.01	SLEEP LAB	16,199	1,372,476	0.011803	70.01
70.02	PSYCH	15,300	3,986,322	0.003838	70.02
71	MEDICAL SUPPLIES CHARGED TO P	11,986	5,158,777	0.002323	102 71
72	IMPL. DEV. CHARGED TO PATIENT	343,548	32,596,464	0.010539	72
73	DRUGS CHARGED TO PATIENTS	427,696	92,724,383	0.004613	31,639 146
73.01	INFUSION THERAPY	40,880	6,737,726	0.006067	73.01
73.02	IFCC INFUSION THERAPY	15,652	2,473,538	0.006328	73.02
73.03	PHARMACY VACCINE	205	23,790	0.008617	73.03
74	RENAL DIALYSIS	64,262	2,187,493	0.029377	3,678 108
76.97	CARDIAC REHABILITATION	52,410	1,363,108	0.038449	76.97
76.98	HYPERBARIC OXYGEN THERAPY	25,065	4,886,169	0.005130	1,152 6
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	PSYCH ANCILLARY	213,787	7,042,675	0.030356	90.02
90.03	RETINAL VASCULAR	154,367	1,018,692	0.151535	90.03
91	EMERGENCY	559,658	82,420,069	0.006790	161 1
91.01	IFCC	2,219,603	184,233,511	0.012048	91.01
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		7,122,277	7,122,277	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	9,746,684	989,893,832		142,844 895 200

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)	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 102,027,008	0.000278	0.000278				50
51						RECOVERY ROOM 6,648,112						51
53						ANESTHESIOLOGY 17,612,402						53
54						RADIOLOGY-DIAGNOSTIC 31,329,509			1,061			54
54.01						ULTRASOUND 13,017,898			2,613			54.01
54.02						SPECIAL PROCEDURES 29,441,824						54.02
56						RADIOISOTOPE 11,254,454						56
57						CT SCAN 60,859,398			10,763			57
58						MRI 18,993,066			3,880			58
59						CARDIAC CATHETERIZATION 20,657,601						59
60						LABORATORY 156,359,917			61,208			60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &						63
65						RESPIRATORY THERAPY 17,174,124	0.001651	0.001651	12,378	20		65
65.01						PULMONARY FUNCTION 1,212,323						65.01
66						PHYSICAL THERAPY 23,362,084			2,529			66
67						OCCUPATIONAL THERAPY 5,959,435			1,053			67
68						SPEECH PATHOLOGY 3,480,895						68
69						ELECTROCARDIOLOGY 26,234,366	0.001081	0.001081	9,818	11		69
70						ELECTROENCEPHALOGRAPHY 1,182,530			809			70
70.01						SLEEP LAB 1,372,476						70.01
70.02						PSYCH 3,986,322	0.000525	0.000525				70.02
71						MEDICAL SUPPLIES CHARGED TO			102			71
72						IMPL. DEV. CHARGED TO PATIEN						72
73						DRUGS CHARGED TO PATIENTS 92,724,383	0.002751	0.002751	31,639	87		73
73.01						INFUSION THERAPY 6,737,726						73.01
73.02						IFCC INFUSION THERAPY 2,473,538						73.02
73.03						PHARMACY VACCINE 23,790						73.03
74						RENAL DIALYSIS 2,187,493			3,678			74
76.97						CARDIAC REHABILITATION 1,363,108						76.97
76.98						HYPERBARIC OXYGEN THERAPY 4,886,169			1,152			76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.02						PSYCH ANCILLARY 7,042,675						90.02
90.03						RETINAL VASCULAR 1,018,692						90.03
91						EMERGENCY 82,420,069	0.006905	0.006905	161	1		91
91.01						IFCC 184,233,511						91.01
92						OBSERVATION BEDS (NON-DISTIN						92
OTHER REIMBURSABLE COST CENTERS												
94						HOME PROGRAM DIALYSIS						94
200						TOTAL (SUM OF LINES 50-199) 989,893,832			142,844	119		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. SVCES NOT	COST SERVICES	COST SVCES NOT	
	CHARGE RATIO 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	0.217956						50
51 RECOVERY ROOM	0.246520						51
53 ANESTHESIOLOGY	0.084948						53
54 RADIOLOGY-DIAGNOSTIC	0.287735						54
54.01 ULTRASOUND	0.157691						54.01
54.02 SPECIAL PROCEDURES	0.066842						54.02
56 RADIOISOTOPE	0.444305						56
57 CT SCAN	0.029378						57
58 MRI	0.080655						58
59 CARDIAC CATHETERIZATION	0.204118						59
60 LABORATORY	0.119571						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865						63
65 RESPIRATORY THERAPY	0.181917						65
65.01 PULMONARY FUNCTION	0.113477						65.01
66 PHYSICAL THERAPY	0.367857						66
67 OCCUPATIONAL THERAPY	0.250266						67
68 SPEECH PATHOLOGY	0.235820						68
69 ELECTROCARDIOLOGY	0.086670						69
70 ELECTROENCEPHALOGRAPHY	0.269129						70
70.01 SLEEP LAB	0.170504						70.01
70.02 PSYCH	0.210266						70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147						72
73 DRUGS CHARGED TO PATIENTS	0.142312						73
73.01 INFUSION THERAPY	0.170008						73.01
73.02 IFCC INFUSION THERAPY	0.188339						73.02
73.03 PHARMACY VACCINE	0.477680						73.03
74 RENAL DIALYSIS	0.577267						74
76.97 CARDIAC REHABILITATION	0.709621						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.481219						90.02
90.03 RETINAL VASCULAR	1.109345						90.03
91 EMERGENCY	0.123231						91
91.01 IFCC	0.158584						91.01
92 OBSERVATION BEDS (NON-DISTINCT	0.632004						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
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	
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	1,558,823	102,027,008	0.015279	50
51	RECOVERY ROOM	116,105	6,648,112	0.017464	51
53	ANESTHESIOLOGY	98,733	17,612,402	0.005606	53
54	RADIOLOGY-DIAGNOSTIC	1,024,755	31,329,509	0.032709	7,132 233 54
54.01	ULTRASOUND	127,772	13,017,898	0.009815	1,832 18 54.01
54.02	SPECIAL PROCEDURES	220,388	29,441,824	0.007486	10,273 77 54.02
56	RADIOISOTOPE	203,384	11,254,454	0.018071	56
57	CT SCAN	135,400	60,859,398	0.002225	6,692 15 57
58	MRI	108,568	18,993,066	0.005716	58
59	CARDIAC CATHETERIZATION	441,696	20,657,601	0.021382	59
60	LABORATORY	734,656	156,359,917	0.004698	52,007 244 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
63	BLOOD STORING, PROCESSING & T	61,559	7,739,416	0.007954	11,031 88 63
65	RESPIRATORY THERAPY	122,042	17,174,124	0.007106	9,993 71 65
65.01	PULMONARY FUNCTION	15,744	1,212,323	0.012987	48 1 65.01
66	PHYSICAL THERAPY	282,651	23,362,084	0.012099	131,497 1,591 66
67	OCCUPATIONAL THERAPY	40,672	5,959,435	0.006825	134,206 916 67
68	SPEECH PATHOLOGY	32,080	3,480,895	0.009216	97,459 898 68
69	ELECTROCARDIOLOGY	213,325	26,234,366	0.008132	2,072 17 69
70	ELECTROENCEPHALOGRAPHY	47,713	1,182,530	0.040348	70
70.01	SLEEP LAB	16,199	1,372,476	0.011803	70.01
70.02	PSYCH	15,300	3,986,322	0.003838	70.02
71	MEDICAL SUPPLIES CHARGED TO P	11,986	5,158,777	0.002323	1,273 3 71
72	IMPL. DEV. CHARGED TO PATIENT	343,548	32,596,464	0.010539	72
73	DRUGS CHARGED TO PATIENTS	427,696	92,724,383	0.004613	67,496 311 73
73.01	INFUSION THERAPY	40,880	6,737,726	0.006067	73.01
73.02	IFCC INFUSION THERAPY	15,652	2,473,538	0.006328	73.02
73.03	PHARMACY VACCINE	205	23,790	0.008617	73.03
74	RENAL DIALYSIS	64,262	2,187,493	0.029377	3,678 108 74
76.97	CARDIAC REHABILITATION	52,410	1,363,108	0.038449	76.97
76.98	HYPERBARIC OXYGEN THERAPY	25,065	4,886,169	0.005130	1,890 10 76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	PSYCH ANCILLARY	213,787	7,042,675	0.030356	90.02
90.03	RETINAL VASCULAR	154,367	1,018,692	0.151535	90.03
91	EMERGENCY	559,658	82,420,069	0.006790	161 1 91
91.01	IFCC	2,219,603	184,233,511	0.012048	91.01
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		7,122,277	7,122,277	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	9,746,684	989,893,832		538,740 4,602 200

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						
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	102,027,008	0.000278	0.000278							50
51	RECOVERY ROOM	6,648,112									51
53	ANESTHESIOLOGY	17,612,402									53
54	RADIOLOGY-DIAGNOSTIC	31,329,509			7,132						54
54.01	ULTRASOUND	13,017,898			1,832						54.01
54.02	SPECIAL PROCEDURES	29,441,824			10,273						54.02
56	RADIOISOTOPE	11,254,454									56
57	CT SCAN	60,859,398			6,692						57
58	MRI	18,993,066									58
59	CARDIAC CATHETERIZATION	20,657,601									59
60	LABORATORY	156,359,917			52,007						60
62.30	BLOOD CLOTTING FOR HEMOPHILI										62.30
63	BLOOD STORING, PROCESSING &	7,739,416			11,031						63
65	RESPIRATORY THERAPY	17,174,124	0.001651	0.001651	9,993	16					65
65.01	PULMONARY FUNCTION	1,212,323			48						65.01
66	PHYSICAL THERAPY	23,362,084			131,497						66
67	OCCUPATIONAL THERAPY	5,959,435			134,206						67
68	SPEECH PATHOLOGY	3,480,895			97,459						68
69	ELECTROCARDIOLOGY	26,234,366	0.001081	0.001081	2,072	2					69
70	ELECTROENCEPHALOGRAPHY	1,182,530									70
70.01	SLEEP LAB	1,372,476									70.01
70.02	PSYCH	3,986,322	0.000525	0.000525							70.02
71	MEDICAL SUPPLIES CHARGED TO	5,158,777			1,273						71
72	IMPL. DEV. CHARGED TO PATIEN	32,596,464									72
73	DRUGS CHARGED TO PATIENTS	92,724,383	0.002751	0.002751	67,496	186					73
73.01	INFUSION THERAPY	6,737,726									73.01
73.02	IFCC INFUSION THERAPY	2,473,538									73.02
73.03	PHARMACY VACCINE	23,790									73.03
74	RENAL DIALYSIS	2,187,493			3,678						74
76.97	CARDIAC REHABILITATION	1,363,108									76.97
76.98	HYPERBARIC OXYGEN THERAPY	4,886,169			1,890						76.98
76.99	LITHOTRIPSY										76.99
OUTPATIENT SERVICE COST CENTERS											
90.02	PSYCH ANCILLARY	7,042,675									90.02
90.03	RETINAL VASCULAR	1,018,692									90.03
91	EMERGENCY	82,420,069	0.006905	0.006905	161	1					91
91.01	IFCC	184,233,511									91.01
92	OBSERVATION BEDS (NON-DISTIN	7,122,277									92
OTHER REIMBURSABLE COST CENTERS											
94	HOME PROGRAM DIALYSIS										94
200	TOTAL (SUM OF LINES 50-199)	989,893,832			538,740	205					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
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T191) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES -----				PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.217956						50
51 RECOVERY ROOM	0.246520						51
53 ANESTHESIOLOGY	0.084948						53
54 RADIOLOGY-DIAGNOSTIC	0.287735						54
54.01 ULTRASOUND	0.157691						54.01
54.02 SPECIAL PROCEDURES	0.066842						54.02
56 RADIOISOTOPE	0.444305						56
57 CT SCAN	0.029378						57
58 MRI	0.080655						58
59 CARDIAC CATHETERIZATION	0.204118						59
60 LABORATORY	0.119571						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865						63
65 RESPIRATORY THERAPY	0.181917						65
65.01 PULMONARY FUNCTION	0.113477						65.01
66 PHYSICAL THERAPY	0.367857						66
67 OCCUPATIONAL THERAPY	0.250266						67
68 SPEECH PATHOLOGY	0.235820						68
69 ELECTROCARDIOLOGY	0.086670						69
70 ELECTROENCEPHALOGRAPHY	0.269129						70
70.01 SLEEP LAB	0.170504						70.01
70.02 PSYCH	0.210266						70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147						72
73 DRUGS CHARGED TO PATIENTS	0.142312						73
73.01 INFUSION THERAPY	0.170008						73.01
73.02 IFCC INFUSION THERAPY	0.188339						73.02
73.03 PHARMACY VACCINE	0.477680						73.03
74 RENAL DIALYSIS	0.577267						74
76.97 CARDIAC REHABILITATION	0.709621						76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.02 PSYCH ANCILLARY	0.481219						90.02
90.03 RETINAL VASCULAR	1.109345						90.03
91 EMERGENCY	0.123231						91
91.01 IFCC	0.158584						91.01
92 OBSERVATION BEDS (NON-DISTINCT	0.632004						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
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)	57,874	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	57,874	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,198	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)	24,781	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	55,712,042	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	55,712,042	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		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)		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)	55,712,042	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) 962.64 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 23,855,182 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) 23,855,182 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	8,170,092	4,813	1,697.51	2,908	4,936,359	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)					31,885,331	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					60,676,872	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 2,226,488 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,778,909 51
 52 TOTAL PROGRAM EXCLUDABLE COST 4,005,397 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 56,671,475 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) 4,676 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 962.64 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,501,305 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	4,048,905	55,712,042	0.072676	4,501,305	327,137	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST	218,113	55,712,042	0.003915	4,501,305	17,623	92
93 ALL OTHER MEDICAL EDUCATION						93

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 checked="" type="checkbox"/>	IPF (14-S191)	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF	<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)	5,680	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,680	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,680	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)	2,911	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,028,942	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	4,028,942	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		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)		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)	4,028,942	37							

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	709.32	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,064,831	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)	2,064,831	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	526,870	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,591,701	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	100,633	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	21,251	51
52 TOTAL PROGRAM EXCLUDABLE COST	121,884	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,469,817	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	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T191)	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	9,007	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,007	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,007	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)	7,352	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,888,030	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,888,030	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		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)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,888,030	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	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)	1,097.82	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	8,071,173	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)	8,071,173	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	3,374,029	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	11,445,202	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	784,973	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	127,512	51
52 TOTAL PROGRAM EXCLUDABLE COST	912,485	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	10,532,717	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 [] 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)	57,874	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	57,874	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	53,198	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)	10,445	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,614	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,679	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)	55,712,042	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	55,712,042	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		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)		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)	55,712,042	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0191)	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	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)					962.64	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)					10,054,775	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)					10,054,775	41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	2,891,343	3,614	800.04	2,679	2,143,307
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,170,092	4,813	1,697.51	452	767,275
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)					3,290,754
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					16,256,111

PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					954,672
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					191,511
52 TOTAL PROGRAM EXCLUDABLE COST					1,146,183
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					

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)					4,676
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	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						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

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)	5,680	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,680	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,680	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)	388	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,028,942	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	4,028,942	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		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)		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)	4,028,942	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)	709.32	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	275,216	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)	275,216	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	20,126	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	295,342	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	13,413	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	1,014	51
52 TOTAL PROGRAM EXCLUDABLE COST	14,427	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

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	[]	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)	9,007	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,007	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,007	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)	279	9							
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10							
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11							
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12							
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13							
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14							
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15							
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16							
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17							
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18							
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19							
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20							
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	9,860,348	21							
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22							
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23							
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24							
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25							
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26							
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,860,348	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)		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)		33							
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34							
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35							
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36							
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	9,860,348	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)	1,094.74 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	305,432 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)	305,432 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	132,729 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	438,161 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	29,788 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	4,807 51
52 TOTAL PROGRAM EXCLUDABLE COST	34,595 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		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		33,451,525			30
31 INTENSIVE CARE UNIT		6,351,047			31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.218217	25,129,977	5,483,788		50
51 RECOVERY ROOM	0.246520	1,300,838	320,683		51
53 ANESTHESIOLOGY	0.084948	4,363,464	370,668		53
54 RADIOLOGY-DIAGNOSTIC	0.287735	4,653,874	1,339,082		54
54.01 ULTRASOUND	0.157691	2,364,302	372,829		54.01
54.02 SPECIAL PROCEDURES	0.066842	7,120,874	475,973		54.02
56 RADIOISOTOPE	0.445580	1,591,931	709,333		56
57 CT SCAN	0.029378	12,799,212	376,015		57
58 MRI	0.080655	3,919,660	316,140		58
59 CARDIAC CATHETERIZATION	0.204844	7,323,530	1,500,181		59
60 LABORATORY	0.119571	29,169,143	3,487,784		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865	3,339,237	1,201,675		63
65 RESPIRATORY THERAPY	0.182406	8,429,787	1,537,644		65
65.01 PULMONARY FUNCTION	0.113477	191,578	21,740		65.01
66 PHYSICAL THERAPY	0.367857	2,282,704	839,709		66
67 OCCUPATIONAL THERAPY	0.250266	1,212,990	303,570		67
68 SPEECH PATHOLOGY	0.235820	678,916	160,102		68
69 ELECTROCARDIOLOGY	0.092752	8,224,025	762,795		69
70 ELECTROENCEPHALOGRAPHY	0.269129	514,573	138,487		70
70.01 SLEEP LAB	0.170504	233,106	39,746		70.01
70.02 PSYCH	0.210266	1,832,438	385,299		70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970	1,488,982	174,166		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147	11,937,486	6,149,560		72
73 DRUGS CHARGED TO PATIENTS	0.142312	21,324,737	3,034,766		73
73.01 INFUSION THERAPY	0.170008	45,420	7,722		73.01
73.02 IFCC INFUSION THERAPY	0.188339	13,171	2,481		73.02
73.03 PHARMACY VACCINE	0.477680				73.03
74 RENAL DIALYSIS	0.580010	1,181,150	685,079		74
76.97 CARDIAC REHABILITATION	0.713032	49,902	35,582		76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259	371,994	93,095		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.481219				90.02
90.03 RETINAL VASCULAR	1.120830	2,720	3,049		90.03
91 EMERGENCY	0.123231	9,834,043	1,211,859		91
91.01 IFCC	0.158584	2,173,793	344,729		91.01
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.632004				92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		175,099,557	31,885,331		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		175,099,557			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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		2,891,768		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.218217			50
51 RECOVERY ROOM	0.246520			51
53 ANESTHESIOLOGY	0.084948			53
54 RADIOLOGY-DIAGNOSTIC	0.287735	33,653	9,683	54
54.01 ULTRASOUND	0.157691	22,942	3,618	54.01
54.02 SPECIAL PROCEDURES	0.066842	8,051	538	54.02
56 RADIOISOTOPE	0.445580	6,552	2,919	56
57 CT SCAN	0.029378	94,709	2,782	57
58 MRI	0.080655	72,575	5,854	58
59 CARDIAC CATHETERIZATION	0.204844	671	137	59
60 LABORATORY	0.119571	56,238	6,724	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865			63
65 RESPIRATORY THERAPY	0.182406	69,667	12,708	65
65.01 PULMONARY FUNCTION	0.113477	181	21	65.01
66 PHYSICAL THERAPY	0.367857	12,302	4,525	66
67 OCCUPATIONAL THERAPY	0.250266	381,393	95,450	67
68 SPEECH PATHOLOGY	0.235820	5,757	1,358	68
69 ELECTROCARDIOLOGY	0.092752	87,835	8,147	69
70 ELECTROENCEPHALOGRAPHY	0.269129	9,762	2,627	70
70.01 SLEEP LAB	0.170504			70.01
70.02 PSYCH	0.210266	879,118	184,849	70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970	633,481	74,098	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147	1,098	566	72
73 DRUGS CHARGED TO PATIENTS	0.142312	342,399	48,727	73
73.01 INFUSION THERAPY	0.170008	8,813	1,498	73.01
73.02 IFCC INFUSION THERAPY	0.188339			73.02
73.03 PHARMACY VACCINE	0.477680			73.03
74 RENAL DIALYSIS	0.580010	6,743	3,911	74
76.97 CARDIAC REHABILITATION	0.713032			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259	4,679	1,171	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.481219			90.02
90.03 RETINAL VASCULAR	1.120830			90.03
91 EMERGENCY	0.123231	445,980	54,959	91
91.01 IFCC	0.158584			91.01
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.632004			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,184,599	526,870	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,184,599		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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		7,037,862		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.218217	88,205	19,248	50
51 RECOVERY ROOM	0.246520	6,884	1,697	51
53 ANESTHESIOLOGY	0.084948	15,132	1,285	53
54 RADIOLOGY-DIAGNOSTIC	0.287735	202,319	58,214	54
54.01 ULTRASOUND	0.157691	91,544	14,436	54.01
54.02 SPECIAL PROCEDURES	0.066842	141,294	9,444	54.02
56 RADIOISOTOPE	0.445580	45,520	20,283	56
57 CT SCAN	0.029378	247,922	7,283	57
58 MRI	0.080655	98,868	7,974	58
59 CARDIAC CATHETERIZATION	0.204844	6,718	1,376	59
60 LABORATORY	0.119571	1,305,377	156,085	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865	101,003	36,347	63
65 RESPIRATORY THERAPY	0.182406	783,256	142,871	65
65.01 PULMONARY FUNCTION	0.113477	1,457	165	65.01
66 PHYSICAL THERAPY	0.367857	3,362,088	1,236,768	66
67 OCCUPATIONAL THERAPY	0.250266	3,263,679	816,788	67
68 SPEECH PATHOLOGY	0.235820	1,531,519	361,163	68
69 ELECTROCARDIOLOGY	0.092752	59,091	5,481	69
70 ELECTROENCEPHALOGRAPHY	0.269129	10,493	2,824	70
70.01 SLEEP LAB	0.170504			70.01
70.02 PSYCH	0.210266			70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970	60,774	7,109	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147	22,213	11,443	72
73 DRUGS CHARGED TO PATIENTS	0.142312	2,003,415	285,110	73
73.01 INFUSION THERAPY	0.170008	10,096	1,716	73.01
73.02 IFCC INFUSION THERAPY	0.188339	602	113	73.02
73.03 PHARMACY VACCINE	0.477680			73.03
74 RENAL DIALYSIS	0.580010	248,552	144,163	74
76.97 CARDIAC REHABILITATION	0.713032			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259	79,682	19,941	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.481219			90.02
90.03 RETINAL VASCULAR	1.120830			90.03
91 EMERGENCY	0.123231	38,156	4,702	91
91.01 IFCC	0.158584			91.01
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.632004			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		13,825,859	3,374,029	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		13,825,859		202

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	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		17,573,389		30
31 INTENSIVE CARE UNIT		957,898		31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY		2,141,689		43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.217956	2,279,778	496,891	50
51 RECOVERY ROOM	0.246520	195,355	48,159	51
53 ANESTHESIOLOGY	0.084948	465,573	39,549	53
54 RADIOLOGY-DIAGNOSTIC	0.287735	409,103	117,713	54
54.01 ULTRASOUND	0.157691	367,724	57,987	54.01
54.02 SPECIAL PROCEDURES	0.066842	923,607	61,736	54.02
56 RADIOISOTOPE	0.444305	185,876	82,586	56
57 CT SCAN	0.029378	1,118,272	32,853	57
58 MRI	0.080655	485,140	39,129	58
59 CARDIAC CATHETERIZATION	0.204118	876,697	178,950	59
60 LABORATORY	0.119571	5,554,807	664,194	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865	553,434	199,162	63
65 RESPIRATORY THERAPY	0.181917	1,218,880	221,735	65
65.01 PULMONARY FUNCTION	0.113477	36,789	4,175	65.01
66 PHYSICAL THERAPY	0.367857	159,944	58,837	66
67 OCCUPATIONAL THERAPY	0.250266	106,426	26,635	67
68 SPEECH PATHOLOGY	0.235820	441,003	103,997	68
69 ELECTROCARDIOLOGY	0.086670	1,012,509	87,754	69
70 ELECTROENCEPHALOGRAPHY	0.269129	63,951	17,211	70
70.01 SLEEP LAB	0.170504	4,114	701	70.01
70.02 PSYCH	0.210266			70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970	357,895	41,863	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147			72
73 DRUGS CHARGED TO PATIENTS	0.142312	4,216,756	600,095	73
73.01 INFUSION THERAPY	0.170008			73.01
73.02 IFCC INFUSION THERAPY	0.188339			73.02
73.03 PHARMACY VACCINE	0.477680			73.03
74 RENAL DIALYSIS	0.577267	122,355	70,632	74
76.97 CARDIAC REHABILITATION	0.709621	7,173	5,090	76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259	44,918	11,241	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.481219	680	327	90.02
90.03 RETINAL VASCULAR	1.109345	1,121	1,244	90.03
91 EMERGENCY	0.123231	162,129	19,979	91
91.01 IFCC	0.158584	2,076	329	91.01
92 OBSERVATION BEDS (NON-DISTINCT)	0.632004			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		21,374,085	3,290,754	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		21,374,085		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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		532,383		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.217956			50
51 RECOVERY ROOM	0.246520			51
53 ANESTHESIOLOGY	0.084948			53
54 RADIOLOGY-DIAGNOSTIC	0.287735	1,061	305	54
54.01 ULTRASOUND	0.157691	2,613	412	54.01
54.02 SPECIAL PROCEDURES	0.066842			54.02
56 RADIOISOTOPE	0.444305			56
57 CT SCAN	0.029378	10,763	316	57
58 MRI	0.080655	3,880	313	58
59 CARDIAC CATHETERIZATION	0.204118			59
60 LABORATORY	0.119571	61,208	7,319	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865			63
65 RESPIRATORY THERAPY	0.181917	12,378	2,252	65
65.01 PULMONARY FUNCTION	0.113477			65.01
66 PHYSICAL THERAPY	0.367857	2,529	930	66
67 OCCUPATIONAL THERAPY	0.250266	1,053	264	67
68 SPEECH PATHOLOGY	0.235820			68
69 ELECTROCARDIOLOGY	0.086670	9,818	851	69
70 ELECTROENCEPHALOGRAPHY	0.269129	809	218	70
70.01 SLEEP LAB	0.170504			70.01
70.02 PSYCH	0.210266			70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970	102	12	71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147			72
73 DRUGS CHARGED TO PATIENTS	0.142312	31,639	4,503	73
73.01 INFUSION THERAPY	0.170008			73.01
73.02 IFCC INFUSION THERAPY	0.188339			73.02
73.03 PHARMACY VACCINE	0.477680			73.03
74 RENAL DIALYSIS	0.577267	3,678	2,123	74
76.97 CARDIAC REHABILITATION	0.709621			76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259	1,152	288	76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.02 PSYCH ANCILLARY	0.481219			90.02
90.03 RETINAL VASCULAR	1.109345			90.03
91 EMERGENCY	0.123231	161	20	91
91.01 IFCC	0.158584			91.01
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.632004			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		142,844	20,126	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		142,844		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		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		296,930			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.217956				50
51 RECOVERY ROOM	0.246520				51
53 ANESTHESIOLOGY	0.084948				53
54 RADIOLOGY-DIAGNOSTIC	0.287735	7,132	2,052		54
54.01 ULTRASOUND	0.157691	1,832	289		54.01
54.02 SPECIAL PROCEDURES	0.066842	10,273	687		54.02
56 RADIOISOTOPE	0.444305				56
57 CT SCAN	0.029378	6,692	197		57
58 MRI	0.080655				58
59 CARDIAC CATHETERIZATION	0.204118				59
60 LABORATORY	0.119571	52,007	6,219		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.359865	11,031	3,970		63
65 RESPIRATORY THERAPY	0.181917	9,993	1,818		65
65.01 PULMONARY FUNCTION	0.113477	48	5		65.01
66 PHYSICAL THERAPY	0.367857	131,497	48,372		66
67 OCCUPATIONAL THERAPY	0.250266	134,206	33,587		67
68 SPEECH PATHOLOGY	0.235820	97,459	22,983		68
69 ELECTROCARDIOLOGY	0.086670	2,072	180		69
70 ELECTROENCEPHALOGRAPHY	0.269129				70
70.01 SLEEP LAB	0.170504				70.01
70.02 PSYCH	0.210266				70.02
71 MEDICAL SUPPLIES CHARGED TO PAT	0.116970	1,273	149		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.515147				72
73 DRUGS CHARGED TO PATIENTS	0.142312	67,496	9,605		73
73.01 INFUSION THERAPY	0.170008				73.01
73.02 IFCC INFUSION THERAPY	0.188339				73.02
73.03 PHARMACY VACCINE	0.477680				73.03
74 RENAL DIALYSIS	0.577267	3,678	2,123		74
76.97 CARDIAC REHABILITATION	0.709621				76.97
76.98 HYPERBARIC OXYGEN THERAPY	0.250259	1,890	473		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.02 PSYCH ANCILLARY	0.481219				90.02
90.03 RETINAL VASCULAR	1.109345				90.03
91 EMERGENCY	0.123231	161	20		91
91.01 IFCC	0.158584				91.01
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.632004				92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		538,740	132,729		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		538,740			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	46,633,466	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	585,315	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)	255.19	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)	0.0798	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.3102	31
32	SUM OF LINES 30 AND 31	0.3900	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2191	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	10,217,392	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)	57,436,173	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)	57,436,173	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,038,027	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	44,782	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	160,628	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	157,324	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	61,836,934	59
60	PRIMARY PAYER PAYMENTS	281,480	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	61,555,454	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,483,189	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	304,759	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,085,247	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	705,411	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,008,161	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	57,472,917	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 (SEE INSTRUCTIONS)	57,472,917	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	574,729	71.01
72	INTERIM PAYMENTS	56,123,224	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	774,964	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	630,007	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 IPF (14-S191) IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		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)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		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)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/27/2014 09:07

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	13,830	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	27,689	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,033	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	58,011	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,098,096,581	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	29,763,313	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)	2,308,472	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	2,702,636	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-394,164	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)	2,480,956	1
2	NET IPF PPS OUTLIER PAYMENT	28,159	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	15.561644	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	2,509,115	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)	2,509,115	16
17	PRIMARY PAYER PAYMENTS	8,562	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	2,500,553	18
19	DEDUCTIBLES	186,268	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	2,314,285	20
21	COINSURANCE	61,017	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	2,253,268	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)	2,253,268	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)	12,756	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,266,024	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	22,660	31.01
32	INTERIM PAYMENTS	2,233,691	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	9,673	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)	9,942,450	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.042600	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	431,502	3
4	OUTLIER PAYMENTS	142,006	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	24.676712	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)	10,515,958	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	10,515,958	17
18	PRIMARY PAYER PAYMENTS	58,588	18
19	SUBTOTAL LINE 17b LESS LINE 18)	10,457,370	19
20	DEDUCTIBLES	56,328	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	10,401,042	21
22	COINSURANCE	75,202	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	10,325,840	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)	10,325,840	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)	44,798	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,370,638	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	103,706	32.01
33	INTERIM PAYMENTS	10,117,841	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	149,091	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 INPATIENT HOSPITAL SNF/NF SERVICES	16,256,111		1
2 MEDICAL AND OTHER SERVICES		13,276,635	2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	16,256,111	13,276,635	4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	16,256,111	13,276,635	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES	21,374,085	82,933,916	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) CUSTOMARY CHARGES	21,374,085	82,933,916	12
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	21,374,085	82,933,916	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	5,117,974	69,657,281	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))			18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	16,256,111	13,276,635	21
PROSPECTIVE PAYMENT AMOUNT			
22 OTHER THAN OUTLIER PAYMENTS			22
23 OUTLIER PAYMENTS			23
24 PROGRAM CAPITAL PAYMENTS			24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)			27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)			28
29 SUM OF LINES 27 AND 21	16,256,111	13,276,635	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30 EXCESS OF REASONABLE COST (FROM LINE 18)			30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	16,256,111	13,276,635	31
32 DEDUCTIBLES			32
33 COINSURANCE			33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			34
35 UTILIZATION REVIEW			35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	16,256,111	13,276,635	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)	16,256,111	13,276,635	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)			39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	16,256,111	13,276,635	40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	16,256,111	13,276,635	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

	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	295,342	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	295,342	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	295,342	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES	142,844	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) CUSTOMARY CHARGES	142,844	12
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	142,844	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	152,498	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	142,844	21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21	142,844	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	142,844	31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	142,844	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	142,844	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	142,844	40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	142,844	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] 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	438,161	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	438,161	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	438,161	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES	538,740	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	538,740	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	538,740	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	100,579	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	438,161	21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21	438,161	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	438,161	31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	438,161	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	438,161	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	438,161	40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	438,161	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	22,686,922			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	107,651,092			4
5	OTHER RECEIVABLES	9,048,980			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-68,303,534			6
7	INVENTORY	5,159,392			7
8	PREPAID EXPENSES	4,102,134			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	80,344,986			11
FIXED ASSETS					
12	LAND	16,214,056			12
13	LAND IMPROVEMENTS	12,211,665			13
14	ACCUMULATED DEPRECIATION	-9,265,460			14
15	BUILDINGS	250,532,585			15
16	ACCUMULATED DEPRECIATION	-135,661,762			16
17	LEASEHOLD IMPROVEMENTS	1,645,545			17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	183,883,537			23
24	ACCUMULATED DEPRECIATION	-147,815,304			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS	3,255,659			27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	175,000,521			30
OTHER ASSETS					
31	INVESTMENTS	245,528,121	4,435,860		31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	245,528,121	4,435,860		35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	500,873,628	4,435,860		36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	19,408,082			37
38	SALARIES, WAGES & FEES PAYABLE	7,545,347			38
39	PAYROLL TAXES PAYABLE	466,804			39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	24,001,718			43
44	OTHER CURRENT LIABILITIES	1,153,229			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	52,575,180			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	157,894,911			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	157,894,911			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	210,470,091			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	290,403,537			52
53	SPECIFIC PURPOSE FUND BALANCE		4,435,860		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)	290,403,537	4,435,860		59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	500,873,628	4,435,860		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	251,575,524			4,157,875					1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	34,178,749								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	285,754,273			4,157,875					3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5	4,649,264		277,985						5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	4,649,264			277,985					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	290,403,537			4,435,860					11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									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)	290,403,537			4,435,860					19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	74,362,100		74,362,100	2
3 SUBPROVIDER IPF	4,489,178		4,489,178	3
5 SUBPROVIDER IRF	8,631,716		8,631,716	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	87,482,994		87,482,994	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	10,766,847		10,766,847	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	10,766,847		10,766,847	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	98,249,841		98,249,841	17
18 ANCILLARY SERVICES	355,824,703		355,824,703	18
19 OUTPATIENT SERVICES		644,579,327	644,579,327	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		13,550,305	13,550,305	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES	12,905,129	3,038,912	15,944,041	27
27.01 AMBULANCE REVENUE		2,741,859	2,741,859	27.01
27.02 MED/SERVICE CAR TRIPS		20,815	20,815	27.02
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	466,979,673	663,931,218	1,130,910,891	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		294,185,015	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		294,185,015	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,130,910,891	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	840,190,403	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	290,720,488	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	294,185,015	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-3,464,527	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	23,201,341	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES	13,090	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	9,996	11
12	PARKING LOT RECEIPTS	109,930	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	241	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	608,595	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	208,103	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	2,491,117	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MEDICARE/MEDICAID EHR FUNDS)	4,068,363	24
24.01	OTHER (CHILD CARE REVENUE)	612,862	24.01
24.02	OTHER (DIETARY TUITION REVENUE)	83,552	24.02
24.03	OTHER (MEDICAL STAFF REVENUE)	895,111	24.03
24.04	OTHER (RETINAL REVENUE)	44,513	24.04
24.05	OTHER (HRSA GRANT)	41,224	24.05
24.06	OTHER (LAB CLIENT REVENUE)	1,186,877	24.06
24.07	OTHER (HEALTH FAIR REVENUE)	21,011	24.07
24.08	OTHER (MANAGEMENT FEE REVENUE)	1,525,133	24.08
24.09	OTHER (MISC REVENUE)	2,520,362	24.09
24.10	OTHER (LAMAZE REVENUE)	1,855	24.10
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	37,643,276	25
26	TOTAL (LINE 5 PLUS LINE 25)	34,178,749	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)	34,178,749	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							1
2							2
3							3
4							4
5	2,281,932	430,665	7,544	204,692	1,234,968	4,159,801	5
6							6
7	2,030,686	365,529	97,209		290	2,493,714	7
8	763,106					763,106	8
9	50,561	39,304				89,865	9
10	1,214	2,275				3,489	10
11							11
12	394,142	158,355	6,508			559,005	12
13							13
14							14
15							15
16							16
17	2,433,733	308,934	2,480	160	14,946	2,760,253	17
18							18
19							19
20							20
21							21
22							22
23							23
24	7,955,374	1,305,062	113,741	204,852	1,250,204	10,829,233	24

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		4,159,801	62,332	4,222,133	5
6					6
7		2,493,714		2,493,714	7
8		763,106		763,106	8
9		89,865		89,865	9
10		3,489		3,489	10
11					11
12		559,005		559,005	12
13					13
14					14
15					15
16					16
17		2,760,253		2,760,253	17
18					18
19					19
20					20
21					21
22					22
23					23
24		10,829,233	62,332	10,891,565	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	4A	5	6	
1									1
2									2
3									3
4									4
5	4,222,133					4,222,133	4,222,133		5
6	2,493,714					2,493,714	1,578,663	4,072,377	6
7	763,106					763,106	483,090	1,246,196	7
8	89,865					89,865	56,890	146,755	8
9	3,489					3,489	2,209	5,698	9
10									10
11	559,005					559,005	353,882	912,887	11
12									12
13									13
14									14
15									15
16									16
17	2,760,253					2,760,253	1,747,399	4,507,652	17
18									18
19									19
20									20
21									21
22									22
23									23
24	10,891,565					10,891,565		10,891,565	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-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					-4,222,133	6,669,432	5
6 SKILLED NURSING CARE						2,493,714	6
7 PHYSICAL THERAPY						763,106	7
8 OCCUPATIONAL THERAPY						89,865	8
9 SPEECH PATHOLOGY						3,489	9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						559,005	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						2,760,253	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)					-4,222,133	6,669,432	24
25 COST TO BE ALLOC (PER W/S H)						4,222,133	25
26 UNIT COST MULTIPLIER						0.633057	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7435

WORKSHEET H-2
 PART I

HHA COST CENTER	23.01	23.02	SUBTOTAL	I&R COST &	SUBTOTAL	ALLOCATED	TOTAL	
			(SUM OF COL.4A-23) 24	POST STEP- DOWN ADJS 25	(SUM OF COL.4A-23) 26	HHA A&G (SEE PT.2) 27	HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL			371,974		371,974			1
2 SKILLED NURSING CARE			5,408,512		5,408,512	139,080	5,547,592	2
3 PHYSICAL THERAPY			1,655,069		1,655,069	42,560	1,697,629	3
4 OCCUPATIONAL THERAPY			194,905		194,905	5,012	199,917	4
5 SPEECH PATHOLOGY			7,567		7,567	195	7,762	5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE			1,212,402		1,212,402	31,177	1,243,579	7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING			5,986,600		5,986,600	153,950	6,140,550	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)			14,837,029		14,837,029	371,974	14,837,029	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.						0.025715		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	6,181					55,530	6,181	6,181	1
2 SKILLED NURSING CARE						4,072,377			2
3 PHYSICAL THERAPY						1,246,196			3
4 OCCUPATIONAL THERAPY						146,755			4
5 SPEECH PATHOLOGY						5,698			5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE						912,887			7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING						4,507,652			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					10,947,095	6,181	6,181	20
21 TOTAL COST TO BE ALLOCATED	55,530					3,591,709	73,325	146,909	21
22 UNIT COST MULTIPLIER	8.983983						11.862967		22
22 UNIT COST MULTIPLIER						0.328097		23.767837	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 & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	
	8	9	10	11	12	13	14	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		77,991							21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		12.617861							22

PROVIDER CCN: 14-0191 INGALLS MEMORIAL HOSPITAL
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/27/2014 09:07

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 14-7435

WORKSHEET H-2
PART II

HHA COST CENTER

MEALS
SERVED
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)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	5,547,592		5,547,592	28,098	197.44	1
2	PHYSICAL THERAPY	3	1,697,629	818,445	2,516,074	11,986	209.92	2
3	OCCUPATIONAL THERAPY	4	199,917	138,414	338,331	2,932	115.39	3
4	SPEECH PATHOLOGY	5	7,762	12,546	20,308	253	80.27	4
5	MEDICAL SOCIAL SERVICES	6				610		5
6	HOME HEALTH AIDE	7	1,243,579		1,243,579	2,318	536.49	6
7	TOTAL (SUM OF LINES 1-6)		8,696,479	969,405	9,665,884	46,197		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 (FROM HHA RECORD)	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		59,133	59,133	449,102	0.131669	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 A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	10,004	10,849		1,975,190	2,142,027		4,117,217
2 PHYSICAL THERAPY	5,726	3,942		1,202,002	827,505		2,029,507
3 OCCUPATIONAL THERAPY	1,644	1,108		189,701	127,852		317,553
4 SPEECH PATHOLOGY	159	121		12,763	9,713		22,476
5 MEDICAL SOCIAL SERVICES	286	252					5
6 HOME HEALTH AIDE	822	1,478		440,995	792,932		1,233,927
7 TOTAL (SUM OF LINES 1-6)	18,641	17,750		3,820,651	3,900,029		7,720,680

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	COST OF SERVICES		TOTAL
		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR		NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	1	16974	10,004	10,849			8
9 PHYSICAL THERAPY	2	16974	5,726	3,942			9
10 OCCUPATIONAL THERAPY	3	16974	1,644	1,108			10
11 SPEECH PATHOLOGY	4	16974	159	121			11
12 MEDICAL SOCIAL SERVICES		16974	286	252			12
13 HOME HEALTH AIDE		16974	822	1,478			13
14 TOTAL (SUM OF LINES 8-13)			18,641	17,750			14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES	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	0.367857	2,224,900	818,445	COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	0.250266	553,067	138,414	COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.235820	53,200	12,546	COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	0.116970	505,541	59,133	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.142312			COL 2, LINE 16	5
5.01 INFUSION THERAPY	0.170008			COL 2, LINE 16	5.01
5.02 IFCC INFUSION THERAPY	0.188339			COL 2, LINE 16	5.02
5.03 PHARMACY VACCINE	0.477680			COL 2, LINE 16	5.03

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 A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	6,769,756			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 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
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	6,769,756			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	6,769,756			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A		
	SERVICES 1	SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	3,446,834	3,117,489	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	24,220	38,807	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	50,112	42,513	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	28,983	38,803	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4,635	6,381	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	545	955	16
17 TOTAL OTHER PAYMENTS	52		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)	3,555,381	3,244,948	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	3,555,381	3,244,948	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	3,555,381	3,244,948	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)	3,555,381	3,244,948	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	3,555,381	3,244,948	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	34,737	32,108	31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	3,520,643	3,212,839	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	1	1	34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2			35

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

HHA NO.: 14-7435

WORKSHEET H-5

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,520,643		3,212,839
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM 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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 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 H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		3,520,643		3,212,839

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99			5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 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 (SEE INSTR.)	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1535

WORKSHEET K

	SALARIES (FROM WKST K-1)	EMPLOYEE BENEFITS (FROM WKST K-2)	TRANS- PORTATION (SEE INSTR.)	CONTRACTED SERVICES (FROM WKST K-3)	OTHER	TOTAL (COLS. 1-5)	
	1	2	3	4	5	6	
1 GENERAL SERVICE COST CENTER							1
2 CAPITAL RELATED COSTS-BLDG AND FIXT.							2
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.							3
4 PLANT OPERATION AND MAINTENANCE							4
5 TRANSPORTATION - STAFF							5
6 VOLUNTEER SERVICE COORDINATION							6
7 ADMINISTRATIVE AND GENERAL	486,076	105,360	32	30,258	294,332	916,058	7
8 INPATIENT CARE SERVICE							8
9 INPATIENT - GENERAL CARE	504,338					504,338	9
10 INPATIENT - RESPITE CARE							10
11 VISITING SERVICES							11
12 PHYSICIAN SERVICES							12
13 NURSING CARE	515,881	136,436	43,233	300	366,935	1,062,785	13
14 NURSING CARE-CONTINUOUS HOME CARE							14
15 PHYSICAL THERAPY							15
16 OCCUPATIONAL THERAPY							16
17 SPEECH/LANGUAGE PATHOLOGY							17
18 MEDICAL SOCIAL SERVICES							18
19 SPIRITUAL COUNSELING							19
20 DIETARY COUNSELING							20
21 COUNSELING - OTHER							21
22 HOME HEALTH AIDE AND HOMEMAKER							22
23 HH AIDE & HOMEMAKER-CONT. HOME CARE							23
24 OTHER							24
25 OTHER HOSPICE SERVICE COSTS							25
26 DRUGS, BIOLOGICAL & INFUSION THERAPY							26
27 ANALGESICS							27
28 SEDATIVES/HYPNOTICS							28
29 OTHER - SPECIFY							29
30 DURABLE MEDICAL EQUIPMENT/OXYGEN							30
31 PATIENT TRANSPORTATION							31
32 IMAGING SERVICES							32
33 LABS AND DIAGNOSTICS							33
34 MEDICAL SUPPLIES							34
35 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							35
36 RADIATION THERAPY							36
37 CHEMOTHERAPY							37
38 OTHER							38
39 HOSPICE NONREIMBURSABLE SERVICE							39
40 BEREAVEMENT PROGRAM COSTS							40
41 VOLUNTEER PROGRAM COSTS							41
42 FUNDRAISING							42
43 OTHER PROGRAM COSTS							43
44 TOTAL (SUM OF LINES 1-38)	1,506,295	241,796	43,265	30,558	661,267	2,483,181	44

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		916,058		916,058	6
7		504,338		504,338	7
8					8
9					9
10		1,062,785		1,062,785	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		2,483,181		2,483,181	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 HOME MAKER								
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)								
			486,076		504,338			515,881	1,506,295

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1535

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDG COSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5)	ADMIN & GENERAL	TOTAL (COL.5 ± COL.6)
	0	1	2	3	4	5	5A	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	916,058					916,058	916,058		6
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	504,338					504,338	294,810	799,148	7
10	INPATIENT - RESPITE CARE									8
11	VISITING SERVICES									
12	PHYSICIAN SERVICES									9
13	NURSING CARE	1,062,785					1,062,785	621,248	1,684,033	10
14	NURSING CARE-CONTINUOUS HOME									11
15	PHYSICAL THERAPY									12
16	OCCUPATIONAL THERAPY									13
17	SPEECH/LANGUAGE PATHOLOGY									14
18	MEDICAL SOCIAL SERVICES									15
19	SPIRITUAL COUNSELING									16
20	DIETARY COUNSELING									17
21	COUNSELING - OTHER									18
22	HH AIDE AND HOMEMAKER									19
23	HH AIDE & HMKR-CONT. HOME CA									20
24	OTHER									21
25	OTHER HOSPICE SERVICE COSTS									
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 SERV.									
40	BEREAVEMENT PROGRAM COSTS									35
41	VOLUNTEER PROGRAM COSTS									36
42	FUNDRAISING									37
43	OTHER PROGRAM COSTS									38
44	TOTAL (SUM OF LINES 1-38)	2,483,181					2,483,181		2,483,181	39

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19