

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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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. <input checked="" type="checkbox"/> Electronically filed cost report Date: 02/29/2016 Time: 11:02 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 WERE 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 certification 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 10/01/2014 and ending 09/30/2015, and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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 XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		3,471,607	946,932	-249,084	22,668,865	1
2	SUBPROVIDER - IPF		11,257			85,559	2
3	SUBPROVIDER - IRF		13,323			328,977	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						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		3,496,187	946,932	-249,084	23,083,401	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. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: ONE INGALLS DRIVE	P.O. Box:				1
2	City: HARVEY	State: IL	ZIP Code: 60426	County: COOK		2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	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 HOSPI	14-S191	16974	4	01 / 01 / 1984	N	P	O	4
5	Subprovider - IRF	REHAB UNIT OF INGALLS MEMORIAL HOSPI	14-T191	16974	5	11 / 02 / 1989	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	INGALLS HOME CARE	14-7435	16974		07 / 24 / 1985	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	INGALLS HOME CARE HOSPICE	14-1535	16974		02 / 28 / 1990				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2014	To: 09 / 30 / 2015		20
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21	Type of control (see instructions)	2			21
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Inpatient PPS Information		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or '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.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,083	1,479	67		11,476	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	186				49	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 is 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 is in effect in the cost reporting period.						37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
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)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
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	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	Y	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline 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 FTEs 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.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

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.

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 Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider 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	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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)						
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2	3	4	5	
65						65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					66
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. 3/ col. 3 + col. 4))	
	1	2	3	4	5	
67						67

Inpatient Psychiatric Facility PPS

		1	2	3	
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, indicate which program year began during this cost reporting period. (see instructions)	N			71

Inpatient Rehabilitation Facility PPS

		1	2	3	
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, indicate which program year began during this cost reporting period. (see instructions)	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
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N			81

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.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N			87

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**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
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/IID 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

		1	2		
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? (see instructions)			106	
107	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. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			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	
		Physical	Occupational	Speech	Respiratory
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.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 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 Pub. 15-1, chapter 22, section 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
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	1	1	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 high cost 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

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
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 (see instructions)	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 Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	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, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N	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. (see instructions)					166
	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 is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	1.00				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2013	09 / 30 / 2014			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	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

		Y/N	Type	Date	
Financial Data and Reports					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	N			4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities				
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		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 Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME 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	
Bad Debts			
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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
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)	N		N	
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
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL 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 relined 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 capitalization 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	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: DANIEL	Last name: MRUZ	Title: REIMBURSEMENT DIRECTOR
42	Employer: INGALLS MEMORIAL HOSPITAL		
43	Phone number: 708-915-6107	E-mail Address: DMRUZ@INGALLS.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	243	88,695			19,108	8,199	51,698	1
2	HMO and other (see instructions)						2,260	11,476		2
3	HMO IPF Subprovider						122	227		3
4	HMO IRF Subprovider						229	49		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		243	88,695			19,108	8,199	51,698	7
8	Intensive Care Unit	31	25	9,125			1,914	274	3,796	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,833	3,766	13
14	Total (see instructions)		268	97,820			21,022	10,306	59,260	14
15	CAH Visits									15
16	Subprovider - IPF	40	16	5,840			1,594	127	2,531	16
17	Subprovider - IRF	41	42	15,330			5,095	186	6,815	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					29,079	2,918	40,553	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		326							27
28	Observation Bed Days								665	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							323	423	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					5,236	2,211	13,205	1
2	HMO and other (see instructions)					501	2,840		2
3	HMO IPF Subprovider						27		3
4	HMO IRF Subprovider						6		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		1,643.28			5,236	2,211	13,205	14
15	CAH Visits								15
16	Subprovider - IPF		12.95			155	64	235	16
17	Subprovider - IRF		49.88			415	17	560	17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		123.34						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		1,829.45						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	103,788,498	-8,454,840	95,333,658	3,257,020.00	29.27	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		11,761,566	-7,773,525	3,988,041	142,124.00	28.06	10
OTHER WAGES & RELATED COSTS							
11		5,100,568		5,100,568	53,573.00	95.21	11
12							12
13		1,080,548		1,080,548	6,969.00	155.05	13
14		5,467,133		5,467,133	46,527.00	117.50	14
15							15
16							16
WAGE-RELATED COSTS							
17		19,405,043		19,405,043			17
18							18
19		621,196		621,196			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26		776,616	151,599	928,215	23,823.00	38.96	26
27		13,972,673	-151,599	13,821,074	490,184.00	28.20	27
28							28
29		77		77	3.00	25.67	29
30		848,397		848,397	44,637.00	19.01	30
31		80,102		80,102	5,726.00	13.99	31
32		694		694	21.00	33.05	32
33		3,399,178		3,399,178	219,751.00	15.47	33
34							34
35		2,468,596		2,468,596	111,878.00	22.07	35
36							36
37							37
38		2,574,710		2,574,710	89,758.00	28.69	38
39		281,919		281,919	17,838.00	15.80	39
40		3,675,581	-141,648	3,533,933	90,893.00	38.88	40
41		2,445,806		2,445,806	92,809.00	26.35	41
42							42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	109,656,272	-8,454,840	101,201,432	3,588,649.00	28.20	1
2	Excluded area salaries (see instructions)	11,761,566	-7,773,525	3,988,041	142,124.00	28.06	2
3	Subtotal salaries (line 1 minus line 2)	97,894,706	-681,315	97,213,391	3,446,525.00	28.21	3
4	Subtotal other wages & related costs (see instructions)	11,648,249		11,648,249	107,069.00	108.79	4
5	Subtotal wage-related costs (see instructions)	19,405,043		19,405,043		19.96%	5
6	Total (sum of lines 3 through 5)	128,947,998	-681,315	128,266,683	3,553,594.00	36.09	6
7	Total overhead cost (see instructions)	30,524,349	-141,648	30,382,701	1,187,321.00	25.59	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

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 employee is owner or beneficiary)	127,877	11
12	Accident 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 COSTs (SPECIFY)		25
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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	Supporting Exhibit for Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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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	DEPOSIT DATE(S)	CONTRIBUTION(S)
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

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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 Labor	Benefit Cost	
	0	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

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7435

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County: COOK COUNTY

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		2,421	8	13	2,442	1
2	Unduplicated Census Count (see instructions)		1,095.00	159.00	579.00	1,883.00	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	Contract	Total		
		1	2	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		26.17		26.17	5
6	Direct Nursing Service		26.70		26.70	6
7	Nursing Supervisor		5.00		5.00	7
8	Physical Therapy Service		5.69		5.69	8
9	Physical Therapy Supervisor					9
10	Occupational Therapy Service		1.40		1.40	10
11	Occupational Therapy Supervisor					11
12	Speech Pathology Service		0.19		0.19	12
13	Speech Pathology Supervisor					13
14	Medical Social Service		1.00		1.00	14
15	Medical Social Service Supervisor					15
16	Home Health Aide		2.41		2.41	16
17	Home Health Aide Supervisor					17
18	Other (specify)		48.40		48.40	18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	16974	20

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers	With Outliers	LUPA Episodes	PEP only Episodes		
		1	2	3	4	5	
21	Skilled Nursing Visits	14,219	446	630	178	15,473	21
22	Skilled Nursing Visit Charges	2,708,470	85,020	120,000	33,820	2,947,310	22
23	Physical Therapy Visits	8,254	100	92	126	8,572	23
24	Physical Therapy Visit Charges	1,565,410	19,000	17,480	23,940	1,625,830	24
25	Occupational Therapy Visits	2,258	39	16	37	2,350	25
26	Occupational Therapy Visit Charges	429,020	7,410	3,040	7,030	446,500	26
27	Speech Pathology Visits	348	24		15	387	27
28	Speech Pathology Visit Charges	66,120	4,560		2,850	73,530	28
29	Medical Social Service Visits	358	10	12	7	387	29
30	Medical Social Service Visit Charges	80,550	2,250	2,700	1,575	87,075	30
31	Home Health Aide Visits	1,813	68	9	20	1,910	31
32	Home Health Aide Visit Charges	235,690	8,840	1,170	2,600	248,300	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	27,250	687	759	383	29,079	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	5,085,260	127,080	144,390	71,815	5,428,545	35
36	Total Number of Episodes (standard/non-outlier)	1,789		270	34	2,093	36
37	Total Number of Ourlier Episodes		16			16	37
38	Total Non-Routine Medical Supply Charges	262,007	11,857	12,714	2,588	289,166	38

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list		11
12	Number of patients transplanted during the cost reporting period		12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider		13
14	Epoetin amount from Worksheet A for home dialysis program		14
15	Number of EPO units furnished relating to the renal dialysis department		15
16	Number of EPO units furnished relating to the home dialysis department		16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider		17
18	ARANESP amount from Worksheet A for home dialysis program		18
19	Number of ARANESP units furnished relating to the renal dialysis department		19
20	Number of ARANESP units furnished relating to the home dialysis department		20

PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))

21	MCP	INITIAL METHOD	
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	Erythropoiesis-Stimulating Agents (ESA) Statistics:	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

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HOSPICE IDENTIFICATION DATA

HOSPICE CCN: 14-1535

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care	10,814	1,087	170	650	265	12,166	2
3	Inpatient Respite Care	208	22		13	5	235	3
4	General Inpatient Care	1,118	89			119	1,326	4
5	Total Hospice Days	12,140	1,198	170	663	389	13,727	5

PART II - CENSUS DATA

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	Number of Patients Receiving Hospice Care	389	32	2	6	42	463	6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)	31.21	37.44	85.00	110.50	9.26	29.65	8
9	Unduplicated Census Count	378	30	2	6	40	448	9

NOTE: Parts I & II, columns 1 and 2 also include the days reported in column 3 and 4.

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.231377	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		56,343,723	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		25,421,991	5
6	Medicaid charges		261,283,201	6
7	Medicaid cost (line 1 times line 6)		60,454,923	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.			8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng 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)			19
		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)
		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	33,366,744	1,215,944	34,582,688
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,720,297	281,341	8,001,638
22	Partial payment by patients approved for charity care	12,375	177,988	190,363
23	Cost of charity care (line 21 minus line 22)	7,707,922	103,353	7,811,275

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?		N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		15,400,217	26
27	Medicare bad debts for the entire hospital complex (see instructions)		2,612,336	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		12,787,881	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,958,822	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		10,770,097	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,770,097	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		6,569,328	6,569,328	983,019	7,552,347	-35,704	7,516,643	1
2	00200	Cap Rel Costs-Mvble Equip		9,149,096	9,149,096		9,149,096		9,149,096	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	776,616	18,597,551	19,374,167	1,422,662	20,796,829		20,796,829	4
5	00500	Administrative & General	13,972,673	51,570,861	65,543,534	-2,405,681	63,137,853	-4,119,008	59,018,845	5
6	00600	Maintenance & Repairs	77	4,844,453	4,844,530	-151,306	4,693,224		4,693,224	6
7	00700	Operation of Plant	848,397	7,112,106	7,960,503	-3,632	7,956,871		7,956,871	7
8	00800	Laundry & Linen Service	80,102	1,010,487	1,090,589		1,090,589		1,090,589	8
9	00900	Housekeeping	694	4,291,588	4,292,282	-253,660	4,038,622	-397,089	3,641,533	9
10	01000	Dietary		3,813,996	3,813,996	-1,538,016	2,275,980		2,275,980	10
11	01100	Cafeteria				1,538,016	1,538,016		1,538,016	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,574,710	297,094	2,871,804		2,871,804	-9,213	2,862,591	13
14	01400	Central Services & Supply	281,919	693,434	975,353	-586,616	388,737	-3,576	385,161	14
15	01500	Pharmacy	3,675,581	15,854,547	19,530,128	-15,661,750	3,868,378		3,868,378	15
16	01600	Medical Records & Library	2,445,806	1,560,452	4,006,258		4,006,258	-77,767	3,928,491	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	PARAMED ED PRGM-(SPECIFY)				180,032	180,032		180,032	23
23.01	02301	PARAMED ED PRGM - EMS	160,719	31,342	192,061	539,667	731,728	-242,469	489,259	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	81,469	13,162	94,631		94,631	-92,791	1,840	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	18,530,033	6,575,752	25,105,785	-3,917,832	21,187,953		21,187,953	30
31	03100	Intensive Care Unit	2,761,323	525,163	3,286,486	-37,463	3,249,023		3,249,023	31
40	04000	Subprovider - IPF	724,280	617,484	1,341,764		1,341,764		1,341,764	40
41	04100	Subprovider - IRF	2,327,552	187,949	2,515,501		2,515,501	-5,763	2,509,738	41
43	04300	Nursery	997,955	571,841	1,569,796		1,569,796		1,569,796	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	3,791,398	14,689,053	18,480,451	-7,939,059	10,541,392	-301,604	10,239,788	50
51	05100	Recovery Room	706,557	130,621	837,178		837,178		837,178	51
52	05200	Delivery Room & Labor Room				570,321	570,321		570,321	52
53	05300	Anesthesiology	45,540	1,252,183	1,297,723		1,297,723	-900,000	397,723	53
54	05400	Radiology-Diagnostic	2,623,458	2,743,440	5,366,898		5,366,898	-1,034,956	4,331,942	54
54.01	03630	ULTRASOUND	997,757	80,016	1,077,773		1,077,773	-6,699	1,071,074	54.01
54.02	05401	SPECIAL PROCEDURES	1,047,304	1,964,738	3,012,042	-1,818,557	1,193,485		1,193,485	54.02
56	05600	Radioisotope	467,859	640,106	1,107,965		1,107,965		1,107,965	56
57	05700	CT Scan	699,624	416,799	1,116,423		1,116,423		1,116,423	57
58	05800	MRI	448,551	89,515	538,066		538,066		538,066	58
59	05900	Cardiac Catheterization	732,421	3,228,110	3,960,531	-721,648	3,238,883	-37,350	3,201,533	59
60	06000	Laboratory	5,423,413	4,790,196	10,213,609	-30,985	10,182,624	-49,571	10,133,053	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	255,749	942,109	1,197,858	30,985	1,228,843		1,228,843	63
65	06500	Respiratory Therapy	1,621,262	441,212	2,062,474	-9,561	2,052,913	-24,375	2,028,538	65
65.01	03560	PULMONARY FUNCTION	30,077	5,343	35,420		35,420		35,420	65.01
66	06600	Physical Therapy	3,891,295	217,422	4,108,717		4,108,717	-2,209,092	1,899,625	66
67	06700	Occupational Therapy	1,189,916	121,863	1,311,779		1,311,779		1,311,779	67
68	06800	Speech Pathology	363,647	24,901	388,548		388,548	-4,701	383,847	68
69	06900	Electrocardiology	756,229	594,967	1,351,196		1,351,196	-108,350	1,242,846	69
70	07000	Electroencephalography	130,168	92,044	222,212		222,212	-75,418	146,794	70
70.01	03280	SLEEP LAB	114,018	5,976	119,994		119,994		119,994	70.01
70.02	03550	PSYCH				1,676,314	1,676,314		1,676,314	70.02
71	07100	Medical Supplies Charged to Patients				586,616	586,616		586,616	71
72	07200	Impl. Dev. Charged to Patients				10,848,880	10,848,880		10,848,880	72
73	07300	Drugs Charged to Patients				15,456,183	15,456,183		15,456,183	73
73.01	03190	INFUSION THERAPY	487,210	107,065	594,275		594,275	-13,739	580,536	73.01
73.03	07301	PHARMACY VACCINE				25,535	25,535		25,535	73.03
73.04	03480	FCC INFUSION THERAPY	469,240	126,499	595,739		595,739	-988	594,751	73.04
74	07400	Renal Dialysis	489,952	37,324	527,276		527,276		527,276	74
76.97	07697	CARDIAC REHABILITATION	387,620	143,654	531,274		531,274	-137,399	393,875	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	917,856	446,464	1,364,320		1,364,320		1,364,320	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY		665,337	665,337	1,229,944	1,895,281		1,895,281	90.02
90.03	09002	RETINAL VASCULAR	195,849	133,951	329,800		329,800	-29,375	300,425	90.03
91	09100	Emergency	3,812,424	1,903,112	5,715,536	-421,006	5,294,530	-564,552	4,729,978	91
91.01	09101	IFCC	12,984,652	9,931,745	22,916,397	-855,344	22,061,053	-4,817,484	17,243,569	91.01
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
100	10000	I&R Services-Not Apprvd Prgm		862,500	862,500		862,500	-862,500		100
101	10100	Home Health Agency	7,054,349	2,679,667	9,734,016		9,734,016	21,933	9,755,949	101
		SPECIAL PURPOSE COST CENTERS								
116	11600	Hospice	1,400,491	1,052,203	2,452,694		2,452,694		2,452,694	116
118		SUBTOTALS (sum of lines 1-117)	103,775,792	184,447,821	288,223,613	-1,263,942	286,959,671	-16,139,600	270,820,071	118
		NONREIMBURSABLE COST CENTERS								
192	19200	Physicians' Private Offices	12,706	111,266	123,972	1,263,942	1,387,914		1,387,914	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		2,070,781	2,070,781		2,070,781		2,070,781	192.04
200		TOTAL (sum of lines 118-199)	103,788,498	186,629,868	290,418,366		290,418,366	-16,139,600	274,278,766	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
1	RECLASS NON CAP INSURANCE	1	2	3	4	5	
		A	Cap Rel Costs-Bldg & Fixt	1		983,019	1
2			Employee Benefits Department	4		1,271,063	2
500	Total reclassifications					2,254,082	500
	Code Letter - A						
1	RECALLS CAFETERIA COSTS	B	Cafeteria	11		1,538,016	1
500	Total reclassifications					1,538,016	500
	Code Letter - B						
1	RECLASS VACATION ACCRUAL	C	Employee Benefits Department	4	151,599		1
500	Total reclassifications				151,599		500
	Code Letter - C						
1	RECLASS CHARGEABLE MEDICAL SUPPLIES	D	Medical Supplies Charged to P	71		586,616	1
2	RECLASS IMPLANT EXPENSE	D	Impl. Dev. Charged to Patient	72		10,848,880	2
3							3
4							4
500	Total reclassifications					11,435,496	500
	Code Letter - D						
1	RECALSS DRUGS CHARGED TO PATIENTS	E	Drugs Charged to Patients	73		15,481,718	1
500	Total reclassifications					15,481,718	500
	Code Letter - E						
1	POB COST OFFSET	F	Physicians' Private Offices	192		408,598	1
2							2
3							3
4							4
500	Total reclassifications					408,598	500
	Code Letter - F						
1	LAB ADMIN	G	Blood Storing, Processing & T	63	15,315	15,670	1
500	Total reclassifications				15,315	15,670	500
	Code Letter - G						
1	RECLASS RECOVERY COSTS	H	Operating Room	50	361,140	35,518	1
500	Total reclassifications				361,140	35,518	500
	Code Letter - H						
1	RECLASS EMT PRECEPTOR COSTS	I	PARAMED ED PRGM - EMS	23.01	539,667		1
2							2
3							3
4							4
5							5
6							6
500	Total reclassifications				539,667		500
	Code Letter - I						
1	RECLASS PSYCH ANCILLARY SERVICES	J	PSYCH ANCILLARY	90.02		1,229,944	1
2	RECLASS PSYCH IP ANCILLARY SERVICES	J	PSYCH	70.02	808,785	867,529	2
500	Total reclassifications				808,785	2,097,473	500
	Code Letter - J						
1	RECLASS VACCINE DRUG COSTS	K	PHARMACY VACCINE	73.03		25,535	1
500	Total reclassifications					25,535	500
	Code Letter - K						
1	HOME HEALTH SALARIES	L	Home Health Agency	101		7,054,349	1
2			Hospice	116		1,400,491	2
500	Total reclassifications					8,454,840	500
	Code Letter - L						
1	RECLASS FCC ADMIN COSTS	M	Physicians' Private Offices	192		855,344	1
500	Total reclassifications					855,344	500
	Code Letter - M						
1							1
2							2
3	PHARMACY RESIDENCY	N	PARAMED ED PRGM-(SPECIFY)	23	141,648	38,384	3
500	Total reclassifications				141,648	38,384	500
	Code Letter -						
1	RECLASS LABOR AND DELIVERY EXPENSES	O	Delivery Room & Labor Room	52	486,091	84,230	1
500	Total reclassifications				486,091	84,230	500
	Code Letter - O						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
GRAND TOTAL (Increases)				2,504,245	42,724,904

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9		
1	RECLASS NON CAP INSURANCE	A	Administrative & General	5		2,254,082	9	
2							1	
500	Total reclassifications					2,254,082	500	
	Code letter - A							
1	RECALLS CAFETERIA COSTS	B	Dietary	10		1,538,016	1	
500	Total reclassifications					1,538,016	500	
	Code letter - B							
1	RECLASS VACATION ACCRUAL	C	Administrative & General	5	151,599		1	
500	Total reclassifications				151,599		500	
	Code letter - C							
1	RECLASS CHARGEABLE MEDICAL SUPPLIES	D	Central Services & Supply	14		586,616	1	
2	RECLASS IMPLANT EXPENSE	D	Operating Room	50		8,322,500	2	
3			Cardiac Catheterization	59		707,823	3	
4			SPECIAL PROCEDURES	54.02		1,818,557	4	
500	Total reclassifications					11,435,496	500	
	Code letter - D							
1	RECLASS DRUGS CHARGED TO PATIENTS	E	Pharmacy	15		15,481,718	1	
500	Total reclassifications					15,481,718	500	
	Code letter - E							
1	POB COST OFFSET	F					1	
2			Maintenance & Repairs	6		151,306	2	
3			Operation of Plant	7		3,632	3	
4			Housekeeping	9		253,660	4	
500	Total reclassifications					408,598	500	
	Code letter - F							
1	LAB ADMIN	G	Laboratory	60	15,315	15,670	1	
500	Total reclassifications				15,315	15,670	500	
	Code letter - G							
1	RECLASS RECOVERY COSTS	H	Adults & Pediatrics	30	361,140	35,518	1	
500	Total reclassifications				361,140	35,518	500	
	Code letter - H							
1	RECLASS EMT PRECEPTOR COSTS	I	Adults & Pediatrics	30	44,595		1	
2			Intensive Care Unit	31	37,463		2	
3			Operating Room	50	13,217		3	
4			Respiratory Therapy	65	9,561		4	
5			Cardiac Catheterization	59	13,825		5	
6			Emergency	91	421,006		6	
500	Total reclassifications				539,667		500	
	Code letter - I							
1	RECLASS PSYCH ANCILLARY SERVICES	J	Adults & Pediatrics	30	808,785	2,097,473	1	
2	RECLASS PSYCH IP ANCILLARY SERVICES	J					2	
500	Total reclassifications				808,785	2,097,473	500	
	Code letter - J							
1	RECLASS VACCINE DRUG COSTS	K	Drugs Charged to Patients	73		25,535	1	
500	Total reclassifications					25,535	500	
	Code letter - K							
1	HOME HEALTH SALARIES	L	Home Health Agency	101	7,054,349		1	
2			Hospice	116	1,400,491		2	
500	Total reclassifications				8,454,840		500	
	Code letter - L							
1	RECLASS FCC ADMIN COSTS	M	IFCC	91.01		855,344	1	
500	Total reclassifications					855,344	500	
	Code letter - M							
1							1	
2							2	
3	PHARMACY RESIDENCY	N	Pharmacy	15	141,648	38,384	3	
500	Total reclassifications				141,648	38,384	500	
	Code letter -							
1	RECLASS LABOR AND DELIVERY EXPENSES	O	Adults & Pediatrics	30	486,091	84,230	1	
500	Total reclassifications				486,091	84,230	500	
	Code letter - O							

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref. 10
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	
GRAND TOTAL (Decreases)				10,959,085	34,270,064	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	16,296,257	30,420		30,420		16,326,677		1
2	Land Improvements	12,211,665					12,211,665		2
3	Buildings and Fixtures	276,160,347	6,068,310		6,068,310		282,228,657		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	187,594,486	17,047,614		17,047,614		204,642,100		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	492,262,755	23,146,344		23,146,344		515,409,099		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	492,262,755	23,146,344		23,146,344		515,409,099		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,569,328						6,569,328	1	
2	Cap Rel Costs-Mvble Equip	9,149,096						9,149,096	2	
3	Total (sum of lines 1-2)	15,718,424						15,718,424	3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	304,766,999		304,766,999	0.598276					1
2	Cap Rel Costs-Mvble Equip	204,642,100		204,642,100	0.401724					2
3	Total (sum of lines 1-2)	509,409,099		509,409,099	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	7,516,643						7,516,643	1	
2	Cap Rel Costs-Mvble Equip	9,149,096						9,149,096	2	
3	Total (sum of lines 1-2)	16,665,739						16,665,739	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
1	Investment income-buildings & fixtures (chapter 2)	B	-35,704	Cap Rel Costs-Bldg & Fixt	1	9	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)	B	-397,089	Housekeeping	9		9
10	Provider-based physician adjustment	Wkst A-8-2	-7,031,994				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	1,746,431				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests						14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts	B	-215	Medical Records & Library	16		18
19	Nursing school (tuition,fees,books,etc.)	B	-219,519	PARAMED ED PRGM - EMS	23.01		19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
34	INVESTMENT INCOME	B	-1,367,652	Administrative & General	5		34
34.06	DAY CARE CENTER	B	-194,569	Administrative & General	5		34.06
34.09	DIETARY TUITION REVENUE	B	-92,791	PARAMED ED PRGM - DIETETICS	23.02		34.09
35							35
35.19	POB DEPT RENTAL - RETINAL	B	-17,375	RETINAL VASCULAR	90.03		35.19
35.21	MISC REVENUE	B	-9,213	Nursing Administration	13		35.21
35.43	OTHER INCOME	B	-4,701	Speech Pathology	68		35.43
35.44	OTHER INCOME	B	-20,879	Laboratory	60		35.44
35.47	OTHER INCOME	B	-3,702,772	IFCC	91.01		35.47
35.48	OTHER INCOME	B	-132,041	CARDIAC REHABILITATION	76.97		35.48
35.49	MISC REVENUE	B	-13,304	INFUSION THERAPY	73.01		35.49
35.51	OTHER INCOME	B	-177	Radiology-Diagnostic	54		35.51
35.52	MISC REVENUE	B	-6,699	ULTRASOUND	54.01		35.52
35.53	OTHER INCOME	B	-3,576	Central Services & Supply	14		35.53
35.55	OTHER INCOME	B	-2,083,028	Physical Therapy	66		35.55
36	REMOVE LOBBYING EXPENSE	A	-77,333	Administrative & General	5		36
37	NONALLOWABLE MARKETING EXPENSE	A	-1,599,245	Administrative & General	5		37
38	NONALLOWABLE MARKETING EXPENSE	A	-544	Medical Records & Library	16		38
39	NONALLOWABLE MARKETING EXPENSE	A	-517	Subprovider - IRF	41		39
40	NONALLOWABLE MARKETING EXPENSE	A	-3,696	Laboratory	60		40
41	NONALLOWABLE MARKETING EXPENSE	A	-131	Physical Therapy	66		41
42	NONALLOWABLE MARKETING EXPENSE	A	-435	INFUSION THERAPY	73.01		42
43	NONALLOWABLE MARKETING EXPENSE	A	-988	FCC INFUSION THERAPY	73.04		43
44	NONALLOWABLE MARKETING EXPENSE	A	-3,333	CARDIAC REHABILITATION	76.97		44
45	NONALLOWABLE MARKETING EXPENSE	A	-4,011	IFCC	91.01		45
46	NONALLOWABLE PROFESSIONAL FEE	A	-862,500	I&R Services-Not Apprvd Prgm	100		46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-16,139,600				50

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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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 CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5	Administrative & General	MANAGEMENT FEE	8,939,713	7,215,215	1,724,498	1
2	101	Home Health Agency	MANAGEMENT FEE	389,505	367,572	21,933	2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			9,329,218	7,582,787	1,746,431	5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the 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.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors 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	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6						6	
7	B	INGALLS HEALTH SYSTEM	100.00			ACUTE	7
8	C			INGALLS HOME CARE	100.00	HOME CARE	8
9							9
10							10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen AGGREGATE	2,824,605	2,481,411	343,194	165,600	2,762	219,898	10,995	1
2	16	Medical Records & Li	164,107		164,107	165,600	1,094	87,099	4,355	2
3	23.01	PARAMED ED PRGM - EM	38,250		38,250	208,000	153	15,300	765	3
4										4
5	41	Subprovider - IRF	11,217		11,217	165,600	75	5,971	299	5
6	65	Respiratory Therapy AGGREGATE	24,375	24,375		208,000	163	16,300	815	6
7	50	Operating Room AGGREGATE	314,904	275,004	39,900	208,000	133	13,300	665	7
8	53	Anesthesiology AGGREGATE	900,000	900,000		208,000				8
9	54	Radiology-Diagnostic AGGREGATE	1,045,846	950,000	95,846	165,600	139	11,067	553	9
10										10
11	59	Cardiac Catheterizat AGGREGATE	37,350	37,350		208,000				11
12	60	Laboratory AGGREGATE	24,996	24,996		208,000				12
13	66	Physical Therapy AGGREGATE	125,933	125,933		208,000				13
14	69	Electrocardiology	325,150		325,150	208,000	2,168	216,800	10,840	14
15	70	Electroencephalograp AGGREGATE	75,418	75,418		208,000				15
16										16
17	76.97	CARDIAC REHABILITATI	6,225		6,225	208,000	42	4,200	210	17
18	90.03	RETINAL VASCULAR	36,000		36,000	208,000	240	24,000	1,200	18
19	91	Emergency VARIOUS	564,552	564,552		225,300				19
20	91.01	IFCC AGGREGATE	1,110,701	1,110,701		225,300				20
200		TOTAL	7,629,629	6,569,740	1,059,889		6,969	613,935	30,697	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					219,898	123,296	2,604,707	1
2	16	Medical Records & Li					87,099	77,008	77,008	2
3	23.01	PARAMED ED PRGM - EM					15,300	22,950	22,950	3
4										4
5	41	Subprovider - IRF					5,971	5,246	5,246	5
6	65	Respiratory Therapy AGGREGATE					16,300		24,375	6
7	50	Operating Room AGGREGATE					13,300	26,600	301,604	7
8	53	Anesthesiology AGGREGATE							900,000	8
9	54	Radiology-Diagnostic AGGREGATE					11,067	84,779	1,034,779	9
10										10
11	59	Cardiac Catheterizat AGGREGATE							37,350	11
12	60	Laboratory AGGREGATE							24,996	12
13	66	Physical Therapy AGGREGATE							125,933	13
14	69	Electrocardiology					216,800	108,350	108,350	14
15	70	Electroencephalograp AGGREGATE							75,418	15
16										16
17	76.97	CARDIAC REHABILITATI					4,200	2,025	2,025	17
18	90.03	RETINAL VASCULAR					24,000	12,000	12,000	18
19	91	Emergency VARIOUS							564,552	19
20	91.01	IFCC AGGREGATE							1,110,701	20
200		TOTAL					613,935	462,254	7,031,994	200

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	7,516,643	7,516,643					1
2	Cap Rel Costs-Mvble Equip	9,149,096		9,149,096				2
4	Employee Benefits Department	20,796,829	40,654		20,837,483			4
5	Administrative & General	59,018,845	2,297,872	2,775,264	3,050,629	67,142,610	67,142,610	5
6	Maintenance & Repairs	4,693,224	191,965	7,209	17	4,892,415	1,585,862	6
7	Operation of Plant	7,956,871	546,475	44,427	187,261	8,735,034	2,831,435	7
8	Laundry & Linen Service	1,090,589	37,647	1,000	17,680	1,146,916	371,769	8
9	Housekeeping	3,641,533	44,650	27,353	153	3,713,689	1,203,781	9
10	Dietary	2,275,980	137,007	46,067		2,459,054	797,095	10
11	Cafeteria	1,538,016	65,389	748		1,604,153	519,981	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,862,591	26,526	1,699,952	568,298	5,157,367	1,671,745	13
14	Central Services & Supply	385,161	49,438	66,888	62,226	563,713	182,726	14
15	Pharmacy	3,868,378	71,361	213,236	780,020	4,932,995	1,599,016	15
16	Medical Records & Library	3,928,491	103,448	3,863	539,846	4,575,648	1,483,183	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)	180,032	1,545		31,265	212,842	68,992	23
23.01	PARAMED ED PRGM - EMS	489,259	7,723	14,861	154,591	666,434	216,023	23.01
23.02	PARAMED ED PRGM - DIETETICS	1,840	23,818		17,982	43,640	14,146	23.02
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	21,187,953	1,360,991	326,498	3,714,672	26,590,114	8,619,153	30
31	Intensive Care Unit	3,249,023	130,994	103,497	601,219	4,084,733	1,324,054	31
40	Subprovider - IPF	1,341,764	41,128	5,348	159,865	1,548,105	501,814	40
41	Subprovider - IRF	2,509,738	520,381	8,016	513,744	3,551,879	1,151,331	41
43	Nursery	1,569,796	61,270	6,020	220,272	1,857,358	602,057	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	10,239,788	455,661	427,983	913,643	12,037,075	3,901,782	50
51	Recovery Room	837,178	34,260	24,155	155,953	1,051,546	340,855	51
52	Delivery Room & Labor Room	570,321			107,291	677,612	219,646	52
53	Anesthesiology	397,723	4,438	61,771	10,052	473,984	153,640	53
54	Radiology-Diagnostic	4,331,942	270,678	539,991	579,058	5,721,669	1,854,662	54
54.01	ULTRASOUND	1,071,074	29,379	54,622	220,228	1,375,303	445,800	54.01
54.02	SPECIAL PROCEDURES	1,193,485	18,875	145,087	231,164	1,588,611	514,943	54.02
56	Radioisotope	1,107,965	19,823	40,747	103,267	1,271,802	412,251	56
57	CT Scan	1,116,423	21,161	72,072	154,423	1,364,079	442,162	57
58	MRI	538,066	55,884	19,286	99,006	712,242	230,871	58
59	Cardiac Catheterization	3,201,533	37,792	299,465	158,611	3,697,401	1,198,501	59
60	Laboratory	10,133,053	141,806	172,330	1,193,692	11,640,881	3,773,357	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,228,843	5,406	1,838	59,830	1,295,917	420,068	63
65	Respiratory Therapy	2,028,538	16,980	42,752	355,739	2,444,009	792,218	65
65.01	PULMONARY FUNCTION	35,420	8,176	4,369	6,639	54,604	17,700	65.01
66	Physical Therapy	1,899,625	65,626	45,882	858,898	2,870,031	930,312	66
67	Occupational Therapy	1,311,779	10,895	1,060	262,642	1,586,376	514,219	67
68	Speech Pathology	383,847	7,455	8,165	80,265	479,732	155,504	68
69	Electrocardiology	1,242,846	38,636	122,849	166,917	1,571,248	509,315	69
70	Electroencephalography	146,794	21,017	18,734	28,731	215,276	69,781	70
70.01	SLEEP LAB	119,994		11,116	25,166	156,276	50,656	70.01
70.02	PSYCH	1,676,314			178,517	1,854,831	601,238	70.02
71	Medical Supplies Charged to Patients	586,616				586,616	190,150	71
72	Impl. Dev. Charged to Patients	10,848,880				10,848,880	3,516,632	72
73	Drugs Charged to Patients	15,456,183				15,456,183	5,010,075	73
73.01	INFUSION THERAPY	580,536	16,002	2,052	107,538	706,128	228,889	73.01
73.03	PHARMACY VACCINE	25,535				25,535	8,277	73.03
73.04	FCC INFUSION THERAPY	594,751	6,642		103,572	704,965	228,512	73.04
74	Renal Dialysis	527,276	18,546	20,272	108,144	674,238	218,552	74
76.97	CARDIAC REHABILITATION	393,875	20,996	11,469	85,557	511,897	165,930	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,364,320		1,607	202,592	1,568,519	508,431	76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	1,895,281	144,154			2,039,435	661,077	90.02
90.03	RETINAL VASCULAR	300,425	111,665	15,763	43,228	471,081	152,699	90.03
91	Emergency	4,729,978	96,508	70,192	748,564	5,645,242	1,829,888	91
91.01	IFCC	17,243,569		1,561,463	2,866,011	21,671,043	7,024,604	91.01
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency	9,755,949	63,648			9,819,597	3,182,993	101

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	
		0	1	2	4	4A	5	
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	2,452,694				2,452,694	795,033	116
118	SUBTOTALS (sum of lines 1-117)	270,820,071	7,502,391	9,147,339	20,834,678	270,801,257	66,015,386	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	1,387,914		1,757	2,805	1,392,476	451,367	192
192.01	REFERENCE LAB							192.01
192.02	OP PHARMACY		9,103			9,103	2,951	192.02
192.03	RETINAL VASCULAR GRANTS		5,149			5,149	1,669	192.03
192.04	AMBULANCE	2,070,781				2,070,781	671,237	192.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	274,278,766	7,516,643	9,149,096	20,837,483	274,278,766	67,142,610	202

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	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	6,478,277						6
7	Operation of Plant	710,009	12,276,478					7
8	Laundry & Linen Service	48,914	104,102	1,671,701				8
9	Housekeeping	58,011	123,464		5,098,945			9
10	Dietary	178,007	378,849		160,324	3,973,329		10
11	Cafeteria	84,957	180,811		76,517		2,466,419	11
12	Maintenance of Personnel							12
13	Nursing Administration	34,464	73,350		31,041		82,210	13
14	Central Services & Supply	64,232	136,705	3,437	57,852		16,347	14
15	Pharmacy	92,716	197,326		83,506		87,716	15
16	Medical Records & Library	134,405	286,052		121,053		85,010	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)	2,007	4,271		1,807			23
23.01	PARAMED ED PRGM - EMS	10,034	21,356		9,037		4,839	23.01
23.02	PARAMED ED PRGM - DIETETICS	30,946	65,861		27,871		1,791	23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,768,273	3,763,378	818,464	1,592,614	2,878,014	588,344	30
31	Intensive Care Unit	170,194	362,220	99,361	153,287	257,900	72,684	31
40	Subprovider - IPF	53,436	113,726	32,910	48,127	304,361	25,758	40
41	Subprovider - IRF	676,107	1,438,943	86,670	608,942	482,630	73,045	41
43	Nursery	79,605	169,421	21,475	71,697		26,216	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	592,020	1,259,983	188,722	533,209		115,322	50
51	Recovery Room	44,512	94,734	21,617	40,090		15,127	51
52	Delivery Room & Labor Room							52
53	Anesthesiology	5,766	12,272		5,194		2,096	53
54	Radiology-Diagnostic	351,680	748,473	53,692	316,744		70,493	54
54.01	ULTRASOUND	38,170	81,237	26,079	34,378		24,120	54.01
54.02	SPECIAL PROCEDURES	24,524	52,193	3,261	22,087		25,587	54.02
56	Radioisotope	25,755	54,813	5,273	23,196		10,288	56
57	CT Scan	27,494	58,514	22,784	24,763		18,404	57
58	MRI	72,608	154,529	10,926	65,395		11,946	58
59	Cardiac Catheterization	49,101	104,500	3,228	44,223		15,527	59
60	Laboratory	184,242	392,118		165,939		195,588	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,024	14,949		6,326		7,945	63
65	Respiratory Therapy	22,062	46,954		19,870		50,545	65
65.01	PULMONARY FUNCTION	10,623	22,609		9,568		972	65.01
66	Physical Therapy	85,264	181,466	39,428	76,794		110,749	66
67	Occupational Therapy	14,155	30,126		12,749		46,125	67
68	Speech Pathology	9,686	20,615		8,724		8,859	68
69	Electrocardiology	50,198	106,835	17,598	45,211		21,453	69
70	Electroencephalography	27,307	58,116	2,727	24,594		3,944	70
70.01	SLEEP LAB						3,296	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	20,791	44,249	4,355	18,726		13,298	73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY	8,629	18,366		7,772		10,898	73.04
74	Renal Dialysis	24,096	51,282		21,702		11,298	74
76.97	CARDIAC REHABILITATION	27,280	58,059	9,186	24,570		10,860	76.97
76.98	HYPERBARIC OXYGEN THERAPY			397			23,548	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	187,292	398,610	20,049	168,687	25,212		90.02
90.03	RETINAL VASCULAR	145,082	308,774		130,669		9,012	90.03
91	Emergency	125,388	266,860	180,062	112,932	25,212	117,570	91
91.01	IFCC						446,865	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency	82,695	175,999		74,481			101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
118	SUBTOTALS (sum of lines 1-117)	6,459,761	12,237,070	1,671,701	5,082,268	3,973,329	2,465,695	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						724	192
192.01	REFERENCE LAB							192.01
192.02	OP PHARMACY	11,827	25,171		10,652			192.02
192.03	RETINAL VASCULAR GRANTS	6,689	14,237		6,025			192.03
192.04	AMBULANCE							192.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,478,277	12,276,478	1,671,701	5,098,945	3,973,329	2,466,419	202

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PARAMED EDUCATION 23	23.01	
	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	7,050,177						13
14	Central Services & Supply		1,025,012					14
15	Pharmacy			6,993,275				15
16	Medical Records & Library		20		6,685,371			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)					289,919		23
23.01	PARAMED ED PRGM - EMS		132	1,364			929,219	23.01
23.02	PARAMED ED PRGM - DIETETICS							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,998,392	48,236	2,742	2,763,436		123,896	30
31	Intensive Care Unit	504,020	13,368	1,098	255,197		92,922	31
40	Subprovider - IPF	158,547	103	26	279,796			40
41	Subprovider - IRF	504,859	4,224	93	447,586			41
43	Nursery	234,467	1,523		179,257			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	775,729	164,327	1,423	263,013		30,974	50
51	Recovery Room	98,194	4,176		17,138			51
52	Delivery Room & Labor Room							52
53	Anesthesiology		8,194		45,403			53
54	Radiology-Diagnostic		2,852	6,988	137,747			54
54.01	ULTRASOUND		2,133	3	47,627			54.01
54.02	SPECIAL PROCEDURES		68,054	11,138	83,173			54.02
56	Radioisotope		24,587	351,747	36,861			56
57	CT Scan		7,233	45,755	175,609			57
58	MRI		4,529		52,774			58
59	Cardiac Catheterization		38,470	26,671	55,652			59
60	Laboratory		107,211	160,416	403,078			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		30,306	12,737	19,951			63
65	Respiratory Therapy		11,865	12	44,273		30,974	65
65.01	PULMONARY FUNCTION		64		3,125			65.01
66	Physical Therapy		3,243	2,816	128,204			66
67	Occupational Therapy		112		26,333			67
68	Speech Pathology		67		25,545			68
69	Electrocardiology		3,060	36,586	93,208		30,974	69
70	Electroencephalography		103		3,048			70
70.01	SLEEP LAB		156		3,539			70.01
70.02	PSYCH				10,277			70.02
71	Medical Supplies Charged to Patients		18,855		13,299			71
72	Impl. Dev. Charged to Patients		371,520		84,029			72
73	Drugs Charged to Patients			6,153,942	239,093	289,919		73
73.01	INFUSION THERAPY		1,940		17,369			73.01
73.03	PHARMACY VACCINE			34,350	64			73.03
73.04	FCC INFUSION THERAPY		2,762		6,376			73.04
74	Renal Dialysis		1,805	2				74
76.97	CARDIAC REHABILITATION		185	710	3,515			76.97
76.98	HYPERBARIC OXYGEN THERAPY		4,472	2,278	12,595			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY		2		18,155			90.02
90.03	RETINAL VASCULAR		229	598	2,626			90.03
91	Emergency	775,969	26,915	54	212,468		619,479	91
91.01	IFCC		47,978	139,726	474,932			91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PARAMED EDUCATION 23	23.01	
118	SUBTOTALS (sum of lines 1-117)	7,050,177	1,025,011	6,993,275	6,685,371	289,919	929,219	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		1					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 Centers							201
202	TOTAL (sum of lines 118-201)	7,050,177	1,025,012	6,993,275	6,685,371	289,919	929,219	202

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS		SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		23.02	24	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	184,255					23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	98,008	53,653,064		53,653,064		30
31	Intensive Care Unit	24,502	7,415,540		7,415,540		31
40	Subprovider - IPF	14,701	3,081,410		3,081,410		40
41	Subprovider - IRF	43,124	9,069,433		9,069,433		41
43	Nursery		3,243,076		3,243,076		43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		19,863,579		19,863,579		50
51	Recovery Room		1,727,989		1,727,989		51
52	Delivery Room & Labor Room		897,258		897,258		52
53	Anesthesiology		706,549		706,549		53
54	Radiology-Diagnostic		9,265,000		9,265,000		54
54.01	ULTRASOUND		2,074,850		2,074,850		54.01
54.02	SPECIAL PROCEDURES		2,393,571		2,393,571		54.02
56	Radioisotope		2,216,573		2,216,573		56
57	CT Scan		2,186,797		2,186,797		57
58	MRI		1,315,820		1,315,820		58
59	Cardiac Catheterization		5,233,274		5,233,274		59
60	Laboratory		17,022,830		17,022,830		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		1,815,223		1,815,223		63
65	Respiratory Therapy		3,462,782		3,462,782		65
65.01	PULMONARY FUNCTION		119,265		119,265		65.01
66	Physical Therapy		4,428,307		4,428,307		66
67	Occupational Therapy		2,230,195		2,230,195		67
68	Speech Pathology		708,732		708,732		68
69	Electrocardiology		2,485,686		2,485,686		69
70	Electroencephalography		404,896		404,896		70
70.01	SLEEP LAB		213,923		213,923		70.01
70.02	PSYCH	1,960	2,468,306		2,468,306		70.02
71	Medical Supplies Charged to Patients		808,920		808,920		71
72	Impl. Dev. Charged to Patients		14,821,061		14,821,061		72
73	Drugs Charged to Patients		27,149,212		27,149,212		73
73.01	INFUSION THERAPY		1,055,745		1,055,745		73.01
73.03	PHARMACY VACCINE		68,226		68,226		73.03
73.04	FCC INFUSION THERAPY		988,280		988,280		73.04
74	Renal Dialysis		1,002,975		1,002,975		74
76.97	CARDIAC REHABILITATION		812,192		812,192		76.97
76.98	HYPERBARIC OXYGEN THERAPY		2,120,240		2,120,240		76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY		3,518,519		3,518,519		90.02
90.03	RETINAL VASCULAR		1,220,770		1,220,770		90.03
91	Emergency	1,960	9,939,999		9,939,999		91
91.01	IFCC		29,805,148		29,805,148		91.01
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm						100
101	Home Health Agency		13,335,765		13,335,765		101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice		3,247,727		3,247,727		116

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		23.02	24	25	26		
118	SUBTOTALS (sum of lines 1-117)	184,255	269,598,707		269,598,707		118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		1,844,568		1,844,568		192
192.01	REFERENCE LAB						192.01
192.02	OP PHARMACY		59,704		59,704		192.02
192.03	RETINAL VASCULAR GRANTS		33,769		33,769		192.03
192.04	AMBULANCE		2,742,018		2,742,018		192.04
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	184,255	274,278,766		274,278,766		202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		40,654		40,654	40,654		4
5	Administrative & General		2,297,872	2,775,264	5,073,136	5,957	5,079,093	5
6	Maintenance & Repairs		191,965	7,209	199,174		119,967	6
7	Operation of Plant		546,475	44,427	590,902	366	214,192	7
8	Laundry & Linen Service		37,647	1,000	38,647	35	28,124	8
9	Housekeeping		44,650	27,353	72,003		91,063	9
10	Dietary		137,007	46,067	183,074		60,298	10
11	Cafeteria		65,389	748	66,137		39,335	11
12	Maintenance of Personnel							12
13	Nursing Administration		26,526	1,699,952	1,726,478	1,110	126,464	13
14	Central Services & Supply		49,438	66,888	116,326	122	13,823	14
15	Pharmacy		71,361	213,236	284,597	1,523	120,962	15
16	Medical Records & Library		103,448	3,863	107,311	1,054	112,199	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)		1,545		1,545	61	5,219	23
23.01	PARAMED ED PRGM - EMS		7,723	14,861	22,584	302	16,342	23.01
23.02	PARAMED ED PRGM - DIETETICS		23,818		23,818	35	1,070	23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,360,991	326,498	1,687,489	7,216	651,922	30
31	Intensive Care Unit		130,994	103,497	234,491	1,174	100,162	31
40	Subprovider - IPF		41,128	5,348	46,476	312	37,961	40
41	Subprovider - IRF		520,381	8,016	528,397	1,003	87,096	41
43	Nursery		61,270	6,020	67,290	430	45,544	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		455,661	427,983	883,644	1,784	295,161	50
51	Recovery Room		34,260	24,155	58,415	305	25,785	51
52	Delivery Room & Labor Room					210	16,616	52
53	Anesthesiology		4,438	61,771	66,209	20	11,623	53
54	Radiology-Diagnostic		270,678	539,991	810,669	1,131	140,301	54
54.01	ULTRASOUND		29,379	54,622	84,001	430	33,724	54.01
54.02	SPECIAL PROCEDURES		18,875	145,087	163,962	451	38,954	54.02
56	Radioisotope		19,823	40,747	60,570	202	31,186	56
57	CT Scan		21,161	72,072	93,233	302	33,449	57
58	MRI		55,884	19,286	75,170	193	17,465	58
59	Cardiac Catheterization		37,792	299,465	337,257	310	90,664	59
60	Laboratory		141,806	172,330	314,136	2,331	285,446	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		5,406	1,838	7,244	117	31,777	63
65	Respiratory Therapy		16,980	42,752	59,732	695	59,930	65
65.01	PULMONARY FUNCTION		8,176	4,369	12,545	13	1,339	65.01
66	Physical Therapy		65,626	45,882	111,508	1,677	70,376	66
67	Occupational Therapy		10,895	1,060	11,955	513	38,900	67
68	Speech Pathology		7,455	8,165	15,620	157	11,764	68
69	Electrocardiology		38,636	122,849	161,485	326	38,529	69
70	Electroencephalography		21,017	18,734	39,751	56	5,279	70
70.01	SLEEP LAB			11,116	11,116	49	3,832	70.01
70.02	PSYCH					349	45,482	70.02
71	Medical Supplies Charged to Patients						14,384	71
72	Impl. Dev. Charged to Patients						266,025	72
73	Drugs Charged to Patients						379,001	73
73.01	INFUSION THERAPY		16,002	2,052	18,054	210	17,315	73.01
73.03	PHARMACY VACCINE					626	626	73.03
73.04	FCC INFUSION THERAPY		6,642		6,642	202	17,286	73.04
74	Renal Dialysis		18,546	20,272	38,818	211	16,533	74
76.97	CARDIAC REHABILITATION		20,996	11,469	32,465	167	12,552	76.97
76.98	HYPERBARIC OXYGEN THERAPY			1,607	1,607	396	38,462	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY		144,154		144,154		50,009	90.02
90.03	RETINAL VASCULAR		111,665	15,763	127,428	84	11,551	90.03
91	Emergency		96,508	70,192	166,700	1,462	138,427	91
91.01	IFCC			1,561,463	1,561,463	5,596	531,396	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency		63,648		63,648		240,786	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice						60,143	116

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
118	SUBTOTALS (sum of lines 1-117)		7,502,391	9,147,339	16,649,730	40,649	4,993,821	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices			1,757	1,757	5	34,145	192
192.01	REFERENCE LAB							192.01
192.02	OP PHARMACY		9,103		9,103		223	192.02
192.03	RETINAL VASCULAR GRANTS		5,149		5,149		126	192.03
192.04	AMBULANCE						50,778	192.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		7,516,643	9,149,096	16,665,739	40,654	5,079,093	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	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	319,141						6
7	Operation of Plant	34,977	840,437					7
8	Laundry & Linen Service	2,410	7,127	76,343				8
9	Housekeeping	2,858	8,452		174,376			9
10	Dietary	8,769	25,936		5,483	283,560		10
11	Cafeteria	4,185	12,378		2,617		124,652	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,698	5,021		1,062		4,155	13
14	Central Services & Supply	3,164	9,359	157	1,978		826	14
15	Pharmacy	4,568	13,509		2,856		4,433	15
16	Medical Records & Library	6,621	19,583		4,140		4,296	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)	99	292		62			23
23.01	PARAMED ED PRGM - EMS	494	1,462		309		245	23.01
23.02	PARAMED ED PRGM - DIETETICS	1,524	4,509		953		91	23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	87,113	257,639	37,376	54,466	205,393	29,733	30
31	Intensive Care Unit	8,384	24,797	4,538	5,242	18,405	3,673	31
40	Subprovider - IPF	2,632	7,786	1,503	1,646	21,721	1,302	40
41	Subprovider - IRF	33,307	98,509	3,958	20,825	34,443	3,692	41
43	Nursery	3,922	11,598	981	2,452		1,325	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	29,165	86,257	8,618	18,235		5,828	50
51	Recovery Room	2,193	6,485	987	1,371		765	51
52	Delivery Room & Labor Room							52
53	Anesthesiology	284	840		178		106	53
54	Radiology-Diagnostic	17,325	51,240	2,452	10,832		3,563	54
54.01	ULTRASOUND	1,880	5,561	1,191	1,176		1,219	54.01
54.02	SPECIAL PROCEDURES	1,208	3,573	149	755		1,293	54.02
56	Radioisotope	1,269	3,752	241	793		520	56
57	CT Scan	1,354	4,006	1,040	847		930	57
58	MRI	3,577	10,579	499	2,236		604	58
59	Cardiac Catheterization	2,419	7,154	147	1,512		785	59
60	Laboratory	9,076	26,844		5,675		9,885	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	346	1,023		216		402	63
65	Respiratory Therapy	1,087	3,214		680		2,555	65
65.01	PULMONARY FUNCTION	523	1,548		327		49	65.01
66	Physical Therapy	4,200	12,423	1,801	2,626		5,597	66
67	Occupational Therapy	697	2,062		436		2,331	67
68	Speech Pathology	477	1,411		298		448	68
69	Electrocardiology	2,473	7,314	804	1,546		1,084	69
70	Electroencephalography	1,345	3,979	125	841		199	70
70.01	SLEEP LAB						167	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	1,024	3,029	199	640		672	73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY	425	1,257		266		551	73.04
74	Renal Dialysis	1,187	3,511		742		571	74
76.97	CARDIAC REHABILITATION	1,344	3,975	420	840		549	76.97
76.98	HYPERBARIC OXYGEN THERAPY			18			1,190	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	9,227	27,289	916	5,769	1,799		90.02
90.03	RETINAL VASCULAR	7,147	21,138		4,469		455	90.03
91	Emergency	6,177	18,269	8,223	3,862	1,799	5,942	91
91.01	IFCC						22,584	91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency	4,074	12,049		2,547			101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
118	SUBTOTALS (sum of lines 1-117)	318,228	837,739	76,343	173,806	283,560	124,615	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices						37	192
192.01	REFERENCE LAB							192.01
192.02	OP PHARMACY	583	1,723		364			192.02
192.03	RETINAL VASCULAR GRANTS	330	975		206			192.03
192.04	AMBULANCE							192.04
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	319,141	840,437	76,343	174,376	283,560	124,652	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	PARAMED EDUCATION 23	23.01	
	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	1,865,988						13
14	Central Services & Supply		145,755					14
15	Pharmacy			432,448				15
16	Medical Records & Library			3	255,207			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)					7,278		23
23.01	PARAMED ED PRGM - EMS		19	84			41,841	23.01
23.02	PARAMED ED PRGM - DIETETICS							23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,058,265	6,859	170	105,494			30
31	Intensive Care Unit	133,400	1,901	68	9,742			31
40	Subprovider - IPF	41,963	15	2	10,681			40
41	Subprovider - IRF	133,622	601	6	17,086			41
43	Nursery	62,057	217		6,843			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	205,314	23,367	88	10,040			50
51	Recovery Room	25,989	594		654			51
52	Delivery Room & Labor Room							52
53	Anesthesiology		1,165		1,733			53
54	Radiology-Diagnostic		406	432	5,258			54
54.01	ULTRASOUND		303		1,818			54.01
54.02	SPECIAL PROCEDURES		9,677	689	3,175			54.02
56	Radioisotope		3,496	21,751	1,407			56
57	CT Scan		1,029	2,829	6,704			57
58	MRI		644		2,015			58
59	Cardiac Catheterization		5,470	1,649	2,124			59
60	Laboratory		15,245	9,920	15,387			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		4,309	788	762			63
65	Respiratory Therapy		1,687	1	1,690			65
65.01	PULMONARY FUNCTION		9		119			65.01
66	Physical Therapy		461	174	4,894			66
67	Occupational Therapy		16		1,005			67
68	Speech Pathology		10		975			68
69	Electrocardiology		435	2,262	3,558			69
70	Electroencephalography		15		116			70
70.01	SLEEP LAB		22		135			70.01
70.02	PSYCH				392			70.02
71	Medical Supplies Charged to Patients		2,681		508			71
72	Impl. Dev. Charged to Patients		52,829		3,208			72
73	Drugs Charged to Patients			380,546	9,127			73
73.01	INFUSION THERAPY		276		663			73.01
73.03	PHARMACY VACCINE			2,124	2			73.03
73.04	FCC INFUSION THERAPY		393		243			73.04
74	Renal Dialysis		257					74
76.97	CARDIAC REHABILITATION		26	44	134			76.97
76.98	HYPERBARIC OXYGEN THERAPY		636	141	481			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY				693			90.02
90.03	RETINAL VASCULAR		33	37	100			90.03
91	Emergency	205,378	3,827	3	8,111			91
91.01	IFCC		6,822	8,640	18,130			91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED EDUCATION		
		13	14	15	16	23	23.01	
118	SUBTOTALS (sum of lines 1-117)	1,865,988	145,755	432,448	255,207			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					7,278	41,841	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,865,988	145,755	432,448	255,207	7,278	41,841	202

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS		SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		23.02	24	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	32.000					23.02
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		4,189,135		4,189,135		30
31	Intensive Care Unit		545,977		545,977		31
40	Subprovider - IPF		174,000		174,000		40
41	Subprovider - IRF		962,545		962,545		41
43	Nursery		202,659		202,659		43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		1,567,501		1,567,501		50
51	Recovery Room		123,543		123,543		51
52	Delivery Room & Labor Room		16,826		16,826		52
53	Anesthesiology		82,158		82,158		53
54	Radiology-Diagnostic		1,043,609		1,043,609		54
54.01	ULTRASOUND		131,303		131,303		54.01
54.02	SPECIAL PROCEDURES		223,886		223,886		54.02
56	Radioisotope		125,187		125,187		56
57	CT Scan		145,723		145,723		57
58	MRI		112,982		112,982		58
59	Cardiac Catheterization		449,491		449,491		59
60	Laboratory		693,945		693,945		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		46,984		46,984		63
65	Respiratory Therapy		131,271		131,271		65
65.01	PULMONARY FUNCTION		16,472		16,472		65.01
66	Physical Therapy		215,737		215,737		66
67	Occupational Therapy		57,915		57,915		67
68	Speech Pathology		31,160		31,160		68
69	Electrocardiology		219,816		219,816		69
70	Electroencephalography		51,706		51,706		70
70.01	SLEEP LAB		15,321		15,321		70.01
70.02	PSYCH		46,223		46,223		70.02
71	Medical Supplies Charged to Patients		17,573		17,573		71
72	Impl. Dev. Charged to Patients		322,062		322,062		72
73	Drugs Charged to Patients		768,674		768,674		73
73.01	INFUSION THERAPY		42,082		42,082		73.01
73.03	PHARMACY VACCINE		2,752		2,752		73.03
73.04	FCC INFUSION THERAPY		27,265		27,265		73.04
74	Renal Dialysis		61,830		61,830		74
76.97	CARDIAC REHABILITATION		52,516		52,516		76.97
76.98	HYPERBARIC OXYGEN THERAPY		42,931		42,931		76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY		239,856		239,856		90.02
90.03	RETINAL VASCULAR		172,442		172,442		90.03
91	Emergency		568,180		568,180		91
91.01	IFCC		2,154,631		2,154,631		91.01
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm						100
101	Home Health Agency		323,104		323,104		101
	SPECIAL PURPOSE COST CENTERS						
116	Hospice		60,143		60,143		116

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS		SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		23.02	24	25	26		
118	SUBTOTALS (sum of lines 1-117)		16,479,116		16,479,116		118
	NONREIMBURSABLE COST CENTERS						
192	Physicians' Private Offices		35,944		35,944		192
192.01	REFERENCE LAB						192.01
192.02	OP PHARMACY		11,996		11,996		192.02
192.03	RETINAL VASCULAR GRANTS		6,786		6,786		192.03
192.04	AMBULANCE		50,778		50,778		192.04
200	Cross Foot Adjustments	32,000	81,119		81,119		200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	32,000	16,665,739		16,665,739		202

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	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		94,405,443				4
5	Administrative & General	223,150	3,150,711	13,821,074	-67,142,610	207,136,156		5
6	Maintenance & Repairs	18,642	8,184	77		4,892,415	484,213	6
7	Operation of Plant	53,069	50,437	848,397		8,735,034	53,069	7
8	Laundry & Linen Service	3,656	1,135	80,102		1,146,916	3,656	8
9	Housekeeping	4,336	31,054	694		3,713,689	4,336	9
10	Dietary	13,305	52,299			2,459,054	13,305	10
11	Cafeteria	6,350	849			1,604,153	6,350	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,576	1,929,930	2,574,710		5,157,367	2,576	13
14	Central Services & Supply	4,801	75,937	281,919		563,713	4,801	14
15	Pharmacy	6,930	242,084	3,533,933		4,932,995	6,930	15
16	Medical Records & Library	10,046	4,386	2,445,806		4,575,648	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		141,648		212,842	150	23
23.01	PARAMED ED PRGM - EMS	750	16,872	700,386		666,434	750	23.01
23.02	PARAMED ED PRGM - DIETETICS	2,313		81,469		43,640	2,313	23.02
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	132,168	370,668	16,829,422		26,590,114	132,168	30
31	Intensive Care Unit	12,721	117,499	2,723,860		4,084,733	12,721	31
40	Subprovider - IPF	3,994	6,072	724,280		1,548,105	3,994	40
41	Subprovider - IRF	50,535	9,101	2,327,552		3,551,879	50,535	41
43	Nursery	5,950	6,834	997,955		1,857,358	5,950	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	44,250	485,883	4,139,321		12,037,075	44,250	50
51	Recovery Room	3,327	27,423	706,557		1,051,546	3,327	51
52	Delivery Room & Labor Room			486,091		677,612		52
53	Anesthesiology	431	70,128	45,540		473,984	431	53
54	Radiology-Diagnostic	26,286	613,044	2,623,458		5,721,669	26,286	54
54.01	ULTRASOUND	2,853	62,012	997,757		1,375,303	2,853	54.01
54.02	SPECIAL PROCEDURES	1,833	164,715	1,047,304		1,588,611	1,833	54.02
56	Radioisotope	1,925	46,259	467,859		1,271,802	1,925	56
57	CT Scan	2,055	81,822	699,624		1,364,079	2,055	57
58	MRI	5,427	21,895	448,551		712,242	5,427	58
59	Cardiac Catheterization	3,670	339,978	718,596		3,697,401	3,670	59
60	Laboratory	13,771	195,644	5,408,098		11,640,881	13,771	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	525	2,087	271,064		1,295,917	525	63
65	Respiratory Therapy	1,649	48,536	1,611,701		2,444,009	1,649	65
65.01	PULMONARY FUNCTION	794	4,960	30,077		54,604	794	65.01
66	Physical Therapy	6,373	52,089	3,891,295		2,870,031	6,373	66
67	Occupational Therapy	1,058	1,203	1,189,916		1,586,376	1,058	67
68	Speech Pathology	724	9,270	363,647		479,732	724	68
69	Electrocardiology	3,752	139,469	756,229		1,571,248	3,752	69
70	Electroencephalography	2,041	21,268	130,168		215,276	2,041	70
70.01	SLEEP LAB		12,620	114,018		156,276		70.01
70.02	PSYCH			808,785		1,854,831		70.02
71	Medical Supplies Charged to Patients					586,616		71
72	Impl. Dev. Charged to Patients					10,848,880		72
73	Drugs Charged to Patients					15,456,183		73
73.01	INFUSION THERAPY	1,554	2,330	487,210		706,128	1,554	73.01
73.03	PHARMACY VACCINE					25,535		73.03
73.04	FCC INFUSION THERAPY	645		469,240		704,965	645	73.04
74	Renal Dialysis	1,801	23,014	489,952		674,238	1,801	74
76.97	CARDIAC REHABILITATION	2,039	13,021	387,620		511,897	2,039	76.97
76.98	HYPERBARIC OXYGEN THERAPY		1,824	917,856		1,568,519		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	13,999				2,039,435	13,999	90.02
90.03	RETINAL VASCULAR	10,844	17,895	195,849		471,081	10,844	90.03
91	Emergency	9,372	79,688	3,391,418		5,645,242	9,372	91
91.01	IFCC		1,772,706	12,984,652		21,671,043		91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency	6,181				9,819,597	6,181	101
	SPECIAL PURPOSE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
116	Hospice					2,452,694		116
118	SUBTOTALS (sum of lines 1-117)	728,569	10,384,835	94,392,737	-67,142,610	203,658,647	482,829	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices		1,995	12,706		1,392,476		192
192.01	REFERENCE LAB							192.01
192.02	OP PHARMACY	884				9,103	884	192.02
192.03	RETINAL VASCULAR GRANTS	500				5,149	500	192.03
192.04	AMBULANCE					2,070,781		192.04
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,516,643	9,149,096	20,837,483		67,142,610	6,478,277	202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.297434	0.880836	0.220723		0.324147	13.378982	203
204	Cost to be allocated (Per Wkst. B, Part II)			40,654		5,079,093	319,141	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000431		0.024521	0.659092	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	FTES	DIRECT NRSING HRS	
		7	8	9	10	11	13	
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	431,144						7
8	Laundry & Linen Service	3,656	1,610,869					8
9	Housekeeping	4,336		423,152				9
10	Dietary	13,305		13,305	371,927			10
11	Cafeteria	6,350		6,350		129,457		11
12	Maintenance of Personnel							12
13	Nursing Administration	2,576		2,576		4,315	58,875	13
14	Central Services & Supply	4,801	3,312	4,801		858		14
15	Pharmacy	6,930		6,930		4,604		15
16	Medical Records & Library	10,046		10,046		4,462		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				23
23.01	PARAMED ED PRGM - EMS	750		750		254		23.01
23.02	PARAMED ED PRGM - DIETETICS	2,313		2,313		94		23.02
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	132,168	788,680	132,168	269,399	30,881	33,390	30
31	Intensive Care Unit	12,721	95,745	12,721	24,141	3,815	4,209	31
40	Subprovider - IPF	3,994	31,712	3,994	28,490	1,352	1,324	40
41	Subprovider - IRF	50,535	83,516	50,535	45,177	3,834	4,216	41
43	Nursery	5,950	20,694	5,950		1,376	1,958	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	44,250	181,855	44,250		6,053	6,478	50
51	Recovery Room	3,327	20,830	3,327		794	820	51
52	Delivery Room & Labor Room							52
53	Anesthesiology	431		431		110		53
54	Radiology-Diagnostic	26,286	51,738	26,286		3,700		54
54.01	ULTRASOUND	2,853	25,130	2,853		1,266		54.01
54.02	SPECIAL PROCEDURES	1,833	3,142	1,833		1,343		54.02
56	Radioisotope	1,925	5,081	1,925		540		56
57	CT Scan	2,055	21,955	2,055		966		57
58	MRI	5,427	10,528	5,427		627		58
59	Cardiac Catheterization	3,670	3,111	3,670		815		59
60	Laboratory	13,771		13,771		10,266		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	525		525		417		63
65	Respiratory Therapy	1,649		1,649		2,653		65
65.01	PULMONARY FUNCTION	794		794		51		65.01
66	Physical Therapy	6,373	37,993	6,373		5,813		66
67	Occupational Therapy	1,058		1,058		2,421		67
68	Speech Pathology	724		724		465		68
69	Electrocardiology	3,752	16,958	3,752		1,126		69
70	Electroencephalography	2,041	2,628	2,041		207		70
70.01	SLEEP LAB					173		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	4,197	1,554		698		73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY	645		645		572		73.04
74	Renal Dialysis	1,801		1,801		593		74
76.97	CARDIAC REHABILITATION	2,039	8,852	2,039		570		76.97
76.98	HYPERBARIC OXYGEN THERAPY		383			1,236		76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	13,999	19,319	13,999	2,360			90.02
90.03	RETINAL VASCULAR	10,844		10,844		473		90.03
91	Emergency	9,372	173,510	9,372	2,360	6,171	6,480	91
91.01	IFCC					23,455		91.01
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency	6,181		6,181				101
SPECIAL PURPOSE COST CENTERS								

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	
		7	8	9	10	11	13	
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	429,760	1,610,869	421,768	371,927	129,419	58,875	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices					38		192
192.01	REFERENCE LAB							192.01
192.02	OP PHARMACY	884		884				192.02
192.03	RETINAL VASCULAR GRANTS	500		500				192.03
192.04	AMBULANCE							192.04
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	12,276,478	1,671,701	5,098,945	3,973,329	2,466,419	7,050,177	202
203	Unit Cost Multiplier (Wkst. B, Part I)	28,474,194	1,037,763	12,049,914	10,683,088	19,052,033	119,748,229	203
204	Cost to be allocated (Per Wkst. B, Part II)	840,437	76,343	174,376	283,560	124,652	1,865,988	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.949319	0.047392	0.412088	0.762408	0.962883	31.694064	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	PARAMED EDUCATION ASSIGNED TIME	TIME SPENT	MEALS SERVED
	14	15	16	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	32,054,943					14
15	Pharmacy		14,868,846				15
16	Medical Records & Library	636		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)				100		23
23.01	PARAMED ED PRGM - EMS	4,114	2,900			120	23.01
23.02	PARAMED ED PRGM - DIETETICS						188 23.02
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,508,448	5,829	1,374,331		16	100 30
31	Intensive Care Unit	418,061	2,335	126,916		12	25 31
40	Subprovider - IPF	3,207	56	139,150			15 40
41	Subprovider - IRF	132,084	197	222,596			44 41
43	Nursery	47,631		89,149			43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,138,916	3,025	130,803		4	50
51	Recovery Room	130,603		8,523			51
52	Delivery Room & Labor Room						52
53	Anesthesiology	256,235		22,580			53
54	Radiology-Diagnostic	89,191	14,857	68,505			54
54.01	ULTRASOUND	66,711	7	23,686			54.01
54.02	SPECIAL PROCEDURES	2,128,232	23,682	41,364			54.02
56	Radioisotope	768,905	747,872	18,332			56
57	CT Scan	226,206	97,282	87,335			57
58	MRI	141,640		26,246			58
59	Cardiac Catheterization	1,203,052	56,707	27,677			59
60	Laboratory	3,352,749	341,071	200,461			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	947,743	27,080	9,922			63
65	Respiratory Therapy	371,057	26	22,018		4	65
65.01	PULMONARY FUNCTION	1,995		1,554			65.01
66	Physical Therapy	101,407	5,988	63,759			66
67	Occupational Therapy	3,500		13,096			67
68	Speech Pathology	2,100		12,704			68
69	Electrocardiology	95,688	77,787	46,355		4	69
70	Electroencephalography	3,225		1,516			70
70.01	SLEEP LAB	4,866		1,760			70.01
70.02	PSYCH			5,111			2 70.02
71	Medical Supplies Charged to Patients	589,629		6,614			71
72	Impl. Dev. Charged to Patients	11,618,667		41,790			72
73	Drugs Charged to Patients		13,084,289	118,907	100		73
73.01	INFUSION THERAPY	60,669		8,638			73.01
73.03	PHARMACY VACCINE		73,034	32			73.03
73.04	FCC INFUSION THERAPY	86,361		3,171			73.04
74	Renal Dialysis	56,432	4				74
76.97	CARDIAC REHABILITATION	5,779	1,509	1,748			76.97
76.98	HYPERBARIC OXYGEN THERAPY	139,843	4,843	6,264			76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	64		9,029			90.02
90.03	RETINAL VASCULAR	7,164	1,271	1,306			90.03
91	Emergency	841,700	114	105,666		80	2 91
91.01	IFCC	1,500,395	297,081	236,196			91.01
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm						100

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	PARAMED EDUCATION ASSIGNED TIME	TIME SPENT	MEALS SERVED	
		14	15	16	23	23.01	23.02	
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	32,054,905	14,868,846	3,324,810	100	120	188	118
	NONREIMBURSABLE COST CENTERS							
192	Physicians' Private Offices	38						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 centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,025,012	6,993,275	6,685,371	289,919	929,219	184,255	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.031977	0.470331	2.010753	2,899.190000	7,743.491667	980.079787	203
204	Cost to be allocated (Per Wkst. B, Part II)	145,755	432,448	255,207	7,278	41,841	32,000	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.004547	0.029084	0.076758	72.780000	348.675000	170.212766	205

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	53,653,064		53,653,064		53,653,064	30
31	Intensive Care Unit	7,415,540		7,415,540		7,415,540	31
40	Subprovider - IPF	3,081,410		3,081,410		3,081,410	40
41	Subprovider - IRF	9,069,433		9,069,433	5,246	9,074,679	41
43	Nursery	3,243,076		3,243,076		3,243,076	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	19,863,579		19,863,579	26,600	19,890,179	50
51	Recovery Room	1,727,989		1,727,989		1,727,989	51
52	Delivery Room & Labor Room	897,258		897,258		897,258	52
53	Anesthesiology	706,549		706,549		706,549	53
54	Radiology-Diagnostic	9,265,000		9,265,000	84,779	9,349,779	54
54.01	ULTRASOUND	2,074,850		2,074,850		2,074,850	54.01
54.02	SPECIAL PROCEDURES	2,393,571		2,393,571		2,393,571	54.02
56	Radioisotope	2,216,573		2,216,573		2,216,573	56
57	CT Scan	2,186,797		2,186,797		2,186,797	57
58	MRI	1,315,820		1,315,820		1,315,820	58
59	Cardiac Catheterization	5,233,274		5,233,274		5,233,274	59
60	Laboratory	17,022,830		17,022,830		17,022,830	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	1,815,223		1,815,223		1,815,223	63
65	Respiratory Therapy	3,462,782		3,462,782		3,462,782	65
65.01	PULMONARY FUNCTION	119,265		119,265		119,265	65.01
66	Physical Therapy	4,428,307		4,428,307		4,428,307	66
67	Occupational Therapy	2,230,195		2,230,195		2,230,195	67
68	Speech Pathology	708,732		708,732		708,732	68
69	Electrocardiology	2,485,686		2,485,686	108,350	2,594,036	69
70	Electroencephalography	404,896		404,896		404,896	70
70.01	SLEEP LAB	213,923		213,923		213,923	70.01
70.02	PSYCH	2,468,306		2,468,306		2,468,306	70.02
71	Medical Supplies Charged to Patients	808,920		808,920		808,920	71
72	Impl. Dev. Charged to Patients	14,821,061		14,821,061		14,821,061	72
73	Drugs Charged to Patients	27,149,212		27,149,212		27,149,212	73
73.01	INFUSION THERAPY	1,055,745		1,055,745		1,055,745	73.01
73.03	PHARMACY VACCINE	68,226		68,226		68,226	73.03
73.04	FCC INFUSION THERAPY	988,280		988,280		988,280	73.04
74	Renal Dialysis	1,002,975		1,002,975		1,002,975	74
76.97	CARDIAC REHABILITATION	812,192		812,192	2,025	814,217	76.97
76.98	HYPERBARIC OXYGEN THERAPY	2,120,240		2,120,240		2,120,240	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY	3,518,519		3,518,519		3,518,519	90.02
90.03	RETINAL VASCULAR	1,220,770		1,220,770	12,000	1,232,770	90.03
91	Emergency	9,939,999		9,939,999		9,939,999	91
91.01	IFCC	29,805,148		29,805,148		29,805,148	91.01
92	Observation Beds (Non-Distinct Part)	681,386		681,386		681,386	92
	OTHER REIMBURSABLE COST CENTERS						
100	I&R Services-Not Apprvd Prgm						100
101	Home Health Agency	13,335,765		13,335,765		13,335,765	101
116	Hospice	3,247,727		3,247,727		3,247,727	116
200	Subtotal (sum of lines 30 thru 199)	270,280,093		270,280,093	239,000	270,519,093	200
201	Less Observation Beds	681,386		681,386		681,386	201
202	Total (line 200 minus line 201)	269,598,707		269,598,707		269,837,707	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	92,628,570		92,628,570				30
31	Intensive Care Unit	10,791,850		10,791,850				31
40	Subprovider - IPF	3,947,127		3,947,127				40
41	Subprovider - IRF	8,552,739		8,552,739				41
43	Nursery	4,120,039		4,120,039				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	48,059,510	41,490,642	89,550,152	0.221815	0.221815	0.222112	50
51	Recovery Room	3,647,660	4,107,350	7,755,010	0.222822	0.222822	0.222822	51
52	Delivery Room & Labor Room	2,771,506	763,653	3,535,159	0.253810	0.253810	0.253810	52
53	Anesthesiology	8,877,463	7,187,175	16,064,638	0.043982	0.043982	0.043982	53
54	Radiology-Diagnostic	7,386,310	26,368,925	33,755,235	0.274476	0.274476	0.276988	54
54.01	ULTRASOUND	3,608,661	8,663,174	12,271,835	0.169074	0.169074	0.169074	54.01
54.02	SPECIAL PROCEDURES	10,277,483	16,554,730	26,832,213	0.089205	0.089205	0.089205	54.02
56	Radioisotope	3,411,042	6,946,778	10,357,820	0.214000	0.214000	0.214000	56
57	CT Scan	22,877,245	42,947,768	65,825,013	0.033221	0.033221	0.033221	57
58	MRI	7,860,996	8,681,098	16,542,094	0.079544	0.079544	0.079544	58
59	Cardiac Catheterization	10,183,631	9,229,872	19,413,503	0.269569	0.269569	0.269569	59
60	Laboratory	47,859,560	95,777,162	143,636,722	0.118513	0.118513	0.118513	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,239,127	1,654,875	5,894,002	0.307978	0.307978	0.307978	63
65	Respiratory Therapy	17,308,838	2,193,491	19,502,329	0.177557	0.177557	0.177557	65
65.01	PULMONARY FUNCTION	187,536	834,161	1,021,697	0.116732	0.116732	0.116732	65.01
66	Physical Therapy	6,278,253	13,291,681	19,569,934	0.226281	0.226281	0.226281	66
67	Occupational Therapy	5,355,830		5,355,830	0.416405	0.416405	0.416405	67
68	Speech Pathology	2,519,027		2,519,027	0.281351	0.281351	0.281351	68
69	Electrocardiology	11,795,396	10,600,231	22,395,627	0.110990	0.110990	0.115828	69
70	Electroencephalography	790,167	292,719	1,082,886	0.373905	0.373905	0.373905	70
70.01	SLEEP LAB	508,580	849,765	1,358,345	0.157488	0.157488	0.157488	70.01
70.02	PSYCH	4,513,706		4,513,706	0.546847	0.546847	0.546847	70.02
71	Medical Supplies Charged to Patients	3,488,919	3,826,671	7,315,590	0.110575	0.110575	0.110575	71
72	Impl. Dev. Charged to Patients	17,677,782	10,310,782	27,988,564	0.529540	0.529540	0.529540	72
73	Drugs Charged to Patients	43,456,169	90,557,859	134,014,028	0.202585	0.202585	0.202585	73
73.01	INFUSION THERAPY	15,468	4,005,787	4,021,255	0.262541	0.262541	0.262541	73.01
73.03	PHARMACY VACCINE	65,437	27,565	93,002	0.733597	0.733597	0.733597	73.03
73.04	FCC INFUSION THERAPY	31,910	6,894,946	6,926,856	0.142674	0.142674	0.142674	73.04
74	Renal Dialysis	1,415,604	239,634	1,655,238	0.605940	0.605940	0.605940	74
76.97	CARDIAC REHABILITATION	75,088	598,410	673,498	1.205931	1.205931	1.208938	76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,909,362	7,334,102	9,243,464	0.229377	0.229377	0.229377	76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	1,107,737	5,461,338	6,569,075	0.535619	0.535619	0.535619	90.02
90.03	RETINAL VASCULAR	1,800	790,374	792,174	1.541038	1.541038	1.556186	90.03
91	Emergency	14,406,623	73,284,840	87,691,463	0.113352	0.113352	0.113352	91
91.01	IFCC	4,368,566	204,405,804	208,774,370	0.142762	0.142762	0.142762	91.01
92	Observation Beds (Non-Distinct Part)		4,986,952	4,986,952	0.136634	0.136634	0.136634	92
OTHER REIMBURSABLE COST CENTERS								
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency		11,352,532	11,352,532				101
116	Hospice		4,302,883	4,302,883				116
200	Subtotal (sum of lines 30 thru 199)	438,378,317	726,815,729	1,165,194,046				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	438,378,317	726,815,729	1,165,194,046				202

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,189,135		4,189,135	52,363	80.00	19,108	1,528,640	30
31	Intensive Care Unit	545,977		545,977	3,796	143.83	1,914	275,291	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	174,000		174,000	2,531	68.75	1,594	109,588	40
41	Subprovider - IRF	962,545		962,545	6,815	141.24	5,095	719,618	41
42	Subprovider I								42
43	Nursery	202,659		202,659	3,766	53.81			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,074,316		6,074,316	69,271		27,711	2,633,137	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0191

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,567,501	89,550,152	0.017504	25,978,034	454,720	50
51	Recovery Room	123,543	7,755,010	0.015931	1,481,239	23,598	51
52	Delivery Room & Labor Room	16,826	3,535,159	0.004760	16,744	80	52
53	Anesthesiology	82,158	16,064,638	0.005114	3,635,945	18,594	53
54	Radiology-Diagnostic	1,043,609	33,755,235	0.030917	2,340,838	72,372	54
54.01	ULTRASOUND	131,303	12,271,835	0.010700	1,623,013	17,366	54.01
54.02	SPECIAL PROCEDURES	223,886	26,832,213	0.008344	6,400,499	53,400	54.02
56	Radioisotope	125,187	10,357,820	0.012086	1,273,676	15,394	56
57	CT Scan	145,723	65,825,013	0.002214	10,865,096	24,055	57
58	MRI	112,982	16,542,094	0.006830	3,628,118	24,780	58
59	Cardiac Catheterization	449,491	19,413,503	0.023154	5,935,360	137,427	59
60	Laboratory	693,945	143,636,722	0.004831	20,960,796	101,262	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	46,984	5,894,002	0.007971	1,981,567	15,795	63
65	Respiratory Therapy	131,271	19,502,329	0.006731	8,477,987	57,065	65
65.01	PULMONARY FUNCTION	16,472	1,021,697	0.016122	91,514	1,475	65.01
66	Physical Therapy	215,737	19,569,934	0.011024	1,502,243	16,561	66
67	Occupational Therapy	57,915	5,355,830	0.010813	962,601	10,409	67
68	Speech Pathology	31,160	2,519,027	0.012370	579,925	7,174	68
69	Electrocardiology	219,816	22,395,627	0.009815	5,699,244	55,938	69
70	Electroencephalography	51,706	1,082,886	0.047748	395,157	18,868	70
70.01	SLEEP LAB	15,321	1,358,345	0.011279	104,475	1,178	70.01
70.02	PSYCH	46,223	4,513,706	0.010241	81,190	831	70.02
71	Medical Supplies Charged to Pat	17,573	7,315,590	0.002402	1,478,865	3,552	71
72	Impl. Dev. Charged to Patients	322,062	27,988,564	0.011507	1,598,495	18,394	72
73	Drugs Charged to Patients	768,674	134,014,028	0.005736	19,024,739	109,126	73
73.01	INFUSION THERAPY	42,082	4,021,255	0.010465	8,392	88	73.01
73.03	PHARMACY VACCINE	2,752	93,002	0.029591			73.03
73.04	FCC INFUSION THERAPY	27,265	6,926,856	0.003936	26,603	105	73.04
74	Renal Dialysis	61,830	1,655,238	0.037354	776,221	28,995	74
76.97	CARDIAC REHABILITATION	52,516	673,498	0.077975	33,733	2,630	76.97
76.98	HYPERBARIC OXYGEN THERAPY	42,931	9,243,464	0.004644	926,388	4,302	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY	239,856	6,569,075	0.036513	1,007	37	90.02
90.03	RETINAL VASCULAR	172,442	792,174	0.217682	900	196	90.03
91	Emergency	568,180	87,691,463	0.006479	8,558,112	55,448	91
91.01	IFCC	2,154,631	208,774,370	0.010320	1,294,225	13,356	91.01
92	Observation Beds (Non-Distinct	53,201	4,986,952	0.010668			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,074,754	1,029,498,306		137,742,941	1,364,577	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		221,904			221,904	30
31	Intensive Care Unit		117,424			117,424	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		14,701			14,701	40
41	Subprovider - IRF		43,124			43,124	41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		397,153			397,153	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	52,363	4.24	19,108	81,018	30
31	Intensive Care Unit	3,796	30.93	1,914	59,200	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	2,531	5.81	1,594	9,261	40
41	Subprovider - IRF	6,815	6.33	5,095	32,251	41
42	Subprovider I					42
43	Nursery	3,766				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	69,271		27,711	181,730	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			30,974		30,974	30,974	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
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 & Tra							63
65	Respiratory Therapy			30,974		30,974	30,974	65
65.01	PULMONARY FUNCTION							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology			30,974		30,974	30,974	69
70	Electroencephalography							70
70.01	SLEEP LAB							70.01
70.02	PSYCH			1,960		1,960	1,960	70.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			289,919		289,919	289,919	73
73.01	INFUSION THERAPY							73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY							73.04
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			621,439		621,439	621,439	91
91.01	IFCC							91.01
92	Observation Beds (Non-Distinct			2,818		2,818	2,818	92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			1,009,058		1,009,058	1,009,058	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	89,550,152	0.000346	0.000346	25,978,034	8,988	11,171,020	3,865	50
51	Recovery Room	7,755,010			1,481,239		993,735		51
52	Delivery Room & Labor Room	3,535,159			16,744		522		52
53	Anesthesiology	16,064,638			3,635,945		1,816,332		53
54	Radiology-Diagnostic	33,755,235			2,340,838		8,053,858		54
54.01	ULTRASOUND	12,271,835			1,623,013		1,805,322		54.01
54.02	SPECIAL PROCEDURES	26,832,213			6,400,499		10,650,214		54.02
56	Radioisotope	10,357,820			1,273,676		2,622,198		56
57	CT Scan	65,825,013			10,865,096		9,931,311		57
58	MRI	16,542,094			3,628,118		2,938,677		58
59	Cardiac Catheterization	19,413,503			5,935,360		4,907,106		59
60	Laboratory	143,636,722			20,960,796		10,846,242		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,894,002			1,981,567		386,692		63
65	Respiratory Therapy	19,502,329	0.001588	0.001588	8,477,987	13,463	642,229	1,020	65
65.01	PULMONARY FUNCTION	1,021,697			91,514		245,901		65.01
66	Physical Therapy	19,569,934			1,502,243		98,250		66
67	Occupational Therapy	5,355,830			962,601				67
68	Speech Pathology	2,519,027			579,925				68
69	Electrocardiology	22,395,627	0.001383	0.001383	5,699,244	7,882	3,136,210	4,337	69
70	Electroencephalography	1,082,886			395,157		95,167		70
70.01	SLEEP LAB	1,358,345			104,475		203,552		70.01
70.02	PSYCH	4,513,706	0.000434	0.000434	81,190	35			70.02
71	Medical Supplies Charged to Pat	7,315,590			1,478,865		524,830		71
72	Impl. Dev. Charged to Patients	27,988,564			1,598,495		4,004,178		72
73	Drugs Charged to Patients	134,014,028	0.002163	0.002163	19,024,739	41,151	42,689,095	92,337	73
73.01	INFUSION THERAPY	4,021,255			8,392		1,650,969		73.01
73.03	PHARMACY VACCINE	93,002							73.03
73.04	FCC INFUSION THERAPY	6,926,856			26,603		3,307,149		73.04
74	Renal Dialysis	1,655,238			776,221		149,358		74
76.97	CARDIAC REHABILITATION	673,498			33,733		348,393		76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,243,464			926,388		1,815,097		76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	6,569,075			1,007		238,071		90.02
90.03	RETINAL VASCULAR	792,174			900		385,455		90.03
91	Emergency	87,691,463	0.007087	0.007087	8,558,112	60,651	9,345,147	66,229	91
91.01	IFCC	208,774,370			1,294,225		35,784,893		91.01
92	Observation Beds (Non-Distinct	4,986,952	0.000565	0.000565			1,640,038	927	92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,029,498,306			137,742,941	132,170	172,427,211	168,715	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0191

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.221815	11,171,020			2,477,900			50
51	Recovery Room	0.222822	993,735			221,426			51
52	Delivery Room & Labor Room	0.253810	522			132			52
53	Anesthesiology	0.043982	1,816,332			79,886			53
54	Radiology-Diagnostic	0.274476	8,053,858			2,210,591			54
54.01	ULTRASOUND	0.169074	1,805,322			305,233			54.01
54.02	SPECIAL PROCEDURES	0.089205	10,650,214			950,052			54.02
56	Radioisotope	0.214000	2,622,198			561,150			56
57	CT Scan	0.033221	9,931,311			329,928			57
58	MRI	0.079544	2,938,677			233,754			58
59	Cardiac Catheterization	0.269569	4,907,106			1,322,804			59
60	Laboratory	0.118513	10,846,242			1,285,421			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.307978	386,692	280		119,093	86		63
65	Respiratory Therapy	0.177557	642,229			114,032			65
65.01	PULMONARY FUNCTION	0.116732	245,901			28,705			65.01
66	Physical Therapy	0.226281	98,250			22,232			66
67	Occupational Therapy	0.416405							67
68	Speech Pathology	0.281351							68
69	Electrocardiology	0.110990	3,136,210			348,088			69
70	Electroencephalography	0.373905	95,167			35,583			70
70.01	SLEEP LAB	0.157488	203,552			32,057			70.01
70.02	PSYCH	0.546847							70.02
71	Medical Supplies Charged to Pat	0.110575	524,830			58,033			71
72	Impl. Dev. Charged to Patients	0.529540	4,004,178			2,120,372			72
73	Drugs Charged to Patients	0.202585	42,689,095	50,918		8,648,170	10,315		73
73.01	INFUSION THERAPY	0.262541	1,650,969			433,447			73.01
73.03	PHARMACY VACCINE	0.733597							73.03
73.04	FCC INFUSION THERAPY	0.142674	3,307,149			471,844			73.04
74	Renal Dialysis	0.605940	149,358			90,502			74
76.97	CARDIAC REHABILITATION	1.205931	348,393			420,138			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377	1,815,097			416,342			76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	0.535619	238,071	35,604		127,515	19,070		90.02
90.03	RETINAL VASCULAR	1.541038	385,455			594,001			90.03
91	Emergency	0.113352	9,345,147			1,059,291			91
91.01	IFCC	0.142762	35,784,893	2,672		5,108,723	381		91.01
92	Observation Beds (Non-Distinct)	0.136634	1,640,038			224,085			92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		172,427,211	89,474		30,450,530	29,852		200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		172,427,211	89,474		30,450,530	29,852		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S191

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,567,501	89,550,152	0.017504	5,946	104	50
51	Recovery Room	123,543	7,755,010	0.015931			51
52	Delivery Room & Labor Room	16,826	3,535,159	0.004760			52
53	Anesthesiology	82,158	16,064,638	0.005114			53
54	Radiology-Diagnostic	1,043,609	33,755,235	0.030917	24,617	761	54
54.01	ULTRASOUND	131,303	12,271,835	0.010700	15,145	162	54.01
54.02	SPECIAL PROCEDURES	223,886	26,832,213	0.008344	6,439	54	54.02
56	Radioisotope	125,187	10,357,820	0.012086			56
57	CT Scan	145,723	65,825,013	0.002214	54,843	121	57
58	MRI	112,982	16,542,094	0.006830	37,593	257	58
59	Cardiac Catheterization	449,491	19,413,503	0.023154			59
60	Laboratory	693,945	143,636,722	0.004831	361,147	1,745	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	46,984	5,894,002	0.007971			63
65	Respiratory Therapy	131,271	19,502,329	0.006731	39,039	263	65
65.01	PULMONARY FUNCTION	16,472	1,021,697	0.016122			65.01
66	Physical Therapy	215,737	19,569,934	0.011024	8,896	98	66
67	Occupational Therapy	57,915	5,355,830	0.010813	6,992	76	67
68	Speech Pathology	31,160	2,519,027	0.012370	2,539	31	68
69	Electrocardiology	219,816	22,395,627	0.009815	46,594	457	69
70	Electroencephalography	51,706	1,082,886	0.047748	3,488	167	70
70.01	SLEEP LAB	15,321	1,358,345	0.011279			70.01
70.02	PSYCH	46,223	4,513,706	0.010241	545,779	5,589	70.02
71	Medical Supplies Charged to Pat	17,573	7,315,590	0.002402	3,987	10	71
72	Impl. Dev. Charged to Patients	322,062	27,988,564	0.011507			72
73	Drugs Charged to Patients	768,674	134,014,028	0.005736	174,734	1,002	73
73.01	INFUSION THERAPY	42,082	4,021,255	0.010465			73.01
73.03	PHARMACY VACCINE	2,752	93,002	0.029591			73.03
73.04	FCC INFUSION THERAPY	27,265	6,926,856	0.003936			73.04
74	Renal Dialysis	61,830	1,655,238	0.037354	613	23	74
76.97	CARDIAC REHABILITATION	52,516	673,498	0.077975			76.97
76.98	HYPERBARIC OXYGEN THERAPY	42,931	9,243,464	0.004644	7,842	36	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY	239,856	6,569,075	0.036513			90.02
90.03	RETINAL VASCULAR	172,442	792,174	0.217682			90.03
91	Emergency	568,180	87,691,463	0.006479	208,422	1,350	91
91.01	IFCC	2,154,631	208,774,370	0.010320			91.01
92	Observation Beds (Non-Distinct		4,986,952				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,021,553	1,029,498,306		1,554,655	12,306	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			30,974		30,974	30,974	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
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 CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			30,974		30,974	30,974	65
65.01	PULMONARY FUNCTION							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology			30,974		30,974	30,974	69
70	Electroencephalography							70
70.01	SLEEP LAB							70.01
70.02	PSYCH			1,960		1,960	1,960	70.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			289,919		289,919	289,919	73
73.01	INFUSION THERAPY							73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY							73.04
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			621,439		621,439	621,439	91
91.01	IFCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			1,006,240		1,006,240	1,006,240	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	89,550,152	0.000346	0.000346	5,946	2		50
51	Recovery Room	7,755,010						51
52	Delivery Room & Labor Room	3,535,159						52
53	Anesthesiology	16,064,638						53
54	Radiology-Diagnostic	33,755,235			24,617			54
54.01	ULTRASOUND	12,271,835			15,145			54.01
54.02	SPECIAL PROCEDURES	26,832,213			6,439			54.02
56	Radioisotope	10,357,820						56
57	CT Scan	65,825,013			54,843			57
58	MRI	16,542,094			37,593			58
59	Cardiac Catheterization	19,413,503						59
60	Laboratory	143,636,722			361,147			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	5,894,002						63
65	Respiratory Therapy	19,502,329	0.001588	0.001588	39,039	62		65
65.01	PULMONARY FUNCTION	1,021,697						65.01
66	Physical Therapy	19,569,934			8,896			66
67	Occupational Therapy	5,355,830			6,992			67
68	Speech Pathology	2,519,027			2,539			68
69	Electrocardiology	22,395,627	0.001383	0.001383	46,594	64		69
70	Electroencephalography	1,082,886			3,488			70
70.01	SLEEP LAB	1,358,345						70.01
70.02	PSYCH	4,513,706	0.000434	0.000434	545,779	237		70.02
71	Medical Supplies Charged to Pat	7,315,590			3,987			71
72	Impl. Dev. Charged to Patients	27,988,564						72
73	Drugs Charged to Patients	134,014,028	0.002163	0.002163	174,734	378		73
73.01	INFUSION THERAPY	4,021,255						73.01
73.03	PHARMACY VACCINE	93,002						73.03
73.04	FCC INFUSION THERAPY	6,926,856						73.04
74	Renal Dialysis	1,655,238			613			74
76.97	CARDIAC REHABILITATION	673,498						76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,243,464			7,842			76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	6,569,075						90.02
90.03	RETINAL VASCULAR	792,174						90.03
91	Emergency	87,691,463	0.007087	0.007087	208,422	1,477		91
91.01	IFCC	208,774,370						91.01
92	Observation Beds (Non-Distinct	4,986,952						92
OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,029,498,306			1,554,655	2,220		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S191

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [XX] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.221815							50
51	Recovery Room	0.222822							51
52	Delivery Room & Labor Room	0.253810							52
53	Anesthesiology	0.043982							53
54	Radiology-Diagnostic	0.274476							54
54.01	ULTRASOUND	0.169074							54.01
54.02	SPECIAL PROCEDURES	0.089205							54.02
56	Radioisotope	0.214000							56
57	CT Scan	0.033221							57
58	MRI	0.079544							58
59	Cardiac Catheterization	0.269569							59
60	Laboratory	0.118513							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.307978							63
65	Respiratory Therapy	0.177557							65
65.01	PULMONARY FUNCTION	0.116732							65.01
66	Physical Therapy	0.226281							66
67	Occupational Therapy	0.416405							67
68	Speech Pathology	0.281351							68
69	Electrocardiology	0.110990							69
70	Electroencephalography	0.373905							70
70.01	SLEEP LAB	0.157488							70.01
70.02	PSYCH	0.546847							70.02
71	Medical Supplies Charged to Pat	0.110575							71
72	Impl. Dev. Charged to Patients	0.529540							72
73	Drugs Charged to Patients	0.202585							73
73.01	INFUSION THERAPY	0.262541							73.01
73.03	PHARMACY VACCINE	0.733597							73.03
73.04	FCC INFUSION THERAPY	0.142674							73.04
74	Renal Dialysis	0.605940							74
76.97	CARDIAC REHABILITATION	1.205931							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	0.535619							90.02
90.03	RETINAL VASCULAR	1.541038							90.03
91	Emergency	0.113352							91
91.01	IFCC	0.142762							91.01
92	Observation Beds (Non-Distinct	0.136634							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T191

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,567,501	89,550,152	0.017504	78,513	1,374	50
51	Recovery Room	123,543	7,755,010	0.015931	12,841	205	51
52	Delivery Room & Labor Room	16,826	3,535,159	0.004760			52
53	Anesthesiology	82,158	16,064,638	0.005114	16,029	82	53
54	Radiology-Diagnostic	1,043,609	33,755,235	0.030917	200,386	6,195	54
54.01	ULTRASOUND	131,303	12,271,835	0.010700	72,629	777	54.01
54.02	SPECIAL PROCEDURES	223,886	26,832,213	0.008344	114,698	957	54.02
56	Radioisotope	125,187	10,357,820	0.012086	12,314	149	56
57	CT Scan	145,723	65,825,013	0.002214	194,844	431	57
58	MRI	112,982	16,542,094	0.006830	84,344	576	58
59	Cardiac Catheterization	449,491	19,413,503	0.023154			59
60	Laboratory	693,945	143,636,722	0.004831	999,456	4,828	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	46,984	5,894,002	0.007971	39,006	311	63
65	Respiratory Therapy	131,271	19,502,329	0.006731	649,179	4,370	65
65.01	PULMONARY FUNCTION	16,472	1,021,697	0.016122	3,825	62	65.01
66	Physical Therapy	215,737	19,569,934	0.011024	2,615,878	28,837	66
67	Occupational Therapy	57,915	5,355,830	0.010813	2,628,273	28,420	67
68	Speech Pathology	31,160	2,519,027	0.012370	1,113,910	13,779	68
69	Electrocardiology	219,816	22,395,627	0.009815	46,804	459	69
70	Electroencephalography	51,706	1,082,886	0.047748	5,288	252	70
70.01	SLEEP LAB	15,321	1,358,345	0.011279	6,637	75	70.01
70.02	PSYCH	46,223	4,513,706	0.010241			70.02
71	Medical Supplies Charged to Pat	17,573	7,315,590	0.002402	42,005	101	71
72	Impl. Dev. Charged to Patients	322,062	27,988,564	0.011507			72
73	Drugs Charged to Patients	768,674	134,014,028	0.005736	1,659,888	9,521	73
73.01	INFUSION THERAPY	42,082	4,021,255	0.010465	6,781	71	73.01
73.03	PHARMACY VACCINE	2,752	93,002	0.029591			73.03
73.04	FCC INFUSION THERAPY	27,265	6,926,856	0.003936			73.04
74	Renal Dialysis	61,830	1,655,238	0.037354	124,439	4,648	74
76.97	CARDIAC REHABILITATION	52,516	673,498	0.077975			76.97
76.98	HYPERBARIC OXYGEN THERAPY	42,931	9,243,464	0.004644	266,682	1,238	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY	239,856	6,569,075	0.036513			90.02
90.03	RETINAL VASCULAR	172,442	792,174	0.217682			90.03
91	Emergency	568,180	87,691,463	0.006479	37,875	245	91
91.01	IFCC	2,154,631	208,774,370	0.010320			91.01
92	Observation Beds (Non-Distinct		4,986,952				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,021,553	1,029,498,306		11,032,524	107,963	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			30,974		30,974	30,974	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
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 CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			30,974		30,974	30,974	65
65.01	PULMONARY FUNCTION							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology			30,974		30,974	30,974	69
70	Electroencephalography							70
70.01	SLEEP LAB							70.01
70.02	PSYCH			1,960		1,960	1,960	70.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			289,919		289,919	289,919	73
73.01	INFUSION THERAPY							73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY							73.04
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			621,439		621,439	621,439	91
91.01	IFCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			1,006,240		1,006,240	1,006,240	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	89,550,152	0.000346	0.000346	78,513	27		50
51	Recovery Room	7,755,010			12,841			51
52	Delivery Room & Labor Room	3,535,159						52
53	Anesthesiology	16,064,638			16,029			53
54	Radiology-Diagnostic	33,755,235			200,386			54
54.01	ULTRASOUND	12,271,835			72,629			54.01
54.02	SPECIAL PROCEDURES	26,832,213			114,698			54.02
56	Radioisotope	10,357,820			12,314			56
57	CT Scan	65,825,013			194,844			57
58	MRI	16,542,094			84,344			58
59	Cardiac Catheterization	19,413,503						59
60	Laboratory	143,636,722			999,456			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	5,894,002			39,006			63
65	Respiratory Therapy	19,502,329	0.001588	0.001588	649,179	1,031		65
65.01	PULMONARY FUNCTION	1,021,697			3,825			65.01
66	Physical Therapy	19,569,934			2,615,878			66
67	Occupational Therapy	5,355,830			2,628,273			67
68	Speech Pathology	2,519,027			1,113,910			68
69	Electrocardiology	22,395,627	0.001383	0.001383	46,804	65		69
70	Electroencephalography	1,082,886			5,288			70
70.01	SLEEP LAB	1,358,345			6,637			70.01
70.02	PSYCH	4,513,706	0.000434	0.000434				70.02
71	Medical Supplies Charged to Pat	7,315,590			42,005			71
72	Impl. Dev. Charged to Patients	27,988,564						72
73	Drugs Charged to Patients	134,014,028	0.002163	0.002163	1,659,888	3,590		73
73.01	INFUSION THERAPY	4,021,255			6,781			73.01
73.03	PHARMACY VACCINE	93,002						73.03
73.04	FCC INFUSION THERAPY	6,926,856						73.04
74	Renal Dialysis	1,655,238			124,439			74
76.97	CARDIAC REHABILITATION	673,498						76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,243,464			266,682			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	6,569,075						90.02
90.03	RETINAL VASCULAR	792,174						90.03
91	Emergency	87,691,463	0.007087	0.007087	37,875	268		91
91.01	IFCC	208,774,370						91.01
92	Observation Beds (Non-Distinct	4,986,952						92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,029,498,306			11,032,524	4,981		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T191

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [XX] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.221815						50
51	Recovery Room	0.222822						51
52	Delivery Room & Labor Room	0.253810						52
53	Anesthesiology	0.043982						53
54	Radiology-Diagnostic	0.274476						54
54.01	ULTRASOUND	0.169074						54.01
54.02	SPECIAL PROCEDURES	0.089205						54.02
56	Radioisotope	0.214000						56
57	CT Scan	0.033221						57
58	MRI	0.079544						58
59	Cardiac Catheterization	0.269569						59
60	Laboratory	0.118513						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.307978						63
65	Respiratory Therapy	0.177557						65
65.01	PULMONARY FUNCTION	0.116732						65.01
66	Physical Therapy	0.226281						66
67	Occupational Therapy	0.416405						67
68	Speech Pathology	0.281351						68
69	Electrocardiology	0.110990						69
70	Electroencephalography	0.373905						70
70.01	SLEEP LAB	0.157488						70.01
70.02	PSYCH	0.546847						70.02
71	Medical Supplies Charged to Pat	0.110575						71
72	Impl. Dev. Charged to Patients	0.529540						72
73	Drugs Charged to Patients	0.202585						73
73.01	INFUSION THERAPY	0.262541						73.01
73.03	PHARMACY VACCINE	0.733597						73.03
73.04	FCC INFUSION THERAPY	0.142674						73.04
74	Renal Dialysis	0.605940						74
76.97	CARDIAC REHABILITATION	1.205931						76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	0.535619						90.02
90.03	RETINAL VASCULAR	1.541038						90.03
91	Emergency	0.113352						91
91.01	IFCC	0.142762						91.01
92	Observation Beds (Non-Distinct	0.136634						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,189,135		4,189,135	52,363	80.00	8,199	655,920	30
31	Intensive Care Unit	545,977		545,977	3,796	143.83	274	39,409	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	174,000		174,000	2,531	68.75	127	8,731	40
41	Subprovider - IRF	962,545		962,545	6,815	141.24	186	26,271	41
42	Subprovider I								42
43	Nursery	202,659		202,659	3,766	53.81	1,833	98,634	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	6,074,316		6,074,316	69,271		10,619	828,965	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0191

**WORKSHEET D
PART II**

Check [] Title V [XX] Hospital [] SUB (Other)
 Applicable [] Title XVIII, Part A [] IPF
 Boxes: [XX] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,567,501	89,550,152	0.017504	2,283,168	39,965	50
51	Recovery Room	123,543	7,755,010	0.015931	209,473	3,337	51
52	Delivery Room & Labor Room	16,826	3,535,159	0.004760			52
53	Anesthesiology	82,158	16,064,638	0.005114	463,815	2,372	53
54	Radiology-Diagnostic	1,043,609	33,755,235	0.030917	439,407	13,585	54
54.01	ULTRASOUND	131,303	12,271,835	0.010700	304,547	3,259	54.01
54.02	SPECIAL PROCEDURES	223,886	26,832,213	0.008344	423,770	3,536	54.02
56	Radioisotope	125,187	10,357,820	0.012086	230,937	2,791	56
57	CT Scan	145,723	65,825,013	0.002214	2,077,446	4,599	57
58	MRI	112,982	16,542,094	0.006830	583,877	3,988	58
59	Cardiac Catheterization	449,491	19,413,503	0.023154	742,576	17,194	59
60	Laboratory	693,945	143,636,722	0.004831	3,769,427	18,210	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	46,984	5,894,002	0.007971	368,374	2,936	63
65	Respiratory Therapy	131,271	19,502,329	0.006731	921,022	6,199	65
65.01	PULMONARY FUNCTION	16,472	1,021,697	0.016122	4,825	78	65.01
66	Physical Therapy	215,737	19,569,934	0.011024	59,205	653	66
67	Occupational Therapy	57,915	5,355,830	0.010813	42,747	462	67
68	Speech Pathology	31,160	2,519,027	0.012370	45,253	560	68
69	Electrocardiology	219,816	22,395,627	0.009815	812,074	7,971	69
70	Electroencephalography	51,706	1,082,886	0.047748	38,063	1,817	70
70.01	SLEEP LAB	15,321	1,358,345	0.011279	8,200	92	70.01
70.02	PSYCH	46,223	4,513,706	0.010241			70.02
71	Medical Supplies Charged to Pat	17,573	7,315,590	0.002402	357,530	859	71
72	Impl. Dev. Charged to Patients	322,062	27,988,564	0.011507			72
73	Drugs Charged to Patients	768,674	134,014,028	0.005736	3,145,323	18,042	73
73.01	INFUSION THERAPY	42,082	4,021,255	0.010465			73.01
73.03	PHARMACY VACCINE	2,752	93,002	0.029591			73.03
73.04	FCC INFUSION THERAPY	27,265	6,926,856	0.003936			73.04
74	Renal Dialysis	61,830	1,655,238	0.037354	45,059	1,683	74
76.97	CARDIAC REHABILITATION	52,516	673,498	0.077975	13,108	1,022	76.97
76.98	HYPERBARIC OXYGEN THERAPY	42,931	9,243,464	0.004644	178,165	827	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY	239,856	6,569,075	0.036513			90.02
90.03	RETINAL VASCULAR	172,442	792,174	0.217682	319	69	90.03
91	Emergency	568,180	87,691,463	0.006479	2,018,600	13,079	91
91.01	IFCC	2,154,631	208,774,370	0.010320	254,148	2,623	91.01
92	Observation Beds (Non-Distinct	53,201	4,986,952	0.010668			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,074,754	1,029,498,306		19,840,458	171,808	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		221,904			221,904	30
31	Intensive Care Unit		117,424			117,424	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		14,701			14,701	40
41	Subprovider - IRF		43,124			43,124	41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		397,153			397,153	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)		6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	52,363	4.24	8,199	34,764	30
31	Intensive Care Unit	3,796	30.93	274	8,475	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	2,531	5.81	127	738	40
41	Subprovider - IRF	6,815	6.33	186	1,177	41
42	Subprovider I					42
43	Nursery	3,766		1,833		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	69,271		10,619	45,154	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			30,974		30,974	30,974	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
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 & Tra							63
65	Respiratory Therapy			30,974		30,974	30,974	65
65.01	PULMONARY FUNCTION							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology			30,974		30,974	30,974	69
70	Electroencephalography							70
70.01	SLEEP LAB							70.01
70.02	PSYCH			1,960		1,960	1,960	70.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			289,919		289,919	289,919	73
73.01	INFUSION THERAPY							73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY							73.04
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			621,439		621,439	621,439	91
91.01	IFCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			1,006,240		1,006,240	1,006,240	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	89,550,152	0.000346	0.000346	2,283,168	790		50
51	Recovery Room	7,755,010			209,473			51
52	Delivery Room & Labor Room	3,535,159						52
53	Anesthesiology	16,064,638			463,815			53
54	Radiology-Diagnostic	33,755,235			439,407			54
54.01	ULTRASOUND	12,271,835			304,547			54.01
54.02	SPECIAL PROCEDURES	26,832,213			423,770			54.02
56	Radioisotope	10,357,820			230,937			56
57	CT Scan	65,825,013			2,077,446			57
58	MRI	16,542,094			583,877			58
59	Cardiac Catheterization	19,413,503			742,576			59
60	Laboratory	143,636,722			3,769,427			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	5,894,002			368,374			63
65	Respiratory Therapy	19,502,329	0.001588	0.001588	921,022	1,463		65
65.01	PULMONARY FUNCTION	1,021,697			4,825			65.01
66	Physical Therapy	19,569,934			59,205			66
67	Occupational Therapy	5,355,830			42,747			67
68	Speech Pathology	2,519,027			45,253			68
69	Electrocardiology	22,395,627	0.001383	0.001383	812,074	1,123		69
70	Electroencephalography	1,082,886			38,063			70
70.01	SLEEP LAB	1,358,345			8,200			70.01
70.02	PSYCH	4,513,706	0.000434	0.000434				70.02
71	Medical Supplies Charged to Pat	7,315,590			357,530			71
72	Impl. Dev. Charged to Patients	27,988,564						72
73	Drugs Charged to Patients	134,014,028	0.002163	0.002163	3,145,323	6,803		73
73.01	INFUSION THERAPY	4,021,255						73.01
73.03	PHARMACY VACCINE	93,002						73.03
73.04	FCC INFUSION THERAPY	6,926,856						73.04
74	Renal Dialysis	1,655,238			45,059			74
76.97	CARDIAC REHABILITATION	673,498			13,108			76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,243,464			178,165			76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	6,569,075						90.02
90.03	RETINAL VASCULAR	792,174			319			90.03
91	Emergency	87,691,463	0.007087	0.007087	2,018,600	14,306		91
91.01	IFCC	208,774,370			254,148			91.01
92	Observation Beds (Non-Distinct	4,986,952						92
OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,029,498,306			19,840,458	24,485		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0191

**WORKSHEET D
PART V**

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.221815			1,869,475			414,678	50
51	Recovery Room	0.222822			228,760			50,973	51
52	Delivery Room & Labor Room	0.253810			225,329			57,191	52
53	Anesthesiology	0.043982			364,455			16,029	53
54	Radiology-Diagnostic	0.274476			2,662,668			730,838	54
54.01	ULTRASOUND	0.169074			1,498,258			253,316	54.01
54.02	SPECIAL PROCEDURES	0.089205			386,227			34,453	54.02
56	Radioisotope	0.214000			491,945			105,276	56
57	CT Scan	0.033221			6,235,961			207,165	57
58	MRI	0.079544			552,875			43,978	58
59	Cardiac Catheterization	0.269569			434,844			117,220	59
60	Laboratory	0.118513			8,267,863			979,849	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.307978			313,011			96,401	63
65	Respiratory Therapy	0.177557			459,958			81,669	65
65.01	PULMONARY FUNCTION	0.116732			81,879			9,558	65.01
66	Physical Therapy	0.226281			670,280			151,672	66
67	Occupational Therapy	0.416405							67
68	Speech Pathology	0.281351							68
69	Electrocardiology	0.110990			1,092,860			121,297	69
70	Electroencephalography	0.373905			45,951			17,181	70
70.01	SLEEP LAB	0.157488			43,087			6,786	70.01
70.02	PSYCH	0.546847							70.02
71	Medical Supplies Charged to Pat	0.110575			649,150			71,780	71
72	Impl. Dev. Charged to Patients	0.529540							72
73	Drugs Charged to Patients	0.202585			2,151,782			435,919	73
73.01	INFUSION THERAPY	0.262541			274,757			72,135	73.01
73.03	PHARMACY VACCINE	0.733597							73.03
73.04	FCC INFUSION THERAPY	0.142674			155,137			22,134	73.04
74	Renal Dialysis	0.605940			16,998			10,300	74
76.97	CARDIAC REHABILITATION	1.205931			1,322			1,594	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377			78,783			18,071	76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	0.535619			10,988			5,885	90.02
90.03	RETINAL VASCULAR	1.541038			11,121			17,138	90.03
91	Emergency	0.113352			16,542,790			1,875,158	91
91.01	IFCC	0.142762			20,973,414			2,994,207	91.01
92	Observation Beds (Non-Distinct	0.136634			626,629			85,619	92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)				67,418,557			9,105,470	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)				67,418,557			9,105,470	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S191

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,567,501	89,550,152	0.017504			50
51	Recovery Room	123,543	7,755,010	0.015931			51
52	Delivery Room & Labor Room	16,826	3,535,159	0.004760			52
53	Anesthesiology	82,158	16,064,638	0.005114			53
54	Radiology-Diagnostic	1,043,609	33,755,235	0.030917	2,530	78	54
54.01	ULTRASOUND	131,303	12,271,835	0.010700			54.01
54.02	SPECIAL PROCEDURES	223,886	26,832,213	0.008344			54.02
56	Radioisotope	125,187	10,357,820	0.012086	2,087	25	56
57	CT Scan	145,723	65,825,013	0.002214	10,226	23	57
58	MRI	112,982	16,542,094	0.006830			58
59	Cardiac Catheterization	449,491	19,413,503	0.023154			59
60	Laboratory	693,945	143,636,722	0.004831	23,640	114	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	46,984	5,894,002	0.007971			63
65	Respiratory Therapy	131,271	19,502,329	0.006731	2,214	15	65
65.01	PULMONARY FUNCTION	16,472	1,021,697	0.016122			65.01
66	Physical Therapy	215,737	19,569,934	0.011024			66
67	Occupational Therapy	57,915	5,355,830	0.010813			67
68	Speech Pathology	31,160	2,519,027	0.012370			68
69	Electrocardiology	219,816	22,395,627	0.009815	1,148	11	69
70	Electroencephalography	51,706	1,082,886	0.047748			70
70.01	SLEEP LAB	15,321	1,358,345	0.011279			70.01
70.02	PSYCH	46,223	4,513,706	0.010241	35,637	365	70.02
71	Medical Supplies Charged to Pat	17,573	7,315,590	0.002402			71
72	Impl. Dev. Charged to Patients	322,062	27,988,564	0.011507			72
73	Drugs Charged to Patients	768,674	134,014,028	0.005736	7,308	42	73
73.01	INFUSION THERAPY	42,082	4,021,255	0.010465			73.01
73.03	PHARMACY VACCINE	2,752	93,002	0.029591			73.03
73.04	FCC INFUSION THERAPY	27,265	6,926,856	0.003936			73.04
74	Renal Dialysis	61,830	1,655,238	0.037354			74
76.97	CARDIAC REHABILITATION	52,516	673,498	0.077975			76.97
76.98	HYPERBARIC OXYGEN THERAPY	42,931	9,243,464	0.004644	618	3	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY	239,856	6,569,075	0.036513			90.02
90.03	RETINAL VASCULAR	172,442	792,174	0.217682			90.03
91	Emergency	568,180	87,691,463	0.006479	151	1	91
91.01	IFCC	2,154,631	208,774,370	0.010320			91.01
92	Observation Beds (Non-Distinct		4,986,952				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,021,553	1,029,498,306		85,559	677	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			30,974		30,974	30,974	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
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 & Tra							63
65	Respiratory Therapy			30,974		30,974	30,974	65
65.01	PULMONARY FUNCTION							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology			30,974		30,974	30,974	69
70	Electroencephalography							70
70.01	SLEEP LAB							70.01
70.02	PSYCH			1,960		1,960	1,960	70.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			289,919		289,919	289,919	73
73.01	INFUSION THERAPY							73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY							73.04
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			621,439		621,439	621,439	91
91.01	IFCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			1,006,240		1,006,240	1,006,240	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	89,550,152	0.000346	0.000346					50
51	Recovery Room	7,755,010							51
52	Delivery Room & Labor Room	3,535,159							52
53	Anesthesiology	16,064,638							53
54	Radiology-Diagnostic	33,755,235			2,530				54
54.01	ULTRASOUND	12,271,835							54.01
54.02	SPECIAL PROCEDURES	26,832,213							54.02
56	Radioisotope	10,357,820			2,087				56
57	CT Scan	65,825,013			10,226				57
58	MRI	16,542,094							58
59	Cardiac Catheterization	19,413,503							59
60	Laboratory	143,636,722			23,640				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,894,002							63
65	Respiratory Therapy	19,502,329	0.001588	0.001588	2,214	4			65
65.01	PULMONARY FUNCTION	1,021,697							65.01
66	Physical Therapy	19,569,934							66
67	Occupational Therapy	5,355,830							67
68	Speech Pathology	2,519,027							68
69	Electrocardiology	22,395,627	0.001383	0.001383	1,148	2			69
70	Electroencephalography	1,082,886							70
70.01	SLEEP LAB	1,358,345							70.01
70.02	PSYCH	4,513,706	0.000434	0.000434	35,637	15			70.02
71	Medical Supplies Charged to Pat	7,315,590							71
72	Impl. Dev. Charged to Patients	27,988,564							72
73	Drugs Charged to Patients	134,014,028	0.002163	0.002163	7,308	16			73
73.01	INFUSION THERAPY	4,021,255							73.01
73.03	PHARMACY VACCINE	93,002							73.03
73.04	FCC INFUSION THERAPY	6,926,856							73.04
74	Renal Dialysis	1,655,238							74
76.97	CARDIAC REHABILITATION	673,498							76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,243,464			618				76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	6,569,075							90.02
90.03	RETINAL VASCULAR	792,174							90.03
91	Emergency	87,691,463	0.007087	0.007087	151	1			91
91.01	IFCC	208,774,370							91.01
92	Observation Beds (Non-Distinct	4,986,952							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,029,498,306			85,559	38			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S191

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.221815						50
51	Recovery Room	0.222822						51
52	Delivery Room & Labor Room	0.253810						52
53	Anesthesiology	0.043982						53
54	Radiology-Diagnostic	0.274476						54
54.01	ULTRASOUND	0.169074						54.01
54.02	SPECIAL PROCEDURES	0.089205						54.02
56	Radioisotope	0.214000						56
57	CT Scan	0.033221						57
58	MRI	0.079544						58
59	Cardiac Catheterization	0.269569						59
60	Laboratory	0.118513						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.307978						63
65	Respiratory Therapy	0.177557						65
65.01	PULMONARY FUNCTION	0.116732						65.01
66	Physical Therapy	0.226281						66
67	Occupational Therapy	0.416405						67
68	Speech Pathology	0.281351						68
69	Electrocardiology	0.110990						69
70	Electroencephalography	0.373905						70
70.01	SLEEP LAB	0.157488						70.01
70.02	PSYCH	0.546847						70.02
71	Medical Supplies Charged to Pat	0.110575						71
72	Impl. Dev. Charged to Patients	0.529540						72
73	Drugs Charged to Patients	0.202585						73
73.01	INFUSION THERAPY	0.262541						73.01
73.03	PHARMACY VACCINE	0.733597						73.03
73.04	FCC INFUSION THERAPY	0.142674						73.04
74	Renal Dialysis	0.605940						74
76.97	CARDIAC REHABILITATION	1.205931						76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY	0.535619						90.02
90.03	RETINAL VASCULAR	1.541038						90.03
91	Emergency	0.113352						91
91.01	IFCC	0.142762						91.01
92	Observation Beds (Non-Distinct	0.136634						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T191

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,567,501	89,550,152	0.017504			50
51	Recovery Room	123,543	7,755,010	0.015931			51
52	Delivery Room & Labor Room	16,826	3,535,159	0.004760			52
53	Anesthesiology	82,158	16,064,638	0.005114			53
54	Radiology-Diagnostic	1,043,609	33,755,235	0.030917	5,240	162	54
54.01	ULTRASOUND	131,303	12,271,835	0.010700			54.01
54.02	SPECIAL PROCEDURES	223,886	26,832,213	0.008344			54.02
56	Radioisotope	125,187	10,357,820	0.012086			56
57	CT Scan	145,723	65,825,013	0.002214	5,608	12	57
58	MRI	112,982	16,542,094	0.006830			58
59	Cardiac Catheterization	449,491	19,413,503	0.023154			59
60	Laboratory	693,945	143,636,722	0.004831	26,664	129	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	46,984	5,894,002	0.007971			63
65	Respiratory Therapy	131,271	19,502,329	0.006731	9,187	62	65
65.01	PULMONARY FUNCTION	16,472	1,021,697	0.016122			65.01
66	Physical Therapy	215,737	19,569,934	0.011024	91,587	1,010	66
67	Occupational Therapy	57,915	5,355,830	0.010813	99,689	1,078	67
68	Speech Pathology	31,160	2,519,027	0.012370	43,458	538	68
69	Electrocardiology	219,816	22,395,627	0.009815			69
70	Electroencephalography	51,706	1,082,886	0.047748			70
70.01	SLEEP LAB	15,321	1,358,345	0.011279			70.01
70.02	PSYCH	46,223	4,513,706	0.010241			70.02
71	Medical Supplies Charged to Pat	17,573	7,315,590	0.002402	186		71
72	Impl. Dev. Charged to Patients	322,062	27,988,564	0.011507			72
73	Drugs Charged to Patients	768,674	134,014,028	0.005736	45,710	262	73
73.01	INFUSION THERAPY	42,082	4,021,255	0.010465			73.01
73.03	PHARMACY VACCINE	2,752	93,002	0.029591			73.03
73.04	FCC INFUSION THERAPY	27,265	6,926,856	0.003936			73.04
74	Renal Dialysis	61,830	1,655,238	0.037354			74
76.97	CARDIAC REHABILITATION	52,516	673,498	0.077975			76.97
76.98	HYPERBARIC OXYGEN THERAPY	42,931	9,243,464	0.004644	1,648	8	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.02	PSYCH ANCILLARY	239,856	6,569,075	0.036513			90.02
90.03	RETINAL VASCULAR	172,442	792,174	0.217682			90.03
91	Emergency	568,180	87,691,463	0.006479			91
91.01	IFCC	2,154,631	208,774,370	0.010320			91.01
92	Observation Beds (Non-Distinct		4,986,952				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	10,021,553	1,029,498,306		328,977	3,261	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			30,974		30,974	30,974	50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
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 CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			30,974		30,974	30,974	65
65.01	PULMONARY FUNCTION							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology			30,974		30,974	30,974	69
70	Electroencephalography							70
70.01	SLEEP LAB							70.01
70.02	PSYCH			1,960		1,960	1,960	70.02
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			289,919		289,919	289,919	73
73.01	INFUSION THERAPY							73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY							73.04
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			621,439		621,439	621,439	91
91.01	IFCC							91.01
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			1,006,240		1,006,240	1,006,240	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T191

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	89,550,152	0.000346	0.000346					50
51	Recovery Room	7,755,010							51
52	Delivery Room & Labor Room	3,535,159							52
53	Anesthesiology	16,064,638							53
54	Radiology-Diagnostic	33,755,235			5,240				54
54.01	ULTRASOUND	12,271,835							54.01
54.02	SPECIAL PROCEDURES	26,832,213							54.02
56	Radioisotope	10,357,820							56
57	CT Scan	65,825,013			5,608				57
58	MRI	16,542,094							58
59	Cardiac Catheterization	19,413,503							59
60	Laboratory	143,636,722			26,664				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,894,002							63
65	Respiratory Therapy	19,502,329	0.001588	0.001588	9,187	15			65
65.01	PULMONARY FUNCTION	1,021,697							65.01
66	Physical Therapy	19,569,934			91,587				66
67	Occupational Therapy	5,355,830			99,689				67
68	Speech Pathology	2,519,027			43,458				68
69	Electrocardiology	22,395,627	0.001383	0.001383					69
70	Electroencephalography	1,082,886							70
70.01	SLEEP LAB	1,358,345							70.01
70.02	PSYCH	4,513,706	0.000434	0.000434					70.02
71	Medical Supplies Charged to Pat	7,315,590			186				71
72	Impl. Dev. Charged to Patients	27,988,564							72
73	Drugs Charged to Patients	134,014,028	0.002163	0.002163	45,710	99			73
73.01	INFUSION THERAPY	4,021,255							73.01
73.03	PHARMACY VACCINE	93,002							73.03
73.04	FCC INFUSION THERAPY	6,926,856							73.04
74	Renal Dialysis	1,655,238							74
76.97	CARDIAC REHABILITATION	673,498							76.97
76.98	HYPERBARIC OXYGEN THERAPY	9,243,464			1,648				76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	6,569,075							90.02
90.03	RETINAL VASCULAR	792,174							90.03
91	Emergency	87,691,463	0.007087	0.007087					91
91.01	IFCC	208,774,370							91.01
92	Observation Beds (Non-Distinct	4,986,952							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,029,498,306			328,977	114			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T191

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [XX] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.221815							50
51	Recovery Room	0.222822							51
52	Delivery Room & Labor Room	0.253810							52
53	Anesthesiology	0.043982							53
54	Radiology-Diagnostic	0.274476							54
54.01	ULTRASOUND	0.169074							54.01
54.02	SPECIAL PROCEDURES	0.089205							54.02
56	Radioisotope	0.214000							56
57	CT Scan	0.033221							57
58	MRI	0.079544							58
59	Cardiac Catheterization	0.269569							59
60	Laboratory	0.118513							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.307978							63
65	Respiratory Therapy	0.177557							65
65.01	PULMONARY FUNCTION	0.116732							65.01
66	Physical Therapy	0.226281							66
67	Occupational Therapy	0.416405							67
68	Speech Pathology	0.281351							68
69	Electrocardiology	0.110990							69
70	Electroencephalography	0.373905							70
70.01	SLEEP LAB	0.157488							70.01
70.02	PSYCH	0.546847							70.02
71	Medical Supplies Charged to Pat	0.110575							71
72	Impl. Dev. Charged to Patients	0.529540							72
73	Drugs Charged to Patients	0.202585							73
73.01	INFUSION THERAPY	0.262541							73.01
73.03	PHARMACY VACCINE	0.733597							73.03
73.04	FCC INFUSION THERAPY	0.142674							73.04
74	Renal Dialysis	0.605940							74
76.97	CARDIAC REHABILITATION	1.205931							76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.02	PSYCH ANCILLARY	0.535619							90.02
90.03	RETINAL VASCULAR	1.541038							90.03
91	Emergency	0.113352							91
91.01	IFCC	0.142762							91.01
92	Observation Beds (Non-Distinct	0.136634							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0191

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	52,363	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	52,363	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	51,698	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	19,108	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 XIX only)		15
16	Nursery days (title V or 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)	53,653,064	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 (line 21 minus line 26)	53,653,064	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	53,653,064	37

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0191

WORKSHEET D-1
PART II

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,024.64	38
39	Program general inpatient routine service cost (line 9 x line 38)					19,578,821	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)					19,578,821	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)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	7,415,540	3,796	1,953.51	1,914	3,739,018	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
						1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,413,695	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					46,731,534	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,944,149	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,496,747	51
52	Total Program excludable cost (sum of lines 50 and 51)	3,440,896	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	43,290,638	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 (line 56 minus line 53)		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 (line 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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0191

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					665	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,024.64	88
89	Observation bed cost (line 87 x line 88) (see instructions)					681,386	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	4,189,135	53,653,064	0.078078	681,386	53,201	90
91	Nursing School						91
92	Allied Health	221,904	53,653,064	0.004136	681,386	2,818	92
93	Other Medical Education						93

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S191

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,531	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,531	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	2,531	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,594	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 XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,081,410	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 (line 21 minus line 26)	3,081,410	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	3,081,410	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S191

**WORKSHEET D-1
PART II**

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,217.47	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,940,647	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,940,647	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	438,252	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,378,899	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	118,849	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,526	51
52	Total Program excludable cost (sum of lines 50 and 51)	133,375	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,245,524	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 (line 56 minus line 53)		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 (line 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

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T191

WORKSHEET D-1
PART I

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,815	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,815	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	6,815	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,095	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 XIX only)		15
16	Nursery days (title V or 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)	9,074,679	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 (line 21 minus line 26)	9,074,679	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	9,074,679	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T191

**WORKSHEET D-1
PART II**

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,331.57	38
39	Program general inpatient routine service cost (line 9 x line 38)	6,784,349	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	6,784,349	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,852,765	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	9,637,114	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	751,869	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	112,944	51
52	Total Program excludable cost (sum of lines 50 and 51)	864,813	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	8,772,301	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 (line 56 minus line 53)		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 (line 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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0191

WORKSHEET D-1
PART I

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	52,363	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	52,363	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	51,698	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,199	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 XIX only)	3,766	15
16	Nursery days (title V or XIX only)	1,833	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)	53,653,064	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 (line 21 minus line 26)	53,653,064	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	53,653,064	37

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0191

WORKSHEET D-1
PART II

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		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		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,024.64	38	
39	Program general inpatient routine service cost (line 9 x line 38)					8,401,023	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)					8,401,023	41	
42	Nursery (Titles V and XIX only)	3,243,076	3,766	861.15	1,833	1,578,488	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	7,415,540	3,796	1,953.51	274	535,262	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,048,622	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					13,563,395	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					837,202	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					196,293	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,033,495	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 (line 56 minus line 53)						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 (line 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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0191

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					665	87
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
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S191

WORKSHEET D-1
PART I

Check [] Title V - I/P [] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [] NF [XX] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,531	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,531	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	2,531	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	127	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 XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,081,410	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 (line 21 minus line 26)	3,081,410	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	3,081,410	37

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S191

**WORKSHEET D-1
PART II**

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,217.47	38
39	Program general inpatient routine service cost (line 9 x line 38)	154,619	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	154,619	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	25,930	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	180,549	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	9,469	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	715	51
52	Total Program excludable cost (sum of lines 50 and 51)	10,184	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 (line 56 minus line 53)		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 (line 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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T191

WORKSHEET D-1
PART I

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,815	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,815	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	6,815	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 (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	186	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 XIX only)		15
16	Nursery days (title V or 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)	9,069,433	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 (line 21 minus line 26)	9,069,433	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation 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 minus line 36)	9,069,433	37

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T191

**WORKSHEET D-1
PART II**

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,330.80	38
39	Program general inpatient routine service cost (line 9 x line 38)	247,529	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)	247,529	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	90,536	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	338,065	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	27,448	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,375	51
52	Total Program excludable cost (sum of lines 50 and 51)	30,823	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 (line 56 minus line 53)		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 (line 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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0191

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics		35,711,691		30
31	Intensive Care Unit		5,584,856		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.222112	25,978,034	5,770,033	50
51	Recovery Room	0.222822	1,481,239	330,053	51
52	Delivery Room & Labor Room	0.253810	16,744	4,250	52
53	Anesthesiology	0.043982	3,635,945	159,916	53
54	Radiology-Diagnostic	0.276988	2,340,838	648,384	54
54.01	ULTRASOUND	0.169074	1,623,013	274,409	54.01
54.02	SPECIAL PROCEDURES	0.089205	6,400,499	570,957	54.02
56	Radioisotope	0.214000	1,273,676	272,567	56
57	CT Scan	0.033221	10,865,096	360,949	57
58	MRI	0.079544	3,628,118	288,595	58
59	Cardiac Catheterization	0.269569	5,935,360	1,599,989	59
60	Laboratory	0.118513	20,960,796	2,484,127	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.307978	1,981,567	610,279	63
65	Respiratory Therapy	0.177557	8,477,987	1,505,326	65
65.01	PULMONARY FUNCTION	0.116732	91,514	10,683	65.01
66	Physical Therapy	0.226281	1,502,243	339,929	66
67	Occupational Therapy	0.416405	962,601	400,832	67
68	Speech Pathology	0.281351	579,925	163,162	68
69	Electrocardiology	0.115828	5,699,244	660,132	69
70	Electroencephalography	0.373905	395,157	147,751	70
70.01	SLEEP LAB	0.157488	104,475	16,454	70.01
70.02	PSYCH	0.546847	81,190	44,399	70.02
71	Medical Supplies Charged to Patients	0.110575	1,478,865	163,525	71
72	Impl. Dev. Charged to Patients	0.529540	1,598,495	846,467	72
73	Drugs Charged to Patients	0.202585	19,024,739	3,854,127	73
73.01	INFUSION THERAPY	0.262541	8,392	2,203	73.01
73.03	PHARMACY VACCINE	0.733597			73.03
73.04	FCC INFUSION THERAPY	0.142674	26,603	3,796	73.04
74	Renal Dialysis	0.605940	776,221	470,343	74
76.97	CARDIAC REHABILITATION	1.208938	33,733	40,781	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377	926,388	212,492	76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	PSYCH ANCILLARY	0.535619	1,007	539	90.02
90.03	RETINAL VASCULAR	1.556186	900	1,401	90.03
91	Emergency	0.113352	8,558,112	970,079	91
91.01	IFCC	0.142762	1,294,225	184,766	91.01
92	Observation Beds (Non-Distinct Part)	0.136634			92
OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-94, and 96-98)		137,742,941	23,413,695	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		137,742,941		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S191

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		2,470,847		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.222112	5,946	1,321	50
51	Recovery Room	0.222822			51
52	Delivery Room & Labor Room	0.253810			52
53	Anesthesiology	0.043982			53
54	Radiology-Diagnostic	0.276988	24,617	6,819	54
54.01	ULTRASOUND	0.169074	15,145	2,561	54.01
54.02	SPECIAL PROCEDURES	0.089205	6,439	574	54.02
56	Radioisotope	0.214000			56
57	CT Scan	0.033221	54,843	1,822	57
58	MRI	0.079544	37,593	2,990	58
59	Cardiac Catheterization	0.269569			59
60	Laboratory	0.118513	361,147	42,801	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.307978			63
65	Respiratory Therapy	0.177557	39,039	6,932	65
65.01	PULMONARY FUNCTION	0.116732			65.01
66	Physical Therapy	0.226281	8,896	2,013	66
67	Occupational Therapy	0.416405	6,992	2,912	67
68	Speech Pathology	0.281351	2,539	714	68
69	Electrocardiology	0.115828	46,594	5,397	69
70	Electroencephalography	0.373905	3,488	1,304	70
70.01	SLEEP LAB	0.157488			70.01
70.02	PSYCH	0.546847	545,779	298,458	70.02
71	Medical Supplies Charged to Patients	0.110575	3,987	441	71
72	Impl. Dev. Charged to Patients	0.529540			72
73	Drugs Charged to Patients	0.202585	174,734	35,398	73
73.01	INFUSION THERAPY	0.262541			73.01
73.03	PHARMACY VACCINE	0.733597			73.03
73.04	FCC INFUSION THERAPY	0.142674			73.04
74	Renal Dialysis	0.605940	613	371	74
76.97	CARDIAC REHABILITATION	1.208938			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377	7,842	1,799	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.02	PSYCH ANCILLARY	0.535619			90.02
90.03	RETINAL VASCULAR	1.556186			90.03
91	Emergency	0.113352	208,422	23,625	91
91.01	IFCC	0.142762			91.01
92	Observation Beds (Non-Distinct Part)	0.136634			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,554,655	438,252	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,554,655		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T191

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF		6,421,384		41
ANCILLARY SERVICE COST CENTERS					
50	Operating Room	0.222112	78,513	17,439	50
51	Recovery Room	0.222822	12,841	2,861	51
52	Delivery Room & Labor Room	0.253810			52
53	Anesthesiology	0.043982	16,029	705	53
54	Radiology-Diagnostic	0.276988	200,386	55,505	54
54.01	ULTRASOUND	0.169074	72,629	12,280	54.01
54.02	SPECIAL PROCEDURES	0.089205	114,698	10,232	54.02
56	Radioisotope	0.214000	12,314	2,635	56
57	CT Scan	0.033221	194,844	6,473	57
58	MRI	0.079544	84,344	6,709	58
59	Cardiac Catheterization	0.269569			59
60	Laboratory	0.118513	999,456	118,449	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.307978	39,006	12,013	63
65	Respiratory Therapy	0.177557	649,179	115,266	65
65.01	PULMONARY FUNCTION	0.116732	3,825	446	65.01
66	Physical Therapy	0.226281	2,615,878	591,923	66
67	Occupational Therapy	0.416405	2,628,273	1,094,426	67
68	Speech Pathology	0.281351	1,113,910	313,400	68
69	Electrocardiology	0.115828	46,804	5,421	69
70	Electroencephalography	0.373905	5,288	1,977	70
70.01	SLEEP LAB	0.157488	6,637	1,045	70.01
70.02	PSYCH	0.546847			70.02
71	Medical Supplies Charged to Patients	0.110575	42,005	4,645	71
72	Impl. Dev. Charged to Patients	0.529540			72
73	Drugs Charged to Patients	0.202585	1,659,888	336,268	73
73.01	INFUSION THERAPY	0.262541	6,781	1,780	73.01
73.03	PHARMACY VACCINE	0.733597			73.03
73.04	FCC INFUSION THERAPY	0.142674			73.04
74	Renal Dialysis	0.605940	124,439	75,403	74
76.97	CARDIAC REHABILITATION	1.208938			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377	266,682	61,171	76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	PSYCH ANCILLARY	0.535619			90.02
90.03	RETINAL VASCULAR	1.556186			90.03
91	Emergency	0.113352	37,875	4,293	91
91.01	IFCC	0.142762			91.01
92	Observation Beds (Non-Distinct Part)	0.136634			92
OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-94, and 96-98)		11,032,524	2,852,765	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		11,032,524		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0191

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		6,261,230		30
31	Intensive Care Unit		940,841		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery		131,087		43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.221815	2,283,168	506,441	50
51	Recovery Room	0.222822	209,473	46,675	51
52	Delivery Room & Labor Room	0.253810			52
53	Anesthesiology	0.043982	463,815	20,400	53
54	Radiology-Diagnostic	0.274476	439,407	120,607	54
54.01	ULTRASOUND	0.169074	304,547	51,491	54.01
54.02	SPECIAL PROCEDURES	0.089205	423,770	37,802	54.02
56	Radioisotope	0.214000	230,937	49,421	56
57	CT Scan	0.033221	2,077,446	69,015	57
58	MRI	0.079544	583,877	46,444	58
59	Cardiac Catheterization	0.269569	742,576	200,175	59
60	Laboratory	0.118513	3,769,427	446,726	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.307978	368,374	113,451	63
65	Respiratory Therapy	0.177557	921,022	163,534	65
65.01	PULMONARY FUNCTION	0.116732	4,825	563	65.01
66	Physical Therapy	0.226281	59,205	13,397	66
67	Occupational Therapy	0.416405	42,747	17,800	67
68	Speech Pathology	0.281351	45,253	12,732	68
69	Electrocardiology	0.110990	812,074	90,132	69
70	Electroencephalography	0.373905	38,063	14,232	70
70.01	SLEEP LAB	0.157488	8,200	1,291	70.01
70.02	PSYCH	0.546847			70.02
71	Medical Supplies Charged to Patients	0.110575	357,530	39,534	71
72	Impl. Dev. Charged to Patients	0.529540			72
73	Drugs Charged to Patients	0.202585	3,145,323	637,195	73
73.01	INFUSION THERAPY	0.262541			73.01
73.03	PHARMACY VACCINE	0.733597			73.03
73.04	FCC INFUSION THERAPY	0.142674			73.04
74	Renal Dialysis	0.605940	45,059	27,303	74
76.97	CARDIAC REHABILITATION	1.205931	13,108	15,807	76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377	178,165	40,867	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.02	PSYCH ANCILLARY	0.535619			90.02
90.03	RETINAL VASCULAR	1.541038	319	492	90.03
91	Emergency	0.113352	2,018,600	228,812	91
91.01	IFCC	0.142762	254,148	36,283	91.01
92	Observation Beds (Non-Distinct Part)	0.136634			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		19,840,458	3,048,622	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		19,840,458		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S191

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		151,960		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.221815			50
51	Recovery Room	0.222822			51
52	Delivery Room & Labor Room	0.253810			52
53	Anesthesiology	0.043982			53
54	Radiology-Diagnostic	0.274476	2,530	694	54
54.01	ULTRASOUND	0.169074			54.01
54.02	SPECIAL PROCEDURES	0.089205			54.02
56	Radioisotope	0.214000	2,087	447	56
57	CT Scan	0.033221	10,226	340	57
58	MRI	0.079544			58
59	Cardiac Catheterization	0.269569			59
60	Laboratory	0.118513	23,640	2,802	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.307978			63
65	Respiratory Therapy	0.177557	2,214	393	65
65.01	PULMONARY FUNCTION	0.116732			65.01
66	Physical Therapy	0.226281			66
67	Occupational Therapy	0.416405			67
68	Speech Pathology	0.281351			68
69	Electrocardiology	0.110990	1,148	127	69
70	Electroencephalography	0.373905			70
70.01	SLEEP LAB	0.157488			70.01
70.02	PSYCH	0.546847	35,637	19,488	70.02
71	Medical Supplies Charged to Patients	0.110575			71
72	Impl. Dev. Charged to Patients	0.529540			72
73	Drugs Charged to Patients	0.202585	7,308	1,480	73
73.01	INFUSION THERAPY	0.262541			73.01
73.03	PHARMACY VACCINE	0.733597			73.03
73.04	FCC INFUSION THERAPY	0.142674			73.04
74	Renal Dialysis	0.605940			74
76.97	CARDIAC REHABILITATION	1.205931			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377	618	142	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.02	PSYCH ANCILLARY	0.535619			90.02
90.03	RETINAL VASCULAR	1.541038			90.03
91	Emergency	0.113352	151	17	91
91.01	IFCC	0.142762			91.01
92	Observation Beds (Non-Distinct Part)	0.136634			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		85,559	25,930	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		85,559		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T191

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PFS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF		222,312		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.221815			50
51	Recovery Room	0.222822			51
52	Delivery Room & Labor Room	0.253810			52
53	Anesthesiology	0.043982			53
54	Radiology-Diagnostic	0.274476	5,240	1,438	54
54.01	ULTRASOUND	0.169074			54.01
54.02	SPECIAL PROCEDURES	0.089205			54.02
56	Radioisotope	0.214000			56
57	CT Scan	0.033221	5,608	186	57
58	MRI	0.079544			58
59	Cardiac Catheterization	0.269569			59
60	Laboratory	0.118513	26,664	3,160	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.307978			63
65	Respiratory Therapy	0.177557	9,187	1,631	65
65.01	PULMONARY FUNCTION	0.116732			65.01
66	Physical Therapy	0.226281	91,587	20,724	66
67	Occupational Therapy	0.416405	99,689	41,511	67
68	Speech Pathology	0.281351	43,458	12,227	68
69	Electrocardiology	0.110990			69
70	Electroencephalography	0.373905			70
70.01	SLEEP LAB	0.157488			70.01
70.02	PSYCH	0.546847			70.02
71	Medical Supplies Charged to Patients	0.110575	186	21	71
72	Impl. Dev. Charged to Patients	0.529540			72
73	Drugs Charged to Patients	0.202585	45,710	9,260	73
73.01	INFUSION THERAPY	0.262541			73.01
73.03	PHARMACY VACCINE	0.733597			73.03
73.04	FCC INFUSION THERAPY	0.142674			73.04
74	Renal Dialysis	0.605940			74
76.97	CARDIAC REHABILITATION	1.205931			76.97
76.98	HYPERBARIC OXYGEN THERAPY	0.229377	1,648	378	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.02	PSYCH ANCILLARY	0.535619			90.02
90.03	RETINAL VASCULAR	1.541038			90.03
91	Emergency	0.113352			91
91.01	IFCC	0.142762			91.01
92	Observation Beds (Non-Distinct Part)	0.136634			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		328,977	90,536	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		328,977		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	37,864,896			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	257,480			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments				3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	266.18			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)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 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 line 8 plus lines (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 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
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
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 factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0879			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3704			31
32	Sum of lines 30 and 31	0.4583			32
33	Allowable disproportionate share percentage (see instructions)	0.2702			33
34	Disproportionate share adjustment (see instructions)	2,557,774			34
		Prior to	On or after		
		October 1	October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)		7,647,644,885		35
35.01	Factor 3 (see instructions)		0.000678176		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		5,186,449		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		5,186,449		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,186,449			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, 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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
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 41.01 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 41.01)				46

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	45,866,599			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 (see instructions)	45,866,599			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,747,445			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment	19,549			53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).	140,218			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	132,170			58
59	Total (sum of amounts on lines 49 through 58)	49,905,981			59
60	Primary payer payments	38,021			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	49,867,960			61
62	Deductibles billed to program beneficiaries	3,817,320			62
63	Coinsurance billed to program beneficiaries	168,665			63
64	Allowable bad debts (see instructions)	1,888,636			64
65	Adjusted reimbursable bad debts (see instructions)	1,227,613			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	932,979			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	47,109,588			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
71	Amount due provider (see instructions)	47,109,588			71
71.01	Sequestration adjustment (see instructions)	942,192			71.01
72	Interim payments	42,695,789			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	3,471,607			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	498,019			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. 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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
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HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.000000000	0.000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0191

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	29,852			1
2	Medical and other services reimbursed under OPPS (see instructions)	30,281,815			2
3	PPS payments	29,557,796			3
4	Outlier payment (see instructions)	38,673			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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	168,715			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	29,852			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	89,474			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	89,474			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)	89,474			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	59,622			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)	29,852			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	29,765,184			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	6,168,900			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	23,626,136			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)	23,626,136			30
31	Primary payer payments	1,161			31
32	Subtotal (line 30 minus line 31)	23,624,975			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)	2,130,343			34
35	Adjusted reimbursable bad debts (see instructions)	1,384,723			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,166,429			36
37	Subtotal (see instructions)	25,009,698			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	25,009,698			40
40.01	Sequestration adjustment (see instructions)	500,194			40.01
41	Interim payments	23,562,572			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	946,932			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S191

WORKSHEET E
PART B

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. 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, col. 4, line 69)				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 physicians' services in a teaching hospital (see instructions)				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 minus 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)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T191

WORKSHEET E
PART B

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (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 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. 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, col. 4, line 69)				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 physicians' services in a teaching hospital (see instructions)				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 minus 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)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0191

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		1,049,232		601,923
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		41,489,999		22,960,649
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. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08	05/21/2015	156,558	3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	156,558		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		42,695,789		23,562,572
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S191

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		1,255,794		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
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. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,255,794		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T191

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
Applicable IPF SNF
Boxes: IRF Swing Bed SNF

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		7,621,483		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
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. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,621,483		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

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 (Wkst. S-3, Pt. I, col. 15, line 14)	13,205	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	21,022	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	2,260	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	55,494	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,165,194,046	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	34,582,688	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,907,403	8
9	Sequestration adjustment amount (see instructions)	38,148	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,869,255	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	2,118,339	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-249,084	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S191

WORKSHEET E-3
PART II

Check [] Hospital
Applicable [XX] Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,397,327	1
2	Net IPF PPS Outlier payment	29,875	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 42 CFR §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)	6,934,247	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)	1,427,202	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,427,202	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,427,202	18
19	Deductibles	117,736	19
20	Subtotal (line 18 minus line 19)	1,309,466	20
21	Coinsurance	28,038	21
22	Subtotal (line 20 minus line 21)	1,281,428	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,281,428	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)	11,481	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,292,909	31
31.01	Sequestration adjustment (see instructions)	25,858	31.01
32	Interim payments	1,255,794	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	11,257	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T191

WORKSHEET E-3
PART III

Check [] Hospital
Applicable [XX] Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	7,084,240		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.041500		2
3	Inpatient Rehabilitation LIP payments (see instructions)	166,480		3
4	Outlier payments	554,955		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 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			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)	18.671233		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	7,805,675		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	7,805,675		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	7,805,675		19
20	Deductibles	33,580		20
21	Subtotal (line 19 minus line 20)	7,772,095		21
22	Coinsurance	18,709		22
23	Subtotal (line 21 minus line 22)	7,753,386		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)	7,753,386		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	37,232		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	7,790,618		32
32.01	Sequestration adjustment (see instructions)	155,812		32.01
33	Interim payments	7,621,483		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	13,323		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. 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

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0191

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	13,563,395	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	13,563,395	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	13,563,395	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	Routine service charges		8
9	Ancillary service charges	19,840,458	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)	19,840,458	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)	19,840,458	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	6,277,063	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 physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)	13,563,395	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	Titles V or XIX (sum of lines 21 and 27)	13,563,395	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)	13,563,395	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)	13,563,395	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)	13,563,395	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)	13,563,395	40
41	Interim payments		41
42	Balance due provider/program (line 40 minus line 41)	13,563,395	42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	16,690,300				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	104,018,704				4
5	Other receivables	9,930,933				5
6	Allowances for uncollectible notes and accounts receivable	-62,632,864				6
7	Inventory	5,721,103				7
8	Prepaid expenses	3,803,988				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	77,532,164				11
FIXED ASSETS						
12	Land	16,326,676				12
13	Land improvements	12,211,665				13
14	Accumulated depreciation	-10,263,476				14
15	Buildings	278,740,374				15
16	Accumulated depreciation	-147,802,402				16
17	Leasehold improvements	3,488,283				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	204,642,100				23
24	Accumulated depreciation	-165,325,158				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	192,018,062				30
OTHER ASSETS						
31	Investments	260,122,672	4,420,127			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)	260,122,672	4,420,127			35
36	Total assets (sum of lines 11, 30 and 35)	529,672,898	4,420,127			36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	21,875,031				37
38	Salaries, wages and fees payable	7,644,279				38
39	Payroll taxes payable	634,301				39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	53,266,997				43
44	Other current liabilities	-71,930				44
45	Total current liabilities (sum of lines 37 thru 44)	83,348,678				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	128,262,899				49
50	Total long term liabilities (sum of lines 46 thru 49)	128,262,899				50
51	Total liabilities (sum of lines 45 and 50)	211,611,577				51
CAPITAL ACCOUNTS						
52	General fund balance	318,061,321				52
53	Specific purpose fund		4,420,127			53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					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 thru 58)	318,061,321	4,420,127			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	529,672,898	4,420,127			60

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		310,631,518		4,354,168
2	Net income (loss) (from Worksheet G-3, line 29)		7,322,633		
3	Total (sum of line 1 and line 2)		317,954,151		4,354,168
4	Additions (credit adjustments) (specify)	107,170		65,959	
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)		107,170		65,959
11	Subtotal (line 3 plus line 10)		318,061,321		4,420,127
12	Deductions (debit adjustments) (specify)				
13					
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		318,061,321		4,420,127

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)				
4	Additions (credit adjustments) (specify)				
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)				
12	Deductions (debit adjustments) (specify)				
13					
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	92,242,925		92,242,925	1
2	Subprovider IPF	2,388,130		2,388,130	2
3	Subprovider IRF	8,552,739		8,552,739	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	103,183,794		103,183,794	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	11,366,804		11,366,804	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,366,804		11,366,804	16
17	Total inpatient routine care services (sum of lines 10 and 16)	114,550,598		114,550,598	17
18	Ancillary services	322,914,849		322,914,849	18
19	Outpatient services		712,048,267	712,048,267	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		12,175,796	12,175,796	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		6,412,535	6,412,535	27
27.01	AMBULANCE REVENUE		1,603,477	1,603,477	27.01
27.02	MED/SERVICE CAR TRIPS		3,316	3,316	27.02
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	437,465,447	732,243,391	1,169,708,838	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		290,418,366	29
30	Add (specify)			30
31	ADDITIONAL EXPENSE TO RECONCILE			31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38	LESS EXPENSE TO RECONCILE	-11,232		38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)		-11,232	42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		290,407,134	43

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,169,708,838	1
2	Less contractual allowances and discounts on patients' accounts	884,299,813	2
3	Net patient revenues (line 1 minus line 2)	285,409,025	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	290,407,134	4
5	Net income from service to patients (line 3 minus line 4)	-4,998,109	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	467,960	7
8	Revenues from telephone and other miscellaneous communication services	10,480	8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts	110,119	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	687,676	22
23	Governmental appropriations		23
24	Other (MEDICARE/MEDICAID EHR FUNDS)	2,199,996	24
24.01	Other (RENTAL INCOME)	2,681,487	24.01
24.02	Other (PROGRAM REVENUE)	82,927	24.02
24.03	Other (MEDICAL STAFF REVENUE)	1,086,254	24.03
24.04	Other (RETINAL REVENUE)	17,163	24.04
24.05	Other (HRSA GRANT)	27,350	24.05
24.06	Other (LAB CLIENT REVENUE)	-255	24.06
24.07	Other (HEALTH FAIR REVENUE)	21,134	24.07
24.08	Other (MANAGEMENT FEE REVENUE)	605,580	24.08
24.09	Other (MISC REVENUE)	3,630,978	24.09
24.10	Other (LAMAZE REVENUE)	700	24.10
24.11	Other (MANAGEMENT FEE POB)	278,568	24.11
24.12	Other (DISCOUNT EARNINGS)	6,711	24.12
24.13	Other (MOBILE INTENSIVE CARE)	210,186	24.13
24.14	Other (INTEREST ICOME)	1,159	24.14
24.15	Other (CHILD CARE REVENUE)	194,569	24.15
25	Total other income (sum of lines 6-24)	12,320,742	25
26	Total (line 5 plus line 25)	7,322,633	26
29	Net income (or loss) for the period (line 26 minus line 28)	7,322,633	29

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7435

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,214,009	322,609	7,196	247,614	1,245,843	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,463,135	205,380	70,319		250	6
7	Physical Therapy	815,340	181,453	8,250			7
8	Occupational Therapy	175,140	54,473				8
9	Speech Pathology	40,814	2,054				9
10	Medical Social Services	68,681	13,248	1,327			10
11	Home Health Aide	58,317	6,077	8,710			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	2,218,913	293,074	2,366		9,424	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)	7,054,349	1,078,368	98,168	247,614	1,255,517	24

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7435

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	4,037,271		4,037,271	21,933	4,059,204	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,739,084		1,739,084		1,739,084	6
7	Physical Therapy	1,005,043		1,005,043		1,005,043	7
8	Occupational Therapy	229,613		229,613		229,613	8
9	Speech Pathology	42,868		42,868		42,868	9
10	Medical Social Services	83,256		83,256		83,256	10
11	Home Health Aide	73,104		73,104		73,104	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	2,523,777		2,523,777		2,523,777	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)	9,734,016		9,734,016	21,933	9,755,949	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7435

WORKSHEET H-1
PART I

		CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	4,059,204				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,739,084				6
7	Physical Therapy	1,005,043				7
8	Occupational Therapy	229,613				8
9	Speech Pathology	42,868				9
10	Medical Social Services	83,256				10
11	Home Health Aide	73,104				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	2,523,777				17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	9,755,949				24

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7435

WORKSHEET H-1
PART I

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		4,059,204	4,059,204		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,739,084	1,239,181	2,978,265	6
7	Physical Therapy		1,005,043	716,141	1,721,184	7
8	Occupational Therapy		229,613	163,610	393,223	8
9	Speech Pathology		42,868	30,546	73,414	9
10	Medical Social Services		83,256	59,324	142,580	10
11	Home Health Aide		73,104	52,090	125,194	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		2,523,777	1,798,312	4,322,089	17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		9,755,949		9,755,949	24

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7435

WORKSHEET H-1
PART II

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-4,059,204	5,696,745	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care						1,739,084	6
7	Physical Therapy						1,005,043	7
8	Occupational Therapy						229,613	8
9	Speech Pathology						42,868	9
10	Medical Social Services						83,256	10
11	Home Health Aide						73,104	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						2,523,777	17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					-4,059,204	5,696,745	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						4,059,204	25
26	Unit Cost Multiplier						0.712548	26

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7435

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	Administrative and General		63,648			63,648	20,631	1
2	Skilled Nursing Care	2,978,265				2,978,265	965,396	2
3	Physical Therapy	1,721,184				1,721,184	557,917	3
4	Occupational Therapy	393,223				393,223	127,462	4
5	Speech Pathology	73,414				73,414	23,797	5
6	Medical Social Services	142,580				142,580	46,217	6
7	Home Health Aide	125,194				125,194	40,581	7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	4,322,089				4,322,089	1,400,992	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	Totals (sum of lines 1-19)(2)	9,755,949	63,648			9,819,597	3,182,993	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7435

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General	82,695	175,999		74,481			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
20	Totals (sum of lines 1-19)(2)	82,695	175,999		74,481			20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7435

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
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
20	Totals (sum of lines 1-19)(2)							20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7435

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION		
		19	20	21	22	23	23.01	
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
20	Totals (sum of lines 1-19)(2)							20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7435

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)		SUBTOTAL (sum of col.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtlI) 27	TOTAL HHA COSTS 28	
1	Administrative and General	23.02	417,454		417,454			1
2	Skilled Nursing Care		3,943,661		3,943,661	127,439	4,071,100	2
3	Physical Therapy		2,279,101		2,279,101	73,649	2,352,750	3
4	Occupational Therapy		520,685		520,685	16,826	537,511	4
5	Speech Pathology		97,211		97,211	3,141	100,352	5
6	Medical Social Services		188,797		188,797	6,101	194,898	6
7	Home Health Aide		165,775		165,775	5,357	171,132	7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		5,723,081		5,723,081	184,941	5,908,022	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	Totals (sum of lines 1-19)(2)		13,335,765		13,335,765	417,454	13,335,765	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.032315		21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7435

WORKSHEET H-2
PART II

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General	6,181				63,648	6,181	1
2	Skilled Nursing Care					2,978,265		2
3	Physical Therapy					1,721,184		3
4	Occupational Therapy					393,223		4
5	Speech Pathology					73,414		5
6	Medical Social Services					142,580		6
7	Home Health Aide					125,194		7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing					4,322,089		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	Totals (sum of lines 1-19)	6,181				9,819,597	6,181	20
21	Total cost to be allocated	63,648				3,182,993	82,695	21
22	Unit Cost Multiplier	10.297363				0.324147		22
22	Unit Cost Multiplier						13.378903	22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7435

WORKSHEET H-2
PART II

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General	6,181		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	Totals (sum of lines 1-19)	6,181		6,181				20
21	Total cost to be allocated	175,999		74,481				21
22	Unit Cost Multiplier	28.474195		12.049992				22
22	Unit Cost Multiplier							22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7435

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	
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	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA CCN: 14-7435

WORKSHEET H-2
PART II

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	TIME SPENT	MEALS SERVED	
		20	21	22	23	23.01	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	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7435

**WORKSHEET H-3
PARTS I & II**

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		1	2	3	4	5	
1	Skilled Nursing Care	2	4,071,100		4,071,100	22,649	179.75
2	Physical Therapy	3	2,352,750	367,894	2,720,644	11,996	226.80
3	Occupational Therapy	4	537,511	185,925	723,436	2,917	248.01
4	Speech Pathology	5	100,352	20,688	121,040	441	274.47
5	Medical Social Services	6	194,898		194,898	482	404.35
6	Home Health Aide	7	171,132		171,132	2,068	82.75
7	Total (sum of lines 1-6)		7,427,743	574,507	8,002,250	40,553	

Limitation Cost Computation				Program Visits	
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1	2	3	4
8	Skilled Nursing Care	16974		15,473	
9	Physical Therapy	16974		8,572	
10	Occupational Therapy	16974		2,350	
11	Speech Pathology	16974		387	
12	Medical Social Services	16974		387	
13	Home Health Aide	16974		1,910	
14	Total (sum of lines 8-13)			29,079	

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		1	2	3	4	5	
15	Cost of Medical Supplies	8		31,975	31,975	289,166	0.110577
16	Cost of Drugs	9					

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
		1	2	3	4	
1	Physical Therapy	66	0.226281	1,625,830	367,894	col. 2, line 2
2	Occupational Therapy	67	0.416405	446,500	185,925	col. 2, line 3
3	Speech Pathology	68	0.281351	73,530	20,688	col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.110575	289,166	31,975	col. 2, line 15
5	Drugs Charged to Patients	73	0.202585			col. 2, line 16
5.01	INFUSION THERAPY	73.01	0.262541			col. 2, line 16
5.03	PHARMACY VACCINE	73.03	0.733597			col. 2, line 16
5.04	FCC INFUSION THERAPY	73.04	0.142674			col. 2, line 16

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7435

WORKSHEET H-3
PARTS I & II

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6	7	8	9	10	11	12		
1 Skilled Nursing Care		15,473			2,781,272		2,781,272	1	
2 Physical Therapy		8,572			1,944,130		1,944,130	2	
3 Occupational Therapy		2,350			582,824		582,824	3	
4 Speech Pathology		387			106,220		106,220	4	
5 Medical Social Services		387			156,483		156,483	5	
6 Home Health Aide		1,910			158,053		158,053	6	
7 Total (sum of lines 1-6)		29,079			5,728,982		5,728,982	7	

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6	7	8	9	10	11	12		
15 Cost of Medical Supplies								15	
16 Cost of Drugs								16	

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7435

**WORKSHEET H-4
PARTS I & II**

Check applicable box: Title V Title XVIII Title XIX

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

		Part B		
		Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
Description		1	2	3
	Reasonable Cost of Part A & Part B Services			
1	Reasonable cost of services (see instructions)			1
2	Total charges			2
	Customary Charges			
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)			3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)			5
6	Total customary charges (see instructions)			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)			8
9	Primary payer amounts			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		Part A Services	Part B Services
Description		1	2
10	Total reasonable cost (see instructions)		10
11	Total PPS Reimbursement - Full Episodes without Outliers		5,499,455 11
12	Total PPS Reimbursement - Full Episodes with Outliers		55,829 12
13	Total PPS Reimbursement - LUPA Episodes		115,453 13
14	Total PPS Reimbursement - PEP Episodes		46,217 14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		7,439 15
16	Total PPS Outlier Reimbursement - PSP Episodes		16
17	Total Other Payments		17
18	DME Payments		18
19	Oxygen Payments		19
20	Prosthetic and Orthotic Payments		20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)		21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		5,724,393 22
23	Excess reasonable cost (from line 8)		23
24	Subtotal (line 22 minus line 23)		5,724,393 24
25	Coinsurance billed to program patients (from your records)		25
26	Net cost (line 24 minus line 25)		5,724,393 26
27	Reimbursable bad debts (from your records)		27
28	Reimbursable bad debts for dual eligible (see instructions)		28
29	Total costs - current cost reporting period (line 26 plus line 27)		5,724,393 29
30	Other adjustments (see instructions) (specify)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Subtotal (see instructions)		5,724,393 31
31.01	Sequestration adjustment (see instructions)		114,489 31.01
32	Interim payments (see instructions)		5,609,904 32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2		35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA CCN: 14-7435

WORKSHEET H-5

DESCRIPTION			Part A		Part B		
			mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider					5,609,904	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.						2
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. (1)						
		.01					3.01
		.02					3.02
	Program	.03					3.03
	To	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50					3.50
		.51					3.51
	Provider	.52					3.52
	To	.53					3.53
	Program	.54					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)					5,609,904	4
TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01					5.01
		.02					5.02
	Program	.03					5.03
	To	.04					5.04
	Provider	.05					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.50					5.50
		.51					5.51
	Provider	.52					5.52
	To	.53					5.53
	Program	.54					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01					6.01
		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)						7
8	Name of Contractor		Contractor Number			NPR Date: Month, Day, Year	
							8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1535

WORKSHEET K

	COST CENTER DESCRIPTIONS	SALARIES (from Wkst. K-1)	EMPLOYEE BENEFITS (from Wkst. K-2)	TRANSPOR- TATION (see inst.)	CONTRACTED SERVICES (from Wkst. K-3)	OTHER	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	378,734	66,769	70	38,485	354,021	6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care	567,965					7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care	453,792	127,947	28,913	361,954	74,044	10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	1,400,491	194,716	28,983	400,439	428,065	39

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE CCN: 14-1535

WORKSHEET K

	TOTAL (cols. 1-5)	RECLASSI- FICATION	SUBTOTAL (col. 6 ± col. 7)	ADJUST- MENTS	TOTAL (col. 8 ± col. 9)	
	6	7	8	9	10	
GENERAL SERVICE COST CENTER						
1 Capital Related Costs-Bldg and Fixt.						1
2 Capital Related Costs-Movable Equip.						2
3 Plant Operation and Maintenance						3
4 Transportation - Staff						4
5 Volunteer Service Coordination						5
6 Administrative and General	838,079		838,079		838,079	6
INPATIENT CARE SERVICE						
7 Inpatient - General Care	567,965		567,965		567,965	7
8 Inpatient - Respite Care						8
VISITING SERVICES						
9 Physician Services						9
10 Nursing Care	1,046,650		1,046,650		1,046,650	10
11 Nursing Care-Continuous Home Care						11
12 Physical Therapy						12
13 Occupational Therapy						13
14 Speech / Language Pathology						14
15 Medical Social Services						15
16 Spiritual Counseling						16
17 Dietary Counseling						17
18 Counseling - Other						18
19 Home Health Aide and Homemaker						19
20 HH Aide & Homemaker - Cont. Home Care						20
21 Other						21
OTHER HOSPICE SERVICE COSTS						
22 Drugs, Biological and Infusion Therapy						22
23 Analgesics						23
24 Sedatives / Hypnotics						24
25 Other - Specify						25
26 Durable Medical Equipment/Oxygen						26
27 Patient Transportation						27
28 Imaging Services						28
29 Labs and Diagnostics						29
30 Medical Supplies						30
31 Outpatient Services (including E/R Dept.)						31
32 Radiation Therapy						32
33 Chemotherapy						33
34 Other						34
HOSPICE NONREIMBURSABLE SERVICE						
35 Bereavement Program Costs						35
36 Volunteer Program Costs						36
37 Fundraising						37
38 Other Program Costs						38
39 Total (sum of lines 1-38)	2,452,694		2,452,694		2,452,694	39

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1535

WORKSHEET K-1

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General				378,734		6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care					567,965	7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care						10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)				378,734	567,965	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

HOSPICE CCN: 14-1535

WORKSHEET K-1

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1					1
2					2
3					3
4					4
5					5
6				378,734	6
INPATIENT CARE SERVICE					
7				567,965	7
8					8
VISITING SERVICES					
9					9
10			453,792	453,792	10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
OTHER HOSPICE SERVICE COSTS					
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
HOSPICE NONREIMBURSABLE SERVICE					
35					35
36					36
37					37
38					38
39			453,792	1,400,491	39

(1) Transfer the amount in column 9 to Wkst. K, column 1.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1535

WORKSHEET K-2

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	66,769					6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care	127,947					10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	194,716					39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE CCN: 14-1535

WORKSHEET K-2

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1					1
2					2
3					3
4					4
5					5
6				66,769	6
INPATIENT CARE SERVICE					
7					7
8					8
VISITING SERVICES					
9					9
10				127,947	10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
OTHER HOSPICE SERVICE COSTS					
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
HOSPICE NONREIMBURSABLE SERVICE					
35					35
36					36
37					37
38					38
39				194,716	39

(1) Transfer the amount in column 9 to Wkst. K, column 2.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1535

WORKSHEET K-3

	COST CENTER DESCRIPTIONS (omit cents)	ADMINIS- TRATOR	DIRECTOR	MEDICAL SOCIAL WORKERS	SUPERVISORS	NURSES	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTER						
1	Capital Related Costs-Bldg and Fixt.						1
2	Capital Related Costs-Movable Equip.						2
3	Plant Operation and Maintenance						3
4	Transportation - Staff						4
5	Volunteer Service Coordination						5
6	Administrative and General	38,485					6
	INPATIENT CARE SERVICE						
7	Inpatient - General Care						7
8	Inpatient - Respite Care						8
	VISITING SERVICES						
9	Physician Services						9
10	Nursing Care	361,954					10
11	Nursing Care-Continuous Home Care						11
12	Physical Therapy						12
13	Occupational Therapy						13
14	Speech / Language Pathology						14
15	Medical Social Services						15
16	Spiritual Counseling						16
17	Dietary Counseling						17
18	Counseling - Other						18
19	Home Health Aide and Homemaker						19
20	HH Aide & Homemaker - Cont. Home Care						20
21	Other						21
	OTHER HOSPICE SERVICE COSTS						
22	Drugs, Biological and Infusion Therapy						22
23	Analgesics						23
24	Sedatives / Hypnotics						24
25	Other - Specify						25
26	Durable Medical Equipment/Oxygen						26
27	Patient Transportation						27
28	Imaging Services						28
29	Labs and Diagnostics						29
30	Medical Supplies						30
31	Outpatient Services (including E/R Dept.)						31
32	Radiation Therapy						32
33	Chemotherapy						33
34	Other						34
	HOSPICE NONREIMBURSABLE SERVICE						
35	Bereavement Program Costs						35
36	Volunteer Program Costs						36
37	Fundraising						37
38	Other Program Costs						38
39	Total (sum of lines 1-38)	400,439					39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

HOSPICE CCN: 14-1535

WORKSHEET K-3

	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
	6	7	8	9	
GENERAL SERVICE COST CENTER					
1					1
2					2
3					3
4					4
5					5
6				38,485	6
INPATIENT CARE SERVICE					
7					7
8					8
VISITING SERVICES					
9					9
10				361,954	10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
OTHER HOSPICE SERVICE COSTS					
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
HOSPICE NONREIMBURSABLE SERVICE					
35					35
36					36
37					37
38					38
39				400,439	39

(1) Transfer the amount in column 9 to Wkst. K, column 4.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1535

WORKSHEET K-4
PART I

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	
		0	1	2	3	4
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fixt.					1
2	Capital Related Costs-Movable Equip.					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General	838,079				6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care	567,965				7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services					9
10	Nursing Care	1,046,650				10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services					15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker					19
20	HH Aide & Homemaker - Cont. Home Care					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion Therapy					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R Dept.)					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	Volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)	2,452,694				39

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE CCN: 14-1535

WORKSHEET K-4
PART I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5 ± col. 6)	
		5	5A	6	7	
	GENERAL SERVICE COST CENTER					
1	Capital Related Costs-Bldg and Fixt.					1
2	Capital Related Costs-Movable Equip.					2
3	Plant Operation and Maintenance					3
4	Transportation - Staff					4
5	Volunteer Service Coordination					5
6	Administrative and General		838,079	838,079		6
	INPATIENT CARE SERVICE					
7	Inpatient - General Care		567,965	294,807	862,772	7
8	Inpatient - Respite Care					8
	VISITING SERVICES					
9	Physician Services					9
10	Nursing Care		1,046,650	543,272	1,589,922	10
11	Nursing Care-Continuous Home Care					11
12	Physical Therapy					12
13	Occupational Therapy					13
14	Speech / Language Pathology					14
15	Medical Social Services					15
16	Spiritual Counseling					16
17	Dietary Counseling					17
18	Counseling - Other					18
19	Home Health Aide and Homemaker					19
20	HH Aide & Homemaker - Cont. Home Care					20
21	Other					21
	OTHER HOSPICE SERVICE COSTS					
22	Drugs, Biological and Infusion Therapy					22
23	Analgesics					23
24	Sedatives / Hypnotics					24
25	Other - Specify					25
26	Durable Medical Equipment/Oxygen					26
27	Patient Transportation					27
28	Imaging Services					28
29	Labs and Diagnostics					29
30	Medical Supplies					30
31	Outpatient Services (including E/R Dept.)					31
32	Radiation Therapy					32
33	Chemotherapy					33
34	Other					34
	HOSPICE NONREIMBURSABLE SERVICE					
35	Bereavement Program Costs					35
36	Volunteer Program Costs					36
37	Fundraising					37
38	Other Program Costs					38
39	Total (sum of lines 1-38)		2,452,694		2,452,694	39

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE CCN: 14-1535

WORKSHEET K-4
PART II

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Acc. Cost)	
		BUILDINGS & FIXTURES (Sq. Ft.)	MOVABLE EQUIPMENT (\$ Value)	PLANT OPERATION & MAINT. (Sq. Ft.)	TRANSPORTATION (Mileage)	VOLUNTEER SERVICES COORDINATOR (Hours)			
		1	2	3	4	5	6A	6	
	GENERAL SERVICE COST CENTER								
1	Capital Related Costs-Bldg and Fixt.								1
2	Capital Related Costs-Movable Equip.								2
3	Plant Operation and Maintenance								3
4	Transportation - Staff								4
5	Volunteer Service Coordination								5
6	Administrative and General						-838,079	1,614,615	6
	INPATIENT CARE SERVICE								
7	Inpatient - General Care							567,965	7
8	Inpatient - Respite Care								8
	VISITING SERVICES								
9	Physician Services								9
10	Nursing Care							1,046,650	10
11	Nursing Care-Continuous Home Care								11
12	Physical Therapy								12
13	Occupational Therapy								13
14	Speech / Language Pathology								14
15	Medical Social Services								15
16	Spiritual Counseling								16
17	Dietary Counseling								17
18	Counseling - Other								18
19	Home Health Aide and Homemaker								19
20	HH Aide & Homemaker - Cont. Home Care								20
21	Other								21
	OTHER HOSPICE SERVICE COSTS								
22	Drugs, Biological and Infusion Therapy								22
23	Analgesics								23
24	Sedatives / Hypnotics								24
25	Other - Specify								25
26	Durable Medical Equipment/Oxygen								26
27	Patient Transportation								27
28	Imaging Services								28
29	Labs and Diagnostics								29
30	Medical Supplies								30
31	Outpatient Services (including E/R Dept.)								31
32	Radiation Therapy								32
33	Chemotherapy								33
34	Other								34
	HOSPICE NONREIMBURSABLE SERVICE								
35	Bereavement Program Costs								35
36	Volunteer Program Costs								36
37	Fundraising								37
38	Other Program Costs								38
39	Cost to be Allocated (per Wskt K-4, Part I)							838,079	39
40	Unit Cost Multiplier							0.519058	40

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1535

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	HOSPICE TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
1	Administrative and General							1
2	Inpatient - General Care	862,772				862,772	279,665	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care	1,589,922				1,589,922	515,368	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)	2,452,694				2,452,694	795,033	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1535

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1535

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12	13	14	15	16	17	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1535

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION		
		19	20	21	22	23	23.01	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)							34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE CCN: 14-1535

WORKSHEET K-5
PART I

PART I - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

	HOSPICE COST CENTER (omit cents)		SUBTOTAL (cols. 4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols. 24 ± 25)	ALLOC HOSP A&G (See Part II)	TOTAL HOSP COSTS (col 26 ± 27)	
		23.02	24	25	26	27	28	
1	Administrative and General							1
2	Inpatient - General Care		1,142,437		1,142,437		1,142,437	2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care		2,105,290		2,105,290		2,105,290	5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33) (2)		3,247,727		3,247,727		3,247,727	34
35	Unit Cost Multiplier (see instructions)							35

(1) Column 0, line 34 must agree with Wkst. A, column 7, line 116.

(2) Columns 0 through 25, line 34 must agree with the corresponding columns of Wkst. B, Part I, line 116.

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1535

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General							1
2	Inpatient - General Care					862,772		2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care					1,589,922		5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)					2,452,694		34
35	Total cost to be allocated					795,033		35
36	Unit Cost Multiplier (see instructions)					0.324147		36
36	Unit Cost Multiplier (see instructions)							36

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1535

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1535

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS HOSPICE CCN: 14-1535

WORKSHEET K-5
PART II

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS - STATISTICAL BASIS

	HOSPICE COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	TIME SPENT	MEALS SERVED	
		20	21	22	23	23.01	23.02	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
5	Nursing Care							5
6	Nursing Care-Continuous Home Care							6
7	Physical Therapy							7
8	Occupational Therapy							8
9	Speech / Language Pathology							9
10	Medical Social Services							10
11	Spiritual Counseling							11
12	Dietary Counseling							12
13	Counseling - Other							13
14	Home Health Aide and Homemaker							14
15	HH Aide & Homemaker - Cont. Home Care							15
16	Other							16
17	Drugs, Biological and Infusion Therapy							17
18	Analgesics							18
19	Sedatives / Hypnotics							19
20	Other - Specify							20
21	Durable Medical Equipment/Oxygen							21
22	Patient Transportation							22
23	Imaging Services							23
24	Labs and Diagnostics							24
25	Medical Supplies							25
26	Outpatient Services (including E/R Dept.)							26
27	Radiation Therapy							27
28	Chemotherapy							28
29	Other							29
30	Bereavement Program Costs							30
31	Volunteer Program Costs							31
32	Fundraising							32
33	Other Program Costs							33
34	Totals (sum of lines 1-33)							34
35	Total cost to be allocated							35
36	Unit Cost Multiplier (see instructions)							36
36	Unit Cost Multiplier (see instructions)							36

KPMG LLP Compu-Max 2552-10

INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE CCN: 14-1535

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	COST CENTER	Wkst C, Part I, col. 9, line	Cost to Charge Ratio	Total Hospice Charges (Provider Records) 2	Hospice Shared Ancillary Costs (cols. 1 x 2) 3	
		0	1	2	3	
	ANCILLARY SERVICE COST CENTERS					
1	Physical Therapy	66	0.226281			1
2	Occupational Therapy	67	0.416405			2
3	Speech / Language Pathology	68	0.281351			3
4	Drugs, Biological and Infusion Therapy	73	0.202585			4
4.01	INFUSION THERAPY	73.01	0.262541			4.01
4.03	PHARMACY VACCINE	73.03	0.733597			4.03
4.04	FCC INFUSION THERAPY	73.04	0.142674			4.04
5	Durable Medical Equipment/Oxygen	96				5
6	Labs and Diagnostics	60	0.118513			6
7	Medical Supplies	71	0.110575			7
8	Outpatient Services (including E/R Dept.)	93				8
9	Radiation Therapy	55				9
10	Other	76				10
10.97	CARDIAC REHABILITATION	76.97	1.205931			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.229377			10.98
10.99	LITHOTRIPSY	76.99				10.99
11	Totals (sum of lines 1-10)					11

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INGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191	In Lieu of Form CMS-2552-10	Period : From: 10/01/2014 To: 09/30/2015	Run Date: 02/29/2016 Run Time: 11:02 Version: 2015.10 (02/18/2016)
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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE CCN: 14-1535

WORKSHEET K-6

COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1	2	3	4	
1	Total cost (see instructions)				3,247,727	1
2	Total unduplicated days (Worksheet S-9, column 6, line 5)				13,727	2
3	Average cost per diem (line 1 divided by line 2)				236.59	3
4	Unduplicated Medicare days (Worksheet S-9, column 1, line 5)	12,140				4
5	Aggregate Medicare cost (line 3 times line 4)	2,872,203				5
6	Unduplicated Medicaid days (Worksheet S-9, column 2, line 5)		1,198			6
7	Aggregate Medicaid cost (line 3 times line 6)		283,435			7
8	Unduplicated SNF days (Worksheet S-9, column 3, line 5)	170				8
9	Aggregate SNF cost (line 3 times line 8)	40,220				9
10	Unduplicated NF days (Worksheet S-9, column 4, line 5)		663			10
11	Aggregate NF cost (line 3 times line 10)		156,859			11
12	Other Unduplicated days (Worksheet S-9, column 5, line 5)			389		12
13	Aggregate cost for other days (line 3 times line 12)			92,034		13

Note: The data for the SNF and NF on lines 8 through 11 are included in the Medicare and Medicaid lines 4 through 7.

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0191

WORKSHEET L

Check Title V Hospital PFS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	3,405,628	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	10,790	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	153.20	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0879	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3704	8
9	Sum of lines 7 and 8	0.4583	9
10	Allowable disproportionate share percentage (see instructions)	0.0972	10
11	Disproportionate share adjustment (see instructions)	331,027	11
12	Total prospective capital payments (see instructions)	3,747,445	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	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 SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
40	Subprovider - IPF							40
41	Subprovider - IRF							41
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
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							65
65.01	PULMONARY FUNCTION							65.01
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
70.01	SLEEP LAB							70.01
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							73.01
73.03	PHARMACY VACCINE							73.03
73.04	FCC INFUSION THERAPY							73.04
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	PSYCH ANCILLARY							90.02
90.03	RETINAL VASCULAR							90.03
91	Emergency							91
91.01	IFCC							91.01
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
100	I&R Services-Not Apprvd Prgm							100
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
118	SUBTOTALS (sum of lines 1-117)							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 Centers							201
202	TOTAL (sum of lines 118-201)							202