In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 03-31-2022 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 14-0191 Worksheet S Peri od From 07/01/2018 Parts I-III AND SETTLEMENT SUMMARY 06/30/2019 Date/Time Prepared: То 11/25/2019 4:02 pm PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically filed cost report Date: 11/25/2019 Time: 4:02 pm use only ]Manually submitted cost report 2 [ ]If this is an amended report enter the number of times the provider resubmitted this cost report ]Medicare Utilization. Enter "F" for full or "L" for low. 3 Ο Ē 4 6. Date Received: 7. Contractor No. 10. NPR Date: Contractor 5. 1 ]Cost Report Status Γ (1) As Submitted 11. Contractor's Vendor Code: use only Δ (2) Settled without Audit 8. [N] Initial Report for this Provider CCN 12. [0] If line 5, column 1 is 4: Enter (3) Settled with Audit 9. [N] Final Report for this Provider CCN number of times reopened = 0-9. (3) Settled with Audit number of times reopened = 0-9. (4) Reopened (5) Amended PART II - CERTIFICATION MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL. CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OF INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT. CERTIFICATION BY CHIEF FINANCIAL 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) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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. [X] I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature. RICHARD SILVERIA (Si aned) Officer or Administrator of Provider(s) EVP/CF0 Title (Dated when report is electronically signed.) Date Title XVIII Cost Center Description Doret

	LOST CENTER DESCRIPTION	litle v	Part A	Part B	HLI	litle XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-1, 615	-462, 656	0	0	1.00
2.00	Subprovider - IPF	0	50, 538	0		0	2.00
3.00	Subprovider - IRF	0	134, 869	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00	D Total	0	183, 792	-462, 657	0	0	200.00
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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 and review the 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 the 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.

		DENTIFICATION DATA	Provic	ler CCN: 1	4-0191	Period: From 07/01/ To 06/30/	2019	Workshe Part I Date/Ti 11/25/2	me Pre	epare
	1.00	2.00		3.00		4	. 00			
	Hospital and Hospital Health Care Co									
00	Street: ONE INGALLS DRIVE	PO Box:								1.
00	City: HARVEY	State: IL	Zip Cod	e: 60426	Coun	ty: COOK				2.
		Component Name	CCN	CBSA	Provi dei	Date	Payme	nt Syst	em (P,	
			Number	Number	Type	Certified	Τ,	, 0, or	N)	
					5.		V	XVIII		1
		1.00	2.00	3.00	4.00	5.00	6.00	-		1
	Hospital and Hospital-Based Componer		2.00	5.00	4.00	5.00	0.00	17.00	0.00	
00	Hospi tal	I NGALLS MEMORIAL	140191	16974	1	07/01/1966	N	Р	0	3.
00		HOSPITAL	140171	10774	1 1	0770171900	IN	'		J J.
20	Subprovidor	PSYCH UNIT OF INGALLS	14S191	16974	4	01/01/1984	Ν	P	0	4.
00	Subprovider - IPF		145191	109/4	4	01/01/1984	IN	P		4.
		MEMORIAL HOSPI								
00	Subprovider - IRF	REHAB UNIT OF INGALLS	14T191	16974	5	11/02/1989	N	P	0	5.
		MEMORIAL HOSPI								
0	Subprovider - (Other)									6.
0	Swing Beds - SNF									7.
0	Swing Beds - NF			1	1				1	8
0	Hospi tal -Based SNF								1	9
	Hospi tal-Based NF									
										10
00	Hospital-Based OLTC							-		11
	Hospital-Based HHA	INGALLS HOME CARE	147435	16974		07/24/1985	N	P	N	12
00	Separately Certified ASC									13
00	Hospi tal -Based Hospi ce	INGALLS HOME CARE	141535	16974		02/28/1990				14
		HOSPI CE								
00	Hospital-Based Health Clinic - RHC								1	15
	Hospital-Based Health Clinic - FQHC									16
										17.
	Hospital-Based (CMHC) I									
	Renal Dialysis									18
00	Other									19.
						From:		To	:	
						1.00		2. (		
00	Cost Reporting Period (mm/dd/yyyy)					07/01/20	018	06/30,	/2019	20
00	Type of Control (see instructions)					2				21
					1.00	2.00		3. (	00	
	Inpatient PPS Information				1.00	2.00		3. (	00	-
00		currently receiving pa	yments for	~	1.00 Y	2.00		3. (	00	22
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SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	TA I	Provider CC	N: 14-0191	Peri od:		Workshe	eet S-2	
				,	0/2019	11/25/2	ime Pre 2019 4:	
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicai HMO day	/s Med	ther di cai d days	
00 If this provider is an LDDC hospital enter the	1.00	2.00	3.00	4.00	5.00		5.00	24.0
<ul> <li>00 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.</li> <li>00 If this provider is an IRF, enter the in-state Medicaid eligible unpaid days in column 1, the 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 eligible unpaid days in column 5, 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.</li> </ul>	10, 780 394	3, 675 203		0	3, 5	0	445	5 24. ( 25. (
				Urban/R	ural S I	Date of 2.0		-
00 Enter your standard geographic classification (not wa	age) status	at the beg	jinning of t		1	Ζ.	00	26. (
cost reporting period. Enter "1" for urban or "2" for 00 Enter your standard geographic classification (not wa reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi	age) status - "2" for r	ural. If ap		t	1			27. (
00 If this is a sole community hospital (SCH), enter the effect in the cost reporting period.			CH status in		0			35.
				Begi nr 1. (		Endi 2. (		-
00 Enter applicable beginning and ending dates of SCH st of periods in excess of one and enter subsequent date		cript line	36 for numb	er				36.
00   If this is a Medicare dependent hospital (MDH), enter		r of period	ls MDH statu	s	о			37.
<ul> <li>is in effect in the cost reporting period.</li> <li>1 Is this hospital a former MDH that is eligible for th accordance with FY 2016 OPPS final rule? Enter "Y" for instructions)</li> </ul>								37.
00 If line 37 is 1, enter the beginning and ending dates	of MDH ct	atus Ifli	ne 37 is					38.
greater than 1, subscript this line for the number of enter subsequent dates.								
				Y/		Y/		-
<pre>onter subsequent dates. 00 Does this facility qualify for the inpatient hospital hospitals in accordance with 42 CFR §412.101(b)(2)(i) 1 "Y" for yes or "N" for no. Does the facility meet t accordance with 42 CFR 412.101(b)(2)(i), (ii), or (ii)</pre>	payment a , (ii), or the mileage	h excess of djustment f (iii)? Ent requiremen	one and for low volu er in colum its in	n n n n n n n n n n n n n n n n n n n	00	Y/ 2.0 N	00	39.
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SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION	АТА	Provider C		eriod: rom 07/01/2018 o 06/30/2019		pared
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
			1.00	2.00	3.00	1
.00 Are you claiming nursing and allied health educatio			Y			60. (
any programs that meet the criteria under §413.85? .01 If line 60 is yes, complete columns 2 and 3 for eac instructions)				23.00	0 1	60.
.02 If line 60 is yes, complete columns 2 and 3 for each instructions)				23. 01		60.
.03   f   ine 60 is yes, complete columns 2 and 3 for eac instructions)	Y/N	IME	Direct GME	23. 02	2 1 Direct GME	60.
		T WIE	DITIOUT ONE	1.112	DITIOUT OME	
	1.00	2.00	3.00	4.00	5.00	
<ul> <li>00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)</li> <li>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)</li> </ul>				0.00	. 0. 00	61.
<ul> <li>02 Enter the current year total unweighted primary car FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)</li> <li>03 Enter the base line FTE count for primary care</li> </ul>						61.
<ul><li>and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)</li><li>.04 Enter the number of unweighted primary care/or</li></ul>						61.
<ul> <li>surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).</li> <li>O5 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery FTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and the current year's primary core and/or general surgery fTEs and/or general surgery fTEs and the current year's pri</li></ul>						61.
<ul> <li>primary care and/or general surgery FTE counts (lin 61.04 minus line 61.03). (see instructions)</li> <li>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)</li> </ul>						61.
	Pr	ogram Name	Program Code	Unweighted IME	5	
				FTE Count	Direct GME FTE Count	
		1.00	2.00	3.00	4.00	1
.10 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. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.
20 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. Enter in column 4, the direct GME FTE unweighted count.	n			0.00	0. 00	61.
					1.00	
ACA Provisions Affecting the Health Resources and S	ervi ces	Admi ni strati or	n (HRSA)		1.00	
.00 Enter the number of FTE residents that your hospita your hospital received HRSA PCRE funding (see instr	l traine uctions)	d in this cost	reporting peri			62.
.01 Enter the number of FTE residents that rotated from during in this cost reporting period of HRSA THC pr	a reach	ng nearth Cer	nel (IHC) INTO	your nospital	0.00	62.

th Financial Systems PITAL AND HOSPITAL HEALTH CARE COMPLE		MEMORIAL HOSPITAL TA Provider C	CN: 14-0191 P	eri od:	Worksheet S-2	2552-1
	A TRENTITION DA		F	rom 07/01/2018 o 06/30/2019	Part I	pared:
			Unwei ghted	5	Ratio (col. 1/	1
			FTES	FTEs in	$(\operatorname{col} \cdot 1 + \operatorname{col} \cdot$	
			Nonprovider Site	Hospi tal	2))	
			1.00	2.00	3.00	1
Section 5504 of the ACA Base Year	FTE Residents in No	onprovider Settings				
period that begins on or after Ju						
D0 Enter in column 1, if line 63 is y in the base year period, the number resident FTEs attributable to rota settings. Enter in column 2 then resident FTEs that trained in your	er of unweighted nor ations occurring in number of unweighted	all nonprovider all nonprovider non-primary care	0.00	0.00	0. 000000	64.0
of (column 1 divided by (column 1						
	Program Name	Program Code	Unwei ghted FTEs		Ratio (col. 3/ (col. 3 + col.	
			Nonprovi der	Hospi tal	(cor. 3 + cor. 4))	
			Si te	lioopi tui	.,,,	
	1.00	2.00	3.00	4.00	5.00	1
00 Enter in column 1, if line 63			0.00	0.00	0. 000000	) 65.C
is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			Unweighted	5	Ratio (col. 1/	
			FTËs Nonprovider Site	FTEs in Hospital	(col. 1 + col. 2))	
			1.00	2.00	3.00	1
Section 5504 of the ACA Current Y	ear FTE Residents ir	n Nonprovider Setting				
beginning on or after July 1, 201 00 Enter in column 1 the number of u	0		0.00			) 66. C
FTEs attributable to rotations occ Enter in column 2 the number of un FTEs that trained in your hospital (column 1 divided by (column 1 + o	nweighted non-primar L. Enter in column 3	ry care resident 3 the ratio of				
	Program Name	Program Code	Unweighted	Unweighted	Ratio (col. 3/	/
	-	Ŭ	FTĔs	FTEsin	(col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
	4 00	0.00	Site	1.00	5.00	-
O Entor in column 1 the program	1.00	2.00	3.00	4.00	5.00	47 4
00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. 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			0.00	0.00	0. 000000	) 67. (

	Financial Systems INGALLS MEMORIAL HOSPITAL		In Lieu	ı of Form	n CMS-2	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 14-0191	Period: From 07/01 To 06/30		Workshee Part I Date/Tin 11/25/20	me Pre	pared:
	Inpatient Psychiatric Facility PPS			2.00	3.00	
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF Enter "Y" for yes or "N" for no.	subprovi der?	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program		N		0	71.00
	recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" f 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new t	eachi ng				
	program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" f Column 3: If column 2 is Y, indicate which program year began during this cost repor					
	(see instructions) Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an I	RF	Y	T T		75.00
76.00	subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program	n the most	N		0	76.00
	recent cost reporting period ending on or before November 15, 2004? Enter "Y" for ye no. Column 2: Did this facility train residents in a new teaching program in accorda	s or "N" for				
	CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 i	s Y,				
	indicate which program year began during this cost reporting period. (see instructio	ns)				
	Long Term Care Hospital PPS			1.0	0	
	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost report "Y" for yes and "N" for no.	ng period?	Enter	N		81.00
95 00	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for y	oc or "N" fo	r po	N		85.00
	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Sec		no.	IN		86.00
87.00	<pre>\$413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. Is this hospital an extended neoplastic disease care hospital classified under secti</pre>	on		N		87.00
	1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	V		XIX	v	
		1.0	0	2.0		
90.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" fo	r N		Y		90.00
91 00	yes or "N" for no in the applicable column. Is this hospital reimbursed for title V and/or XIX through the cost report either in	N		N		91.00
	full or in part? Enter "Y" for yes or "N" for no in the applicable column.					
	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Ente "Y" for yes or "N" for no in the applicable column.	r N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the	N		Ν		94.00
	applicable column.  f line 94 is "Y", enter the reduction percentage in the applicable column.	0.0	0	0.0		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
	If line 96 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX follow Medicare (title XVIII) for the interns and residents post	0.0	0	0.0 V	0	97.00 98.00
70.00	stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in					/0.00
98. 01	column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wk	st. Y		Y		98.01
	C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 f title XIX.	or				
98. 02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation	Y		Y		98. 02
	bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CA reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in colum			N		98.03
09 04	for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of	N		N		98.04
90.04	outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, a			IN IN		70.04
98. 05	in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance	on Y		Y		98.05
	Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and column 2 for title XIX.	in				
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D,	Y		Y		98.06
	Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					
105.00	Rural Providers Does this hospital qualify as a CAH?	N				105.00
	If this facility qualifies as a CAH, has it elected the all-inclusive method of paym					106.00
107.00	for outpatient services? (see instructions) If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R					107.00
	training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) I yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is c					
109 00	reimbursed. If yes complete Wkst. D-2, Pt. II. Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See					108.00
100.00	CFR Section \$412, 113(c). Enter "Y" for ves or "N" for no.	TZ   IN				100.00

Health Financial Systems INGALLS MEMORIA HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C		Period: From 07/01/20	١	of For Norkshe Part I		
		1	o 06/30/20		Date/Ti 11/25/2		
	Physi cal	Occupati onal			Respi r	atory	
109.00 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 no for each therapy.	1.00	2.00	3.00		4.0	0	109.00
				-	1. C	0	-
110.00 Did this hospital participate in the Rural Community Hospital Demonstration) for the current cost reporting period? Enter "\ complete Worksheet E, Part A, lines 200 through 218, and Work applicable.	Y" for yes or	"N" for no. I	f yes,		N		110.00
			1.00		2.0	0	-
111.00 If this facility qualifies as a CAH, did it participate in the Health Integration Project (FCHIP) demonstration for this cos "Y" for yes or "N" for no in column 1. If the response to col integration prong of the FCHIP demo in which this CAH is part Enter all that apply: "A" for Ambulance services; "B" for add for tele-health services.	st reporting lumn 1 is Y, ticipating in	period? Enter enter the column 2.	N				111.0
				1.00	2.00	3.00	-
Miscellaneous Cost Reporting Information					2.00		
15.00 Is this an all-inclusive rate provider? Enter "Y" for yes or is yes, enter the method used (A, B, or E only) in column 2. 3 either "93" percent for short term hospital or "98" percent psychiatric, rehabilitation and long term hospitals providers Pub. 15-1, chapter 22, §2208.1.	lf column 2 t for long te s) based on t	is "E", enter rm care (inclu he definition	in column des	N		0	115.0
16.00 Is this facility classified as a referral center? Enter "Y" 1 17.00 Is this facility legally-required to carry malpractice insura	5		"N" for	N Y			116. 0 117. 0
no. 18.00 s the malpractice insurance a claims-made or occurrence poli	icy? Enter 1	if the policy	is	1			118. 0
claim-made. Enter 2 if the policy is occurrence.		Premi ums	Losses		Insura	ance	
18.01 List amounts of malpractice premiums and paid losses:		1.00	2.00	0	3. C		5 118. 0
					21,0	73,023	
18.02 Are malpractice premiums and paid losses reported in a cost of	center other	than the	1.00 N		2.0	0	118.0
Administrative and General? If yes, submit supporting schedu and amounts contained therein. 19.00D0 NOT USE THIS LINE	ule listing c	ost centers					119.0
20.00 Is this a SCH or EACH that qualifies for the Outpatient Hold §3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qua Hold Harmless provision in ACA §3121 and applicable amendment Enter in column 2, "Y" for yes or "N" for no.	column 1, "Y alifies for t	" for yes or he Outpatient	N		Ν		120. 0
21.00 Did this facility incur and report costs for high cost implar	ntable device	s charged to	Y				121.0
patients? Enter "Y" for yes or "N" for no. 22.00 Does the cost report contain healthcare related taxes as defi Act?Enter "Y" for yes or "N" for no in column 1. If column 1 the Worksheet A line number where these taxes are included.			N				122.0
Transplant Center Information 25.00Does this facility operate a transplant center? Enter "Y" for	r ves and "N"	for no If	N				125. 0
yes, enter certification date(s) (mm/dd/yyyy) below.	5		IN IN				
26.00  f this is a Medicare certified kidney transplant center, ent in column 1 and termination date, if applicable, in column 2.		rication date					126.0
27.00 If this is a Medicare certified heart transplant center, enter in column 1 and termination date, if applicable, in column 2.		ication date					127.0
28.00 If this is a Medicare certified liver transplant center, enter	er the certif	ication date					128.0
in column 1 and termination date, if applicable, in column 2. 29.00 If this is a Medicare certified lung transplant center, enter		cation date in					129.0
column 1 and termination date, if applicable, in column 2. 30.001f this is a Medicare certified pancreas transplant center, e	enter the cer	tification					130. 0
date in column 1 and termination date, if applicable, in colu 31.00/If this is a Medicare certified intestinal transplant center,	umn 2.						131. 0
date in column 1 and termination date, if applicable, in colu	umn 2.						
32.00  f this is a Medicare certified islet transplant center, enter in column 1 and termination date, if applicable, in column 2.							132.0
33.00 If this is a Medicare certified other transplant center, enter in column 1 and termination date, if applicable, in column 2.		ıcation date					133. C
34.00 If this is an organ procurement organization (OPO), enter the		in column 1					134. 0
and termination date, if applicable, in column 2. All Providers							

	X IDENTIFICATION DATA	MORIAL HOSPITAL Provider CC	N: 14-0191			u of Form CMS- Worksheet S-: Part I Date/Time Pro	2
						11/25/2019 4	
		2.00			3.00	- <i>C</i> +h -	
If this facility is part of a chain home office and enter the home of				name ar	id address	or the	
41. 00 Name:	Contractor's Name			ctor's N	umber:		141.0
42.00 Street:	PO Box:						142.0
43. 00 Ci ty:	State:		Zip Coo	de:			143.0
						1.00	-
44.00 Are provider based physicians' cos	sts included in Workshe	et A?				Y	144. (
					1.00	2.00	
45.00 If costs for renal services are cl					Y		145.0
inpatient services only? Enter "Y' no, does the dialysis facility ind							
period? Enter "Y" for yes or "N"			reporting				
46.00 Has the cost allocation methodolog	gy changed from the pre				N		146. (
Enter "Y" for yes or "N" for no in		b. 15-2, chapter 4	0, §4020)	lf			
yes, enter the approval date (mm/o	dd/yyyy) in column 2.						-
						1.00	-
47.00Was there a change in the statisti						N	147. (
48.00 Was there a change in the order of						N	148. 0
49.00 Was there a change to the simplifi	ed cost finding method					N	149.0
		Part A 1.00	Part B 2.00		Title V 3.00	Title XIX 4.00	-
Does this facility contain a prov	der that qualifies for			cation c			
or charges? Enter "Y" for yes or							
55. 00 Hospi tal		N	N		N	N	155. (
56.00 Subprovider - IPF		N	N		N	N	156. 0
57. 00 Subprovi der – IRF 58. 00 SUBPROVI DER		N	N		N	N	157. 0 158. 0
59. 00 SNF		Ν	N		Ν	N	159.0
60.00HOME HEALTH AGENCY		N	N		N	N	160.0
61. 00 СМНС			N		N	N	161.0
						1.00	_
Multicampus						1.00	_
65.00 s this hospital part of a Multica	ampus hospital that has	one or more campu	uses in dif	ferent C	BSAs?	N	165.0
Enter "Y" for yes or "N" for no.							
	Name	County		Zip Code		FTE/Campus	_
44 00 lf lips 145 is yes for each	0	1.00	2.00	3.00	4.00	5.00	0 166. 0
66.00 If line 165 is yes, for each						0.0	0100.0
"amous enter the name in collimn							
campus enter the name in column O, county in column 1, state in							
0, county in column 1, state in column 2, zip code in column 3,							
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in							
0, county in column 1, state in column 2, zip code in column 3,							
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in						1.00	_
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI				ent Act			
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI 67.00 Is this provider a meaningful user	under §1886(n)? Ente	r "Y" for yes or "	N" for no.			Y	
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10	under §1886(n)? Ente D5 is "Y") and is a mea	r "Y" for yes or " ningful user (line	N" for no.		r the	Y	
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H	r under §1886(n)? Ente D5 is "Y") and is a mea HIT assets (see instruc	r "Y" for yes or " ningful user (line tions)	N" for no. e 167 is "Y	"), ente		Y	0168. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10	r under §1886(n)? Ente D5 is "Y") and is a mea HT assets (see instruc not a meaningful user,	r "Y" for yes or " ningful user (line tions) does this provider	N" for no. e 167 is "Y" qualify fo	"), ente or a har		Y	0168. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H exception under \$413.70(a) (6) (ii) 69.00 If this provider is a meaningful u	under §1886(n)? Ente 5 is "Y") and is a mea HT assets (see instruc not a meaningful user, 2 Enter "Y" for yes or user (line 167 is "Y")	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i	N" for no. 2 167 is "Y qualify fo nstruction	"), ente or a har s)	dshi p	Y	0168. ( 168. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Health Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is n exception under §413.70(a)(6)(ii) <sup>7</sup>	under §1886(n)? Ente 5 is "Y") and is a mea HT assets (see instruc not a meaningful user, 2 Enter "Y" for yes or user (line 167 is "Y")	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i	N" for no. 2 167 is "Y qualify fo nstruction	"), ente or a har s) s "N"),	dship enter the	Y 9.9	0168. ( 168. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H exception under \$413.70(a) (6) (ii) 69.00 If this provider is a meaningful u	under §1886(n)? Ente 5 is "Y") and is a mea HT assets (see instruc not a meaningful user, 2 Enter "Y" for yes or user (line 167 is "Y")	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i	N" for no. 2 167 is "Y qualify fo nstruction	"), ente or a har s) s "N"),	dship enter the eginning	Y 9. 9 Endi ng	167. ( 0168. ( 168. ( 9169. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is r exception under §413.70(a)(6)(ii)' 69.00 If this provider is a meaningful transition factor. (see instruction	under §1886(n)? Ente D5 is "Y") and is a mea HT assets (see instruc not a meaningful user, P Enter "Y" for yes or user (line 167 is "Y") pns)	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i and is not a CAH (	N" for no. 2 167 is "Y qualify fo nstruction: line 105 is	"), ente or a har s) s "N"), <u>B</u> a	dship enter the eginning 1.00	Y 9. 9 <u>Endi ng</u> 2. 00	0168. ( 168. ( 9169. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 58.01 If this provider is a CAH and is r exception under §413.70(a)(6)(ii)' 69.00 If this provider is a meaningful transition factor. (see instruction	under §1886(n)? Ente D5 is "Y") and is a mea HT assets (see instruc not a meaningful user, P Enter "Y" for yes or user (line 167 is "Y") pns)	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i and is not a CAH (	N" for no. 2 167 is "Y qualify fo nstruction: line 105 is	"), ente or a har s) s "N"), <u>B</u> a	dship enter the eginning	Y 9. 9 Endi ng	0168. ( 168. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 57.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 58.01 If this provider is a CAH and is n exception under §413.70(a) (6) (ii) / 59.00 If this provider is a meaningful u transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR H	under §1886(n)? Ente D5 is "Y") and is a mea HT assets (see instruc not a meaningful user, P Enter "Y" for yes or user (line 167 is "Y") pns)	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i and is not a CAH (	N" for no. 2 167 is "Y qualify fo nstruction: line 105 is	"), ente or a har s) s "N"), <u>B</u> a	dship enter the eginning 1.00 /01/2018	Y 9. 9 <u>Endi ng</u> 2. 00 06/30/2019	0168. ( 168. ( 9169. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is n exception under §413.70(a) (6) (ii) 69.00 If this provider is a meaningful u transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR H period respectively (mm/dd/yyyy)	under §1886(n)? Ente 5 is "Y") and is a mea HI assets (see instruc- not a meaningful user, ? Enter "Y" for yes or user (line 167 is "Y") ons) peginning date and endi	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i and is not a CAH ( ng date for the re	N" for no. 9 167 is "Y' 9 qualify for 10 nstructions 10 ns	"), ente or a har s) s "N"), <u>B</u> a	dshi p enter the egi nni ng 1. 00 //01/2018 1. 00	Y 9.9 Endi ng 2.00 06/30/2019 2.00	0168. ( 168. ( 9169. ( 170. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is n exception under §413.70(a)(6)(ii) 69.00 If this provider is a meaningful u transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR H period respectively (mm/dd/yyyy)	under §1886(n)? Ente 5 is "Y") and is a mea 11 assets (see instruc- not a meaningful user, ? Enter "Y" for yes or iser (line 167 is "Y") paginning date and endi vider have any days for	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i and is not a CAH ( ng date for the re	N" for no. e 167 is "Y qualify fo nstruction: line 105 i: eporting led in	"), ente or a har s) s "N"), <u>B</u> 07	dship enter the eginning 1.00 /01/2018	Y 9.9 Endi ng 2.00 06/30/2019 2.00	0168. ( 168. ( 9169. (
0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) Heal th Information Technology (HI 57.00 Is this provider a meaningful user 58.00 If this provider is a CAH (line 10 reasonable cost incurred for the H 68.01 If this provider is a CAH and is n exception under §413.70(a) (6) (ii) 59.00 If this provider is a meaningful u transition factor. (see instruction 70.00 Enter in columns 1 and 2 the EHR H period respectively (mm/dd/yyyy)	- under §1886(n)? Ente D5 is "Y") and is a mea HT assets (see instruc- not a meaningful user, P Enter "Y" for yes or user (line 167 is "Y") ons) Deginning date and endi vider have any days for reported on Wkst. S-3,	r "Y" for yes or " ningful user (line tions) does this provider "N" for no. (see i and is not a CAH ( ng date for the re rindividuals enrol Pt. I, line 2, col	N" for no. e 167 is "Y qualify for nstructions line 105 is eporting led in . 6? Enter	"), ente or a har s) s "N"), <u>B</u> 07	dshi p enter the egi nni ng 1. 00 //01/2018 1. 00	Y 9.9 Endi ng 2.00 06/30/2019 2.00	0168.0

USPI I	Financial Systems INGALLS MEMORIAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 14-0191	Peri od:	u of Form CMS- Worksheet S-2	
				From 07/01/2018 To 06/30/2019	Part II	epared
				Y/N	Date 23/2019 4.	. 02 pii
				1.00	2.00	_
	General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS	I for all NU re	esponses. Ent	er all dates in t	he	_
	Provider Organization and Operation					-
. 00	Has the provider changed ownership immediately prior to the			N		1. (
	reporting period? If yes, enter the date of the change in c	column 2. (see				_
			Y/N 1.00	Date 2.00	V/I 3.00	-
. 00	Has the provider terminated participation in the Medicare F	Program? If	N 1.00	2.00	3.00	2.
	yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.	nn 3, "V" for			I	
. 00	Is the provider involved in business transactions, includir	ng management	N		1	3.
	contracts, with individuals or entities (e.g., chain home c				1	
	or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members of				1	
	of directors through ownership, control, or family and othe				1	
	relationships? (see instructions)					
			Y/N	Туре	Date	
	Financial Data and Reports		1.00	2.00	3.00	-
. 00	Column 1: Were the financial statements prepared by a Cert	tified Public	Y	A		4.
	Accountant? Column 2: If yes, enter "A" for Audited, "C" f	for Compiled,			1	
	or "R" for Reviewed. Submit complete copy or enter date ava	ailable in			1	
. 00	column 3. (see instructions) If no, see instructions. Are the cost report total expenses and total revenues diffe	erent from	N		1	5.
	those on the filed financial statements? If yes, submit rec				1	
				Y/N	Legal Oper.	
	Approved Educational Activition			1.00	2.00	
. 00	Approved Educational Activities Column 1: Are costs claimed for nursing school? Column 2:	lfves is th	ne provider i	s N		6.
	the legal operator of the program?	11 900, 10 11			1	
. 00	Are costs claimed for Allied Health Programs? If "Y" see in			Y	1	7.0
. 00	Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions.	and/or renewed	during the	Y	1	8.0
. 00	Are costs claimed for Interns and Residents in an approved	graduate medio	cal education	Ν	1	9. (
	program in the current cost report? If yes, see instruction	0			1	
0.00	Was an approved Intern and Resident GME program initiated of	or renewed in t	the current	N	1	10. (
1.00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I	& R in an Anr	proved	Ν	1	11.0
1.00	Teaching Program on Worksheet A? If yes, see instructions.		l oved		1	
					Y/N	
	Dad Dahta				1.00	
	Bad Debts Is the provider seeking reimbursement for bad debts? If yes	s see instruct	tions		Y	12. (
	If line 12 is yes, did the provider's bad debt collection p			ost reporting	N	13.
	period? If yes, submit copy.		_			
4.00	If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	ents waived? If	yes, see in	structions.	N	14.0
5.00	Did total beds available change from the prior cost reporti	na period? If	ves, see ins	tructions.	N	15. (
			rt A		tВ	
		Y/N	Date	Y/N	Date	
	PS&R Data	1.00	2.00	3.00	4.00	
6. 00	Was the cost report prepared using the PS&R Report only?	Y	10/22/2019	Y	10/22/2019	16. 0
	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)					
7.00	Was the cost report prepared using the PS&R Report for	N		Ν	1	17. (
	totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date				1	
	in columns 2 and 4. (see instructions)					
		N		Ν	1	18.
8. 00	If line 16 or 17 is yes, were adjustments made to PS&R			1		1
8. 00	Report data for additional claims that have been billed				I	
8. 00	Report data for additional claims that have been billed but are not included on the PS&R Report used to file this					
8.00	Report data for additional claims that have been billed	N		N		19. (

Heal th Financial	Systems
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	FITIALICIAI SYSTEMIS TINGALLS MEMOR						
HUSPII	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019		repared:	
		Descr	iption	Y/N	Y/N		
			0	1.00	3.00		
0.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	Ν	20. 0	
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
1.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		Ν		21.0	
					1.00		
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXC	EPT CHILDRENS H	IOSPI TALS)				
	Capital Related Cost				1		
2.00 3.00	Have assets been relifed for Medicare purposes? If yes, see Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions		sals made dur	ing the cost		22. C 23. C	
4. 00	reporting period? If yes, see instructions. Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						
5. 00	Have there been new capitalized leases entered into during instructions.	the cost repor	ting period?	lfyes, see		25.0	
5. 00							
7. 00	Has the provider's capitalization policy changed during the copy.	e cost reportir	ng period? If	yes, submit		27.0	
3. 00	Interest Expense Were new loans, mortgage agreements or letters of credit en periods lf was and instructions	ntered into dur	ing the cost	reporting		28.0	
9. 00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or treated as a funded depreciation account? If yes, see inst		ebt Service R	eserve Fund)		29. (	
). 00	Has existing debt been replaced prior to its scheduled material		debt? If yes	, see		30. (	
1. 00	Has debt been recalled before scheduled maturity without is instructions.	ssuance of new	debt? If yes	, see		31. (	
2. 00	Purchased Services Have changes or new agreements occurred in patient care ser		ed through co	ntractual		32. (	
3. 00	arrangements with suppliers of services? If yes, see instru If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.		ng to competi	tive bidding? If		33. (	
	Provi der-Based Physi ci ans				1		
4.00	Are services furnished at the provider facility under an a	rrangement with	n provi der-ba	sed physi ci ans?		34.0	
	If yes, see instructions.						
5.00	If line 34 is yes, were there new agreements or amended exit		nts with the	provi der-based		35.0	
	physicians during the cost reporting period? If yes, see in	istructions.	-	Y/N	Date	-	
				1.00	2.00		
	Home Office Costs			1.00	2.00		
	Were home office costs claimed on the cost report?				1	36.0	
	If line 36 is yes, has a home office cost statement been pull If yes, see instructions.	repared by the	home office?			30.	
8. 00	If line 36 is yes, was the fiscal year end of the home of the provider? If yes, enter in column 2 the fiscal year end					38.	
. 00	If line 36 is yes, did the provider render services to othe see instructions.			1		39.	
. 00	If line 36 is yes, did the provider render services to the instructions.	home office?	lf yes, see			40.	
		1	00	2.	00	-	
		1.	00				
1. 00	Cost Report Preparer Contact Information Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	TONY		LEONE		41. (	
1.00						41. (	

Heal th	Financial Systems INGALLS ME	MORIA	L HOSPI TAL		In Lieu of Form CMS-2552-10			
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN		Period: From 07/01/2018	Worksheet S-2		
						Date/Time Pre 11/25/2019 4:	pared: 02 pm	
			3.0	0				
	Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position	CC	ONSULTANT				41.00	
	held by the cost report preparer in columns 1, 2, and 3	,						
	respecti vel y.							
42.00	Enter the employer/company name of the cost report						42.00	
	preparer.							
43.00	Enter the telephone number and email address of the cos	t					43.00	
	report preparer in columns 1 and 2, respectively.							

HOSPI T	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	INGALLS MEMORI AL DATA	Provider CC	CN: 14-0191	Period: From 07/01/2018	u of Form CMS-2 Worksheet S-3 Part I	
					To 06/30/2019		
						I/P Days / O/P Visits / Trips	
	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	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. 00	243	88, 69	95 0.00	0	1. 00
2.00	HMO and other (see instructions)						2.00
3.00	HMO I PF Subprovider						3.00
4.00 5.00	HMO IRF Subprovider					0	4.00 5.00
6.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation		243	88, 69	95 0.00	-	7.00
	beds) (see instructions)		210	00,0	0,00		
8.00	INTENSIVE CARE UNIT	31.00	25	9, 12	25 0.00	0	8.00
9.00	CORONARY CARE UNI T						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00	0.00	07.0		0	13.00
14.00 15.00	Total (see instructions) CAH visits		268	97, 82	0.00	0	14.00 15.00
16.00	SUBPROVIDER - IPF	40, 00	16	5, 84	10	0	16.00
17.00	SUBPROVIDER - IRF	40.00	42	15, 33		0	17.00
18.00	SUBPROVIDER	11.00	12	10, 00		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
24.00	HOSPICE	116.00	0		0		24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	89.00				0	26.00 26.25
26.25 27.00	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26)	69.00	326			0	20.20
27.00	Observation Bed Days		520			0	27.00
29.00	Ambul ance Trips					0	29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0		0		32.00
32. 01	Total ancillary labor & delivery room						32.01
	outpatient days (see instructions)						
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

OSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019		pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	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)	17, 942	2, 380	49, 24	11		1.0
. 00	HMO and other (see instructions)	6, 123	13, 005				2.0
. 00	HMO IPF Subprovider	0	1, 252				3.0
. 00	HMO IRF Subprovider	441	321				4.0
. 00	Hospital Adults & Peds. Swing Bed SNF	0	0		0		5.0
. 00	Hospital Adults & Peds. Swing Bed NF		0		0		6.0
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	17, 942	2, 380	49, 24	11		7.0
. 00	INTENSIVE CARE UNIT	1, 786	153	3, 78	30		8.0
. 00	CORONARY CARE UNI T						9.0
0. 00	BURN INTENSIVE CARE UNIT						10.0
1.00	SURGICAL INTENSIVE CARE UNIT						11.0
2.00	OTHER SPECIAL CARE (SPECIFY)						12.0
3.00	NURSERY		2, 552	2, 57	12		13.0
4.00	Total (see instructions)	19, 728	5,085	55, 59		1, 376. 22	
5.00	CAH visits	0	0,000	00,0	0	1,070.22	15.0
6.00	SUBPROVIDER - IPF	1, 254	318	3, 06	-	12.94	
7.00	SUBPROVIDER - IRF	6, 199	355	9, 37			
8.00	SUBPROVIDER	0, 177	555	7, 51	0.00	47.00	18.
9.00	SKILLED NURSING FACILITY						19. (
5.00 D.00	NURSING FACILITY						20.
1.00	OTHER LONG TERM CARE						20.0
2.00	HOME HEALTH AGENCY	21,060	0	37, 63	0.00	86. 73	
3.00		21,000	0	37,03	0.00	00.73	22.
4.00	AMBULATORY SURGICAL CENTER (D. P. ) HOSPICE	12 241	910	15 0	14 0.00	22.24	
		13, 241	910	15, 87	0.00	22.34	
4.10	HOSPICE (non-distinct part)				0		24.
5.00	CMHC - CMHC						25.
6.00	RURAL HEALTH CLINIC						26.0
6. 25	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 0.00		
7.00	Total (sum of lines 14-26)				0.00	1, 546. 03	
3. 00	Observation Bed Days		0	5, 44	18		28.0
9.00	Ambulance Trips	0					29. (
0. 00	Employee discount days (see instruction)				0		30.
1.00	Employee discount days - IRF				0		31.
2.00	Labor & delivery days (see instructions)	0	319	40	)6		32.
2. 01	Total ancillary labor & delivery room				0		32.
	outpatient days (see instructions)						
3.00	LTCH non-covered days	0					33. (
3 01	LTCH site neutral days and discharges	0					33.

HOSPI 1	TAL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider (	CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019		pared:
		Full Time Equivalents	1	Di s	scharges		
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00 2.00 3.00 4.00	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) HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider			0 3, 9			1.00 2.00 3.00 4.00
5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) NURSERY						5.00 6.00 7.00 9.00 10.00 11.00 12.00 13.00
14.00 15.00	Total (see instructions) CAH visits	0.00		3,9	67 1, 188	11, 866	14.00 15.00
$\begin{array}{c} 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 00\\ \end{array}$	SUBPROVI DER - I PF SUBPROVI DER - I RF SUBPROVI DER SKI LLED NURSI NG FACI LI TY NURSI NG FACI LI TY OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGI CAL CENTER (D. P. )	0. 00 0. 00 0. 00		-	19 49 32 23		17.00 18.00 19.00 20.00 21.00 22.00 23.00
24.00 24.10 25.00 26.00	HOSPICE HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC	0.00					24.00 24.10 25.00 26.00
26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 32. 01	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions)	0.00 0.00					26. 25 27. 00 28. 00 29. 00 30. 00 31. 00 32. 00 32. 01
33. 00 33. 01	LTCH non-covered days LTCH si te neutral days and di scharges				0 0		33. 00 33. 01

SPI T	Financial Systems AL WAGE INDEX INFORMATION		INGALLS MEMOR	Provider C		Period: From 07/01/2018 To 06/30/2019		pared
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARI ES							
00	Total salaries (see	200. 00	102, 516, 035	5 0	102, 516, 03	5 2, 987, 729. 00	34. 31	1. (
00	instructions) Non-physician anesthetist Part		C	o		0.00	0.00	2.0
00	A Non physician anasthatist Part		<i>.</i>			0.00	0.00	3. (
50	Non-physician anesthetist Part B		(		1	0.00	0.00	3.1
00	Physician-Part A - Administrative		C	0		0.00	0.00	4.
01	Physicians - Part A - Teaching		C	o		0.00	0.00	4.
00	Physician and Non Physician-Part B		C	0		0.00	0.00	5.
00	Non-physician-Part B for		C	o		0.00	0.00	6.
	hospital-based RHC and FQHC services							
00	Interns & residents (in an	21.00	C	o		0.00	0.00	7.
	approved program)							_
01	Contracted interns and residents (in an approved		Ĺ			0.00	0.00	7.
	programs)							
00	Home office and/or related organization personnel		C	0		0.00	0.00	8.
00	SNĚ	44.00	C	0		0.00		
. 00	Excluded area salaries (see instructions)		11, 832, 955	830, 173	12, 663, 12	8 382, 612. 00	33. 10	10.
	OTHER WAGES & RELATED COSTS				I			
. 00	Contract Labor: Direct Patient		8, 569, 600	0 0	8, 569, 60	96, 910. 00	88. 43	11.
. 00	Care Contract Labor: Top Level		C	o o		0.00	0.00	12
	management and other management and administrative							
. 00	services Contract Labor: Physician-Part		1, 821, 381	0	1, 821, 38	1 12, 143. 00	149. 99	13
00	A - Administrative							
. 00	Home office and/or related organization salaries and		C			0.00	0.00	14.
	wage-related costs			_				
. 01 . 02	Home office salaries Related organization salaries		0 1, 731, 633		1, 731, 63	0.00 3 27,388.00		
. 00	Home office: Physician Part A		1, 731, 033		1, 731, 03	0.00		
00	- Administrative Home office and Contract		C			0.00	0.00	14
. 00	Physicians Part A - Teaching		Ĺ			0.00	0.00	
00	WAGE-RELATED COSTS		40 774 454		40.774.45			
00	Wage-related costs (core) (see instructions)		18, 771, 151	0	18, 771, 15	"		17
. 00	Wage-related costs (other)		C	0		C		18
. 00	(see instructions) Excluded areas		2, 368, 307	0	2, 368, 30	7		19
. 00	Non-physician anesthetist Part		<u>, 198, 88</u> , 6		_, _, _, , , , , , , , , , , , , , , ,	D		20
. 00	A Non-physician anesthetist Part		ſ			o		21
	В		~					
. 00	Physician Part A - Administrative		Ĺ		'			22
. 01	Physician Part A - Teaching		C	0		С		22
. 00 . 00	Physician Part B Wage-related costs (RHC/FQHC)		(					23
. 00	Interns & residents (in an		C					25
. 50	approved program) Home office wage-related		r			0		25
	(core)		C	í í				
. 51	Related organization		C	0	(	C		25
. 52	wage-related (core) Home office: Physician Part A - Administrative -		C	0 0		D		25
E 2	wage-related (core)		~					05
. 53	Home office & Contract Physicians Part A - Teaching -		C	0	(	J		25
	wage-related (core)							
. 00	OVERHEAD COSTS - DIRECT SALARIE Employee Benefits Department	<u>4.00</u>	367, 763	3 0	367, 76	3 7, 443. 00	49. 41	26
00	Administrative & General	4.00 5.00	12, 622, 879					

Heal th	Financial Systems		INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO		Period: From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	pared: 02 pm
		Wkst. A Line		Reclassi fi cati			Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.		col. 5)	
				A-6)	3)	col. 4		
	r	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4, 887, 634	0	4, 887, 63	4 74, 875.00	65. 28	28.00
29.00	Maintenance & Repairs	6.00	0	0		0 0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,684,565	-64, 895	2, 619, 67	0 97, 148. 00	26.97	30.00
31.00	Laundry & Linen Service	8.00	114, 977	0	114, 97	7 6, 434. 00	17.87	31.00
32.00	Housekeepi ng	9.00	713	0	71	3 0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3, 118, 423	0	3, 118, 42	3 226, 474. 00	13. 77	33.00
34.00	Dietary	10.00	528	0	52	8 24.00	22.00	34.00
35.00	Dietary under contract (see instructions)		2, 886, 785	0	2, 886, 78	5 127, 252. 00	22.69	35.00
36.00	Cafeteri a	11.00	0	0		0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0		0.00	0.00	37.00
38.00	Nursing Administration	13.00	3, 204, 672	0	3, 204, 67	2 99, 044. 00	32.36	38.00
39.00	Central Services and Supply	14.00	339, 244	0	339, 24	4 20, 055. 00	16. 92	39.00
40.00	Pharmacy	15.00	3, 857, 372					40.00
41.00	Medi cal Records & Medi cal Records Library	16.00	2, 404, 953		2, 404, 95			
42.00	Social Service	17.00	317, 398	0	317, 39	8 9, 812.00	32.35	42.00
43.00	Other General Service	18.00	0	0		0 0.00		43.00

Heal th	Financial Systems		INGALLS MEMOR	I AL_HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO		Period: From 07/01/2018 To 06/30/2019		pared:
		Worksheet A		Recl assi fi cati			Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		col. 5)	
				Worksheet A-6)		col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY		1				
1.00	Net salaries (see		113, 408, 877	0	113, 408, 87	7 3, 416, 330. 00	33. 20	1.00
	instructions)							
2.00	Excluded area salaries (see instructions)		11, 832, 955	830, 173	12, 663, 12	8 382, 612.00	33. 10	2.00
3.00	Subtotal salaries (line 1		101, 575, 922	-830, 173	100, 745, 74	9 3, 033, 718. 00	33. 21	3.00
4.00	minus line 2) Subtotal other wages & related		12, 122, 614	0	12, 122, 61	4 136, 441. 00	88. 85	4.00
	costs (see inst.)		,,	-	,, .			
5.00	Subtotal wage-related costs (see inst.)		18, 771, 151	0	18, 771, 15	1 0.00	18. 63	5.00
6.00	Total (sum of lines 3 thru 5)		132, 469, 687	-830, 173	131, 639, 51	4 3, 170, 159. 00	41, 52	6,00
7.00	Total overhead cost (see		36, 807, 906					
	i nstructi ons)							

Heal th	Financial Systems	INGALLS MEMORIA	L HOSPITAL		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE RELATED COSTS		Provider CCN: 14		Period: From 07/01/2018 To 06/30/2019		pared:
						Amount	
						Reported	
	PART IV - WAGE RELATED COSTS					1.00	
	PART IV - WAGE RELATED COSTS Part A - Core List						
	RETIREMENT COST						
1.00	401K Employer Contributions					2, 422, 438	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Con-	tribution				2, 422, 430	
3.00	Nongual i fi ed Defi ned Benefit Plan Cost (s					0	
4.00	Qualified Defined Benefit Plan Cost (see					0	
1.00	PLAN ADMINISTRATIVE COSTS (Paid to Extern					<u> </u>	1.00
5.00	401K/TSA Plan Administration fees	ar organization)				0	5.00
6.00	Legal /Accounting/Management Fees-Pension	PI an				0	
7.00	Employee Managed Care Program Administra					0	7.00
	HEALTH AND INSURANCE COST					I	
8.00	Health Insurance (Purchased or Self Funde	ed)				0	8.00
8.01	Health Insurance (Self Funded without a	Third Party Administ	rator)			0	8.01
8.02	Health Insurance (Self Funded with a Thin	rd Party Administrate	or)			8, 374, 670	8.02
8.03	Health Insurance (Purchased)	5				0	8.03
9.00	Prescription Drug Plan					0	9.00
10.00	Dental, Hearing and Vision Plan					388, 994	10.00
11.00	Life Insurance (If employee is owner or H	penefi ci ary)				-13, 652	11.00
12.00	Accident Insurance (If employee is owner	or beneficiary)				0	12.00
13.00	Disability Insurance (If employee is owned	er or beneficiary)				198, 725	13.00
14.00	Long-Term Care Insurance (If employee is	owner or beneficiar	y)				14.00
15.00	'Workers' Compensation Insurance					1, 391, 098	15.00
16.00	Retirement Health Care Cost (Only curren	t year, not the extra	aordi nary accrual i	requi red	by FASB 106.	0	16.00
	Non cumulative portion)						
	TAXES						
	FICA-Employers Portion Only					7, 702, 443	
18.00	Medicare Taxes - Employers Portion Only						18.00
19.00	Unemployment Insurance					405, 549	
20.00	State or Federal Unemployment Taxes					0	20.00
04 00	OTHER		<u> </u>	4 11			0.1 0.0
21.00	Executive Deferred Compensation (Other Thinstructions))	nan ketirement Cost I	Reported on lines	i throug	n 4 above. (see	0	21.00
22.00	Day Care Cost and Allowances					0	22.00
22.00	Tuition Reimbursement					269, 194	
	Total Wage Related cost (Sum of lines 1 -	-23)				21, 139, 459	
21.00	Part B - Other than Core Related Cost					21,107,407	
25 00	OTHER WAGE RELATED COST					0	25.00
20.00	I STUER MEETIED GOOT					. 0	0.00

Health Financial Systems	INGALLS MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0191	Peri od:	Worksheet S-3	
			From 07/01/2018		
			To 06/30/2019	Date/Time Pre 11/25/2019 4:0	
Cost Center Description			Contract Labor		<u>52 pm</u>
cost center bescription			1.00	2.00	
PART V - Contract Labor and Benefit Cost			1.00	2.00	
Hospital and Hospital-Based Component Iden	tification:				
1.00 Total facility's contract labor and benefi			8, 569, 600	21, 139, 459	1.00
2.00 Hospi tal			8, 569, 600		2.00
3.00 Subprovider - IPF			0	157, 745	3.00
4.00 Subprovider - IRF			0	666, 954	4.00
5.00 Subprovider - (Other)			0	0	5.00
6.00 Swing Beds - SNF			0	0	6.00
7.00 Swing Beds - NF			0	0	7.00
8.00 Hospital-Based SNF					8.00
9.00 Hospital-Based NF					9.00
10.00 Hospital-Based OLTC					10.00
11.00 Hospital-Based HHA			0	1, 111, 098	11.00
12.00 Separately Certified ASC					12.00
13.00 Hospital-Based Hospice			0	206, 727	13.00
14.00 Hospital-Based Health Clinic RHC					14.00
15.00 Hospital-Based Health Clinic FQHC					15.00
16.00 Hospital-Based-CMHC					16.00
17.00 Renal Dialysis			0	0	17.00
18.00 Other			0	225, 784	18.00

Heal th	Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
	EALTH AGENCY STATI STI CAL DATA		Provider C		Peri od:	Worksheet S-4	
			Component		From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	
					Home Health	PPS	
					Agency I		
						00	
0.00	County	Title V	Title XVIII	Title XIX	COOK COUNTY Other	Total	0.00
		1.00	2.00	3.00	4.00	5.00	
1 00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	0	547	1	0 0	E 47	1 00
1.00 2.00	Unduplicated Census Count (see instructions)	0.00			-		1.00 2.00
				Number of Emp	oloyees (Full Ti		
		Enter the numb your normal		Staff	Contract	Total	
		your norman	WOLK WEEK				
		(	)	1.00	2.00	3.00	
_	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES			1			
3.00 4.00	Administrator and Assistant Administrator(s) Director(s) and Assistant Director(s)		40.00	0.2			3.00 4.00
4.00 5.00	Other Administrative Personnel			23.3			
6.00	Di rect Nursi ng Servi ce			22.6			
7.00 8.00	Nursing Supervisor Physical Therapy Service			5.5 5.5			7.00 8.00
9.00	Physical Therapy Supervisor			0.0			
10.00	Occupational Therapy Service			1.4			
11. 00 12. 00	Occupational Therapy Supervisor Speech Pathology Service			0.0			
13.00	Speech Pathology Supervisor			0.0	0 0.00	0.00	13.00
14.00	Medical Social Service			0.6			14.00
15.00 16.00	Medical Social Service Supervisor Home Health Aide			0.0			15.00 16.00
17.00	Home Health Aide Supervisor			0.0	0 0.00	0.00	17.00
18.00	OTHER HOME HEALTH AGENCY CBSA CODES			33.1	2 0.00	33. 12	18.00
19.00	Enter in column 1 the number of CBSAs where				1		19.00
	you provided services during the cost						
20.00	reporting period. List those CBSA code(s) in column 1 serviced			16974			20.00
	during this cost reporting period (line 20						
	contains the first code).	Full Er	ni sodes				
			With Outliers	LUPA Epi sodes	s PEP Only	Total (cols.	
		Outliers	2.00	2.00	Epi sodes	1-4)	
	PPS ACTIVITY DATA	1.00	2.00	3.00	4.00	5.00	
21.00	Skilled Nursing Visits	10, 645					
22.00 23.00	Skilled Nursing Visit Charges Physical Therapy Visits	2, 029, 610 6, 204	95, 430 62		0 27,720 7 84		
24.00	Physical Therapy Visit Charges	1, 178, 760	11, 780				
25. 00 26. 00	Occupational Therapy Visits	1, 535			0 54		
26.00 27.00	Occupational Therapy Visit Charges Speech Pathology Visits	291, 610 437	7, 220 0		0 10, 260 0 3	310, 990 440	1
28.00	Speech Pathology Visit Charges	83, 030			0 570	83, 600	28.00
29.00 30.00	Medical Social Service Visits Medical Social Service Visit Charges	275 61, 875			1 6 5 1, 350	300 67, 500	
30.00 31.00	Home Health Aide Visits	488		2,47	2 8	501	
32.00	Home Health Aide Visit Charges	63, 440					
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	19, 584	606	57	1 299	21,060	33.00
34.00	Other Charges	0	C		o o	-	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 20, 22, and 24)	3, 708, 325	116, 620	109, 29	5 56, 900	3, 991, 140	35.00
36.00	30, 32, and 34) Total Number of Episodes (standard/non	1, 364		21	5 21	1, 600	36.00
	outlier)						
37.00 38.00	Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges	213, 918	20 14, 670		1 9 5, 127	21 245, 614	
55.00	The second secon	213,710	1 17,070	1 11,07	5,127	1 245,014	1 00.00

	Financial Systems AL-BASED HOSPICE IDENTIFICATION	ΠΑΤΑ	INGALLS MEMOR	Provider C	N· 14-0191	Peri od:	u of Form CMS-2 Worksheet S-9	
1031111					N: 14-1535	From 07/01/2018 To 06/30/2019	PARTS I THROU	GH IV pared:
						Hospi ce I		
		Unduplicated						
		Days						
		Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
				Skilled	Nursi ng		cols. 1, 2 &	
				Nursi ng	Facility		5)	
				Facility				
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR CC	ST REPORTING P	PERIODS BEGINNI	NG BEFORE OCTO	BER 1, 2015			1 00
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days Part II - CENSUS DATA FOR COST				1 2015			5.00
		REPORTING PERI	ODS BEGINNING	BEFORE OCTOBER	1, 2015			
5.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated							7.00
/.00	Continuous Care hours billable							7.00
	to Medicare							
3. 00	Average Length of Stay (line 5							8.00
	/ line 6)							0.00
9.00	Unduplicated census count							9.00
	Parts I and II, columns 1 and 2	also include	the days report	ted in columns	3 and 4.			
				Title XVIII	Title XIX	Other	Total (sum of	
							cols. 1	
							through 3)	
				1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR	COST REPORTING	F PERIODS BEGIN	NING ON OR AFT	ER OCTOBER 1	2015		
	Hospice Continuous Home Care			0		0 0		10.00
	Hospice Routine Home Care			12, 754	9	95 597		
	Hospice Inpatient Respite Care			104		17 54		12.00
	Hospice General Inpatient Care			1, 048		99 108		13.00
	Total Hospice Days			13, 906				14.00
	PART IV - CONTRACTED STATISTICA	L DATA FOR COS	T REPORTING PE					
	Hospice Inpatient Respite Care			0		0 0		15.00
16.00	Hospice General Inpatient Care			0		0 0	0	16.00

Heal th	Financial Systems INGALLS MEMORIAL H	IOSPI TAL		In Li€	u of Form CMS-	2552-10
		Provider CCN: 14-019	91 Peri		Worksheet S-1	
			From	m 07/01/2018		
			То	06/30/2019		
					11/25/2019 4:	02 pm
					1.00	
	Uncompensated and indigent care cost computation				1.00	
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	ided by line 202 co	olumn 8)		0. 208334	1.00
	Medicaid (see instructions for each line)	1 404 59 11110 202 00	<u>, ann cy</u>		01200001	
2.00	Net revenue from Medicaid				49, 170, 715	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplement	al payments from Me	edi cai d?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments fr	om Medicaid			0	5.00
6.00	Medi cai d charges				333, 614, 857	6.00
7.00	Medicaid cost (line 1 times line 6)				69, 503, 318	7.00
8.00	Difference between net revenue and costs for Medicaid program (	line 7 minus sum of	flines 2	2 and 5; if	20, 332, 603	8.00
	< zero then enter zero)	· · · ·				
	Children's Health Insurance Program (CHIP) (see instructions fo	r each line)				
9.00	Net revenue from stand-al one CHIP				0	
10.00	Stand-al one CHIP charges				0	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0 : 6		0	
12.00	Difference between net revenue and costs for stand-alone CHIP ( enter zero)	line il minus line	9; 11 <	zero then	0	12.00
	Other state or local government indigent care program (see inst	ructions for each l	ine)			
13.00	Net revenue from state or local indigent care program (Not incl				0	13.00
14.00	Charges for patients covered under state or local indigent care			ines 6 or	0	
	10)	p g (			_	
15.00	State or local indigent care program cost (line 1 times line 14	)			0	15.00
16.00	Difference between net revenue and costs for state or local ind	igent care program	(line 15	5 minus line	0	16.00
	13; if < zero then enter zero)					
	Grants, donations and total unreimbursed cost for Medicaid, CHI	P and state/local i	ndi gent	care program	ms (see	
47.00	instructions for each line)				0	1 4 7 00
17.00 18.00	Private grants, donations, or endowment income restricted to fu					
18.00	Government grants, appropriations or transfers for support of h Total unreimbursed cost for Medicaid, CHIP and state and local		arame (ci	m of lines	20, 332, 603	
19.00	8, 12 and 16)	Thangent care prog		un or rifles	20, 332, 003	19.00
		Uni nsu	red	Insured	Total (col. 1	
		patier	nts	patients	+ col. 2)	
		1.00	)	2.00	3.00	
	Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire fac	ility 25,40	05, 344	4, 843, 897	30, 249, 241	20.00
21 00	(see instructions)		50 707	4 0 4 2 0 0 7	10 10/ /04	01 00
21.00	Cost of patients approved for charity care and uninsured discou instructions)	nts (see 5, 29	92, 797	4, 843, 897	10, 136, 694	21.00
22.00	Payments received from patients for amounts previously written	off as	0	0	0	22.00
22.00	chari ty care		Ŭ	0	, °	22.00
23.00	Cost of charity care (line 21 minus line 22)	5, 29	92, 797	4, 843, 897	10, 136, 694	23.00
		· · ·	· · ·	· · ·		
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patien		ngth of s	stay limit	N	24.00
	imposed on patients covered by Medicaid or other indigent care					
25.00	If line 24 is yes, enter the charges for patient days beyond th	e indigent care pro	ogram's I	ength of	0	25.00
24 00	stay limit	+			25 410 240	24 00
26.00 27.00	Total bad debt expense for the entire hospital complex (see ins				25, 410, 368	
27.00	Medicare reimbursable bad debts for the entire hospital complex Medicare allowable bad debts for the entire hospital complex (s		1		1, 387, 866 2, 135, 180	
27.01	Non-Medicare bad debt expense (see instructions)				23, 275, 188	1
28.00	Cost of non-Medicare and non-reimbursable Medicare bad debt exp	ense (see instructi	ons)		5, 596, 327	
30.00			2			
	Cost of uncompensated care (line 23 column 3 plus line 29)				15, 733, 021	30.00
	Cost of uncompensated care (line 23 column 3 plus line 29) Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			15, 733, 021 36, 065, 624	

				F   T	rom 07/01/2018 o 06/30/2019		nar
						11/25/2019 4:	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance	
						(col. 3 +-	
		1.00			4.00	<u>col. 4)</u>	_
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	-
00	00100 CAP REL COSTS-BLDG & FIXT		6, 604, 819	6, 604, 819	5, 476, 992	12, 081, 811	1 1
00	00200 CAP REL COSTS-MVBLE EQUIP		8, 136, 577		0		
00	00300 OTHER CAP REL COSTS 00400 EMPLOYEE BENEFITS DEPARTMENT	367, 763	0	-	-	-	1
00 00	00500 ADMINISTRATIVE & GENERAL	12, 622, 879	20, 993, 682 65, 047, 148		1, 701, 552 -2, 422, 880		4
0	00600 MAINTENANCE & REPAIRS	0	3, 897, 755				
0	00700 OPERATION OF PLANT	2, 684, 565	6, 930, 074		-121, 243	9, 493, 396	·
0	00800 LAUNDRY & LINEN SERVICE	114, 977	1,092,774		0	1, 207, 751	
00	00900 HOUSEKEEPI NG 01000 DI ETARY	713 528	4, 966, 926 3, 847, 720			4, 674, 068 1, 887, 198	
00	01100 CAFETERI A	0	0,047,720	0			
00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12
00	01300 NURSI NG ADMI NI STRATI ON	3, 204, 672	625, 536			3, 830, 208	
00 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	339, 244 3, 857, 372	1, 063, 486 18, 547, 347				
00	01600 MEDICAL RECORDS & LIBRARY	2, 404, 953	734, 445				
00	01700 SOCIAL SERVICE	317, 398	91	317, 489	0	317, 489	1
00	01900 NONPHYSI CLAN ANESTHETI STS	0	0	0	0	0	
00 00	02000 NURSI NG SCHOOL 02100 I &R SERVI CES-SALARY & FRI NGES APPRV	0	0		0	0	
00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	
00	02300 PARAMED ED PRGM-PHARMACY	0	0	0	191, 703	191, 703	
01	02301 PARAMED ED PRGM - EMS	149, 296	35, 304			651, 981	
02	02302 PARAMED ED PRGM - DIETETICS INPATIENT ROUTINE SERVICE COST CENTERS	95, 678	18, 473	114, 151	0	114, 151	2
00		17, 845, 101	8, 596, 227	26, 441, 328	-5, 054, 132	21, 387, 196	30
00	03100 I NTENSI VE CARE UNI T	2, 602, 378	960, 971			3, 201, 198	
00	04000 SUBPROVI DER – I PF	755, 531	987, 729				
00	04100 SUBPROVI DER – I RF	3, 194, 420	454, 509				
00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	916, 259	690, 310	1, 606, 569	307, 749	1, 914, 318	43
00	05000 OPERATI NG ROOM	3, 314, 268	15, 334, 850	18, 649, 118	-9, 939, 756	8, 709, 362	5
00	05100 RECOVERY ROOM	514, 756	149, 624				
00	05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY	0	0 1, 640, 471	-	770, 068		
00 00	05400 RADI OLOGY-DI AGNOSTI C	38, 461 2, 265, 511	4, 336, 642				
01	03630 ULTRA SOUND	899, 639	156, 341				
02	05401 SPECIAL PROCEDURES	902, 832	2, 193, 514				
00	05600 RADI OI SOTOPE 05700 CT SCAN	455, 104	569, 453		-539, 473		
00 00		711, 829 415, 612	389, 881 89, 166				
00		734, 878	2, 151, 719				
00	06000 LABORATORY	5, 476, 207	4, 883, 352	10, 359, 559	-690, 314	9, 669, 245	
30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0	0	
00 00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	272, 812 1, 400, 893	725, 793 586, 961	998, 605 1, 987, 854		1, 004, 656 1, 860, 959	
00	03560 PULMONARY FUNCTION TESTING	29, 565	639		- 120, 845	30, 204	
00	06600 PHYSI CAL THERAPY	2, 972, 949	121, 327	3, 094, 276		3, 033, 842	60
00	06700 OCCUPATIONAL THERAPY	1, 271, 103	91, 756		-1, 026		
00 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	441, 259 1, 033, 087	7, 573 507, 608		-1, 462 -218, 892	447, 370 1, 321, 803	
00	07000 ELECTROENCEPHALOGRAPHY	136, 651	144, 239				
01	03280 SLEEP LAB	95, 292	9, 061	104, 353			
02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	1, 432, 221	1, 432, 221	
00 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14, 688, 740		
00	07200 TMPL. DEV. CHARGED TO PATTENTS 07300 DRUGS CHARGED TO PATTENTS	0	0		7, 520, 304 18, 212, 197		
01	03190 I NFUSI ON THERAPY	339, 235	114, 488	-			
03	07301 PHARMACY VACCINE	0	0	0	25, 399		
04	03480 FCC INFUSION THERAPY	505, 981	153, 974				
00 97	07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON	479, 755 292, 627	129, 051 117, 538	608, 806 410, 165	-115, 795 -4, 812		
98	07698 HYPERBARI C OXYGEN THERAPY	664, 817	339, 687		-138, 784		
99	07699 LI THOTRI PSY	0	0		0	0	
	OUTPATIENT SERVICE COST CENTERS				077		
02		179 205	915, 380		370, 849		
03 00	09002 RETINAL VASCULAR 09100 EMERGENCY	178, 305 4, 031, 282	94, 876 1, 790, 965		-7, 007 -1, 000, 357		
00	09101   FCC	13, 529, 568	11, 265, 269				
	09200 OBSERVATION BEDS (NON-DISTINCT PART			1	1	1	92

Health Financial Systems	INGALLS MEMORIA	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provider CO		Period:	Worksheet A	
				From 07/01/2018 To 06/30/2019		pared:
					11/25/2019 4:	02 pm
Cost Center Description	Sal ari es	Other		Recl assi fi cati		
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
OTHER REI MBURSABLE COST CENTERS	· · · · ·					
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0	(	0 0		100.00
101.0010100 HOME HEALTH AGENCY	6, 129, 002	2, 304, 232	8, 433, 234	4 0	8, 433, 234	101.00
SPECIAL PURPOSE COST CENTERS	i		1	1	i	
113.00 11300 INTEREST EXPENSE		4, 755, 664	4, 755, 664	4 -4, 755, 664	0	113.00
116. 00 11600 HOSPI CE	1, 449, 944	987, 557	2, 437, 501	1 0	2, 437, 501	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	102, 456, 951	211, 290, 554	313, 747, 505	5 -1, 979, 275	311, 768, 230	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	59, 084	86, 027	145, 111	1 1, 979, 275	2, 124, 386	192.00
192.01 19201 REFERENCE LAB	0	0	(	0 0	0	192. 01
192.02 19202 OP PHARMACY	0	0	(	0 0	0	192. 02
192.03 19203 RETINAL VASCULAR GRANTS	0	0	(	0 0	0	192. 03
192. 04 19204 AMBULANCE	0	2,034,995	2, 034, 995	5 0	2, 034, 995	192.04
200.00 TOTAL (SUM OF LINES 118 through 199)	102, 516, 035	213, 411, 576	315, 927, 61	1  O	315, 927, 611	200. 00

CLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE	OF EXPENSES	Provider CCN	: 14-0191	Period: From 07/01/2018	Worksheet A
					To 06/30/2019	Date/Time Prepa 11/25/2019 4:02
	Cost Center Description	Adjustments	Net Expenses			
		(See A-8) 6.00	For Allocation 7.00			
	GENERAL SERVICE COST CENTERS					
00	00100 CAP REL COSTS-BLDG & FIXT	0	12,081,811			
00 00	00200 CAP REL COSTS-MVBLE EQUIP 00300 OTHER CAP REL COSTS	0	8, 136, 577 0			
00 00	00400 EMPLOYEE BENEFITS DEPARTMENT	15, 568	23, 078, 565			
00	00500 ADMI NI STRATI VE & GENERAL	-8, 601, 470	66, 645, 677			
00	00600 MAINTENANCE & REPAIRS	0	3, 852, 658			
00	00700 OPERATION OF PLANT	-69, 524	9, 423, 872			
00 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	0	1, 207, 751 4, 674, 068			
	01000 DI ETARY	0	1, 887, 198			1
	01100 CAFETERI A	0	1, 961, 050			1
	01200 MAINTENANCE OF PERSONNEL	0	0			1
	01300 NURSI NG ADMI NI STRATI ON	-5, 327	3, 824, 881			1
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	-401, 992	362, 326 3, 564, 357			1
	01600 MEDI CAL RECORDS & LI BRARY	92, 430	3, 231, 659			1
	01700 SOCIAL SERVICE	0	317, 489			1
	01900 NONPHYSI CI AN ANESTHETI STS	0	0			1
	02000 NURSING SCHOOL 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			2
	02200 I &R SERVICES-SALART & FRINGES APPRV	0	0			2
	02300 PARAMED ED PRGM-PHARMACY	0	191, 703			2
	02301 PARAMED ED PRGM - EMS	-184, 248	467, 733			2
. 02	02302 PARAMED ED PRGM - DI ETETICS	-114, 605	-454			2
. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	-1, 726, 415	19, 660, 781			3
	03100 I NTENSI VE CARE UNI T	0	3, 201, 198			3
	04000 SUBPROVI DER – I PF	0	1, 735, 426			4
	04100 SUBPROVIDER - IRF 04300 NURSERY	-121, 146 -631, 250	3, 420, 169 1, 283, 068			4
. 00	ANCI LLARY SERVICE COST CENTERS	-031, 250	1, 203, 000			4
. 00	05000 OPERATI NG ROOM	-250, 750	8, 458, 612			5
	05100 RECOVERY ROOM	0	604, 326			5
	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0 -1, 250, 000	770, 068 190, 986			5
	05400 RADI OLOGY-DI AGNOSTI C	-1, 033, 782	5, 472, 753			5
	03630 ULTRA SOUND	0	1,024,018			5
	05401 SPECIAL PROCEDURES	0	1,084,648			5
	05600 RADI OI SOTOPE	0	485, 084			5
	05700 CT SCAN 05800 MRI	0	965, 110 491, 384			5
	05900 CARDI AC CATHETERI ZATI ON	-42, 300	945, 082			5
	06000 LABORATORY	-40, 700	9, 628, 545			6
	06250 BLOOD CLOTTING FOR HEMOPH.	0	0			6
	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	2 503	1,004,656			6
	03560 PULMONARY FUNCTION TESTING	-3, 503	1, 857, 456 30, 204			6
	06600 PHYSI CAL THERAPY	-617, 525	2, 416, 317			6
	06700 OCCUPATI ONAL THERAPY	-2, 825	1, 359, 008			6
		45 252	447, 370			6
	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	-45, 353 -97, 201	1, 276, 450 139, 914			6
	03280 SLEEP LAB	- , , 201	95, 319			7
. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	1, 432, 221			7
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	14, 688, 740			7
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7, 520, 304			7
	07300 DRUGS CHARGED TO PATIENTS 03190 INFUSION THERAPY	-2, 231	18, 212, 197 408, 786			7
	07301 PHARMACY VACCI NE	0	25, 399			7
	03480 FCC INFUSION THERAPY	-468	565, 620			7
	07400 RENAL DIALYSIS	0	493, 011			7
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	-6, 127	399, 226 865, 720			7
	07699 LI THOTRI PSY	0	865, 720			7
	OUTPATIENT SERVICE COST CENTERS		-			
	09001 PSYCH ANCI LLARY	-250	1, 285, 979			9
	09002 RETINAL VASCULAR 09100 EMERGENCY	-11, 838	254, 336			9
	09100 EMERGENCY 09101 I FCC	-631, 203 -3, 918, 084	4, 190, 687 17, 896, 277			9
	09200 OBSERVATION BEDS (NON-DISTINCT PART					9
	OTHER REIMBURSABLE COST CENTERS					
	10000 I&R SERVICES-NOT APPRVD PRGM	1 0	0			10

Health Financial Systems	INGALLS MEMORIA	L HOSPI TAL	In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	F EXPENSES	Provider CCN: 14-0191	Peri od:	Worksheet A
			From 07/01/2018 To 06/30/2019	Date/Time Prepared: 11/25/2019 4:02 pm
Cost Center Description	Adjustments N	let Expenses		
	(See A-8) Fc	or Allocation		
	6.00	7.00		
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE	0	0		113.00
116. 00 11600 H0SPI CE	0	2, 437, 501		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-19, 301, 026	292, 467, 204		118.00
NONREI MBURSABLE COST CENTERS				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2, 124, 386		192.00
192.01 19201 REFERENCE LAB	0	0		192.01
192.02 19202 OP PHARMACY	0	0		192.02
192.03 19203 RETINAL VASCULAR GRANTS	0	0		192.03
192. 04 19204 AMBULANCE	0	2,034,995		192.04
200.00 TOTAL (SUM OF LINES 118 through 199)	-19, 301, 026	296, 626, 585		200. 00

	Financial Systems		INGALLS MEMOR	AL HOSPITAL Provider CCN: 14-019	In Lieu of Form CMS 1 Period: Worksheet A-	
KECEA5					From 07/01/2018 To 06/30/2019 Date/Time Pr	repared:
		Increases			11/25/2019 4	4:02 pm
	Cost Center	Li ne #	Salary	Other		
	2.00	3.00	4.00	5.00		
1 00	A - RECLASS NON CAP I NSURANCE			701 000		1 00
1.00 2.00	CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS DEPARTMENT	1.00 4.00	0 0	721, 328 1, 701, 552		1.00
2.00	TOTALS		— — — <del>o</del>	2, 422, 880		2.00
	B - RECALLS CAFETERIA COSTS	н н 		_,,,		
1.00	CAFETERI A	11.00	0	<u>1, 961, 0</u> 50		1.00
	TOTALS		0	1, 961, 050		
1.00	C - INTEREST EXPENSE CAP REL COSTS-BLDG & FIXT	1.00	0	4 755 444		1.00
1.00	TOTALS		0	<u>4, 755, 664</u> 4, 755, 664		1.00
	D - RECLASS CHARGEABLE MEDICA	AL SUPPLIES	0	1, , 30, 301		
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	14, 688, 740		1.00
	PATI ENT					
2.00 3.00		0.00 0.00	0	0		2.00 3.00
3.00 4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9. 00 10. 00		0.00 0.00	0	0		9.00 10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	Ō		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15. 00 16. 00		0.00 0.00	0	0		15.00
17.00		0.00	0	0		16.00 17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22. 00 23. 00		0.00 0.00	0	0		22.00 23.00
23.00		0.00	0	0		23.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00 29.00		0.00	0	0		28.00
29.00 30.00		0.00 0.00	0	0		29.00 30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35. 00 36. 00		0.00 0.00	0	0		35.00 36.00
37.00		0.00	0	0		37.00
38.00		0.00		o		38.00
	TOTALS		0	14, 688, 740		
	E - RECALSS DRUGS CHARGED TO			10,007,50/		1 4 4 4
1.00 3.00	DRUGS CHARGED TO PATIENTS	73.00 0.00	0	18, 237, 596 0		1.00 3.00
3.00 4.00		0.00	0	0		3.00 4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9. 00 10. 00		0.00 0.00	0	0		9.00 10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16. 00 17. 00		0.00 0.00	0	0		16.00 17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22. 00 23. 00		0.00 0.00	0	0		22.00 23.00
20.00	1	0.00	0			20.00

Provider CCN: 14-0191

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 07/01/2018

					From 07/01/2018 To 06/30/2019 Date/Time Pro 11/25/2019 4:	
		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00		0.00	0	0		24.00
25.00		0.00	О	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	o	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	TOTALS		0	18, 237, 596		
	F - POB COST OFFSET					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	64, 895	395, 016		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		64, 895	395, 016		]
	G - LAB ADMIN					
1.00	BLOOD STORING, PROCESSING &	63.00	6, 726	630		1.00
	TRANS					
	TOTALS		6, 726	630		
	H - RECLASS RECOVERY COSTS					4
1.00	OPERATING ROOM	50.00	<u>675, 9</u> 04	<u>134, 8</u> 95		1.00
	TOTALS		675, 904	134, 895		
	I - RECLASS EMT PRECEPTOR COS					_
1.00	PARAMED ED PRGM - EMS	23.01	472, 780	0		1.00
2.00		0.00	0	0		2.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00			0	0		6.00
	TOTALS	50,4,050	472, 780	0		1
4 00	J - RECLASS PSYCH ANCI LLARY S			074 000		1 00
1.00	PSYCH ANCI LLARY	90.02	0	371, 099		1.00
2.00	PSYCHI ATRI C/PSYCHOLOGI CAL	70. 02	739, 388	692, 833		2.00
	SERVICES	+	739, 388	1 0(2 022		
		· · · · · · · · · · · · · · · · · · ·	/39, 388	1, 063, 932		-
1.00	K - RECLASS VACCINE DRUG COST PHARMACY VACCINE		0	25, 200		1.00
1.00	TOTALS	<u>73.</u> 03	<u>0</u>	2 <u>5, 3</u> 99 25, 399		1.00
	M - RECLASS FCC ADMIN COSTS	I	U	20, 399		-
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	144, 368	1, 374, 996		1.00
1.00	TOTALS		144, 368	1, 374, 996		1.00
	N - PHARMACY RESIDENCY		144, 500	1, 374, 990		-
1.00	PARAMED ED PRGM-PHARMACY	23.00	148, 130	43, 573		1.00
1.00	TOTALS		148, 130	43, 573		1.00
	0 - RECLASS LABOR AND DELIVER		140, 150	43, 373		1
1.00	DELIVERY ROOM & LABOR ROOM	52.00	605, 599	164, 469		1.00
2.00	NURSERY	43.00	269, 770	73, 264		2.00
2.00	TOTALS		875, 369	237, 733		2.00
	P - IMPLANT RECLASS	I	075, 507	237,733		1
1.00	I MPL. DEV. CHARGED TO	72.00	0	7, 520, 304		1.00
1.00	PATIENTS	72.00	0	7, 020, 004		
2.00		0.00	o	0		2.00
2.00	TOTALS		— — — <del>o</del>	7, 520, 304		2.00
	Q - MISC		9	., 520, 504		1
1.00		0.00	0	0		1.00
	TOTALS			— — — <del>0</del>		
500.00	Grand Total: Increases		3, 127, 560	52, 862, 408		500.00
		I	,			

	Financial Systems SIFICATIONS		INGALLS MEMORI		CCN: 14-0191	Peri od:	u of Form CMS-2552-10 Worksheet A-6
						From 07/01/2018 To 06/30/2019	Date/Time Prepared:
		Decreases					11/25/2019 4:02 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref	<u>.</u>	
	6.00	7.00	8.00	9.00	10.00		
1.00	A - RECLASS NON CAP INSURANCE ADMINISTRATIVE & GENERAL	5.00	0	2, 422, 880		9	1.00
2.00	ADMINI STRATI VE & GENERAE	0.00	0	2, 422, 000		0	2.00
	TOTALS		0	2, 422, 880	)	1	
	B - RECALLS CAFETERIA COSTS	10.00		1 0 ( 1 0 5 0			
1.00	DI ETARY	<u>10.00</u>	0	<u>1, 961, 0</u> 50 <u>1, 961, 0</u> 50		0	1.00
	C - INTEREST EXPENSE		U	1, 901, 050	,		
1.00	INTEREST EXPENSE	113.00	0	4, 755, 664	1	1	1.00
	TOTALS		0	4, 755, 664			
1.00	D - RECLASS CHARGEABLE MEDICA CENTRAL SERVICES & SUPPLY	L SUPPLIES 14.00	0	1,040,404	1	0	1.00
2.00	PHARMACY	15.00	0	9, 071		0	2.00
3.00	MEDI CAL RECORDS & LI BRARY	16.00	0	169		0	3.00
4.00	PARAMED ED PRGM - EMS	23.01	0	5, 399		o	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1, 179, 300		0	5.00
6.00 7.00	I NTENSI VE CARE UNI T SUBPROVI DER – I PF	31.00 40.00	0	320, 060 7, 834		0	6.00 7.00
7.00 8.00	SUBPROVIDER - IRF	40.00	0	7, 634 107, 614		0	8.00
9.00	NURSERY	43.00	Ö	35, 285		0	9.00
10.00	OPERATING ROOM	50.00	0	3, 993, 776		0	10.00
11.00	RECOVERY ROOM	51.00	0	60, 054		0	11.00
12.00 13.00	ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	53.00 54.00	0	237, 946 95, 618		0	12.00
14.00	ULTRA SOUND	54.00	0	31, 962		0	14.00
15.00	SPECIAL PROCEDURES	54.02	0	2,011,698		0	15.00
16.00	RADI OI SOTOPE	56.00	0	539, 473		o	16.00
17.00	CT SCAN	57.00	0	136, 600		0	17.00
18.00 19.00	MRI CARDI AC CATHETERI ZATI ON	58.00 59.00	0	13, 394		0	18.00 19.00
20.00	LABORATORY	60.00	0	1, 123, 077 682, 958		0	20.00
21.00	BLOOD STORI NG, PROCESSI NG & TRANS.	63.00	0	1, 305		0	21. 00
22.00	RESPI RATORY THERAPY	65.00	0	118, 567		0	22.00
23.00	PHYSICAL THERAPY	66.00	0	60, 434		0	23.00
24.00 25.00	OCCUPATI ONAL THERAPY SPEECH PATHOLOGY	67.00 68.00	0	1, 026 1, 462		0	24.00
26.00	ELECTROCARDI OLOGY	69.00	0	218, 892		0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	43, 775	5	0	27.00
28.00	SLEEP LAB	70.01	0	9, 034		0	28.00
29.00 30.00	INFUSION THERAPY FCC INFUSION THERAPY	73. 01 73. 04	0	42, 706 93, 867		0	29.00 30.00
30.00	RENAL DIALYSIS	73.04	0	93, 807 115, 795		0	31.00
32.00	CARDI AC REHABI LI TATI ON	76.97	0	32		0	32.00
33.00	CARDIAC REHABILITATION	76.97	0	4, 780		0	33.00
34.00	HYPERBARI C OXYGEN THERAPY	76.98	0	138, 784		0	34.00
35.00 36.00	PSYCH ANCI LLARY RETI NAL VASCULAR	90. 02 90. 03	0	250 7, 007		0	35.00 36.00
37.00	EMERGENCY	91.00	0	738, 220		0	37.00
38.00	IFCC	91.01	0	<u>1, 461, 1</u> 12	2	o	38.00
	TOTALS		0	14, 688, 740			
1.00	E - RECALSS DRUGS CHARGED TO PHARMACY	15.00	0	18, 237, 596		0	1.00
3.00	NURSI NG ADMI NI STRATI ON	10.00	0	, 201, 070		0	3. 00
4.00	CENTRAL SERVICES & SUPPLY		0			0	4.00
5.00	PHARMACY		0			0	5.00
6.00	MEDICAL RECORDS & LIBRARY		0			U	6.00
7.00 8.00	PARAMED ED PRGM - EMS ADULTS & PEDIATRICS		U			0	7.00
8.00 9.00	INTENSIVE CARE UNIT		0			ŏ	9.00
10.00	SUBPROVI DER – I PF		Ō		1	o	10.00
11.00	SUBPROVIDER - IRF		0			0	11.00
12.00			0			0	12.00
13.00 14.00	OPERATI NG ROOM RADI OLOGY-DI AGNOSTI C		0			o	13.00
14.00	ULTRA SOUND		0			ő	14.00
16.00	SPECIAL PROCEDURES		0		1	0	16.00
17.00	RADI OI SOTOPE		0			0	17.00
18.00	CT SCAN		0			0	18.00
19.00	CARDIAC CATHETERIZATION		0			0	19.00
20.00 21.00	LABORATORY RESPI RATORY THERAPY		0			ol	20.00
21.00	ELECTROCARDI OLOGY		0			0	21.00
	INFUSION THERAPY		0			o	23.00

RECLAS	Financial Systems SIFICATIONS		INGALLS MEMORIA		CCN: 14-0191	Peri od:	u of Form CMS-2552-1 Worksheet A-6
						From 07/01/2018 To 06/30/2019	Date/Time Prepared:
		Decreases				I	11/25/2019 4:02 pm
	Cost Center	Li ne #	Salary	Other	Wkst. A-7 Re	f.	
	6.00	7.00	8.00	9.00	10,00	<u> </u>	
24.00	RENAL DI ALYSI S		0			0	24.0
25.00	CARDIAC REHABILITATION		0			0	25.0
26.00	HYPERBARIC OXYGEN THERAPY		0			0	26.0
27.00	RETINAL VASCULAR		0			0	27.0
28.00	EMERGENCY		0			0	28.0
29.00	IFCC		0			0	29.0
	TOTALS			18, 237, 596		-	
	F - POB COST OFFSET	<u> </u>	-1			1	
1.00	MAINTENANCE & REPAIRS	6.00	0	45, 097		0	1.0
2.00	OPERATION OF PLANT	7.00	64, 895	56, 348		0	2.0
3.00	HOUSEKEEPING	9.00	01,070	293, 571		0	3.0
0.00	TOTALS		64, 895	395,016			0.0
	G - LAB ADMIN		01,070	070,010	I		
1.00	LABORATORY	60.00	6, 726	630		0	1.0
1.00	TOTALS		6, 726	630			1.0
	H - RECLASS RECOVERY COSTS	<u> </u>	0,720	000	I		
1.00	ADULTS & PEDIATRICS	30.00	675, 904	134, 895		0	1.0
1.00	TOTALS		675, 904	134, 895			1.0
	I - RECLASS EMT PRECEPTOR COS	275	075, 904	134,073			
1.00	ADULTS & PEDIATRICS	30.00	147, 611	0		0	1.0
2.00	INTENSIVE CARE UNIT	31.00	42, 091	0		0	2.0
4.00	RESPIRATORY THERAPY	65.00	8, 328	0		0	2.0
						0	
5.00	CARDIAC CATHETERIZATION	59.00	12, 613	0			5.0
6.00	EMERGENCY	<u>91.</u> 00	262, 137	0		Q	6.0
	TOTALS		472, 780	0			
1 00	J - RECLASS PSYCH ANCILLARY S		720.200	1 0(2 022	1	0	1.0
1.00	ADULTS & PEDIATRICS	30.00	739, 388	1, 063, 932		0	1.0
2.00				0		Q	2.0
	TOTALS		739, 388	1, 063, 932			
4 00	K - RECLASS VACCINE DRUG COST			05 000	1	0	
1.00	DRUGS_CHARGED_TO_PATIENTS			2 <u>5, 3</u> 99		Q	1.0
	TOTALS		0	25, 399			
	M - RECLASS FCC ADMIN COSTS		111.010	4 974 994	1		
1.00	IFCC	<u>91.</u> 01	144, 368	<u>1, 374, 996</u>		Ō	1.0
	TOTALS		144, 368	1, 374, 996			
	N - PHARMACY RESIDENCY				1	-1	
1.00	PHARMACY		148, 130	43,573		Ō	1.0
	TOTALS		148, 130	43, 573			
	0 - RECLASS LABOR AND DELIVER				1		
1.00	ADULTS & PEDIATRICS	30.00	875, 369	237, 733		0	1.0
2.00				0		Ō	2.0
	TOTALS		875, 369	237, 733			
	P - IMPLANT RECLASS				1	-	
1.00	OPERATING ROOM	50.00	0	6, 756, 779		0	1.0
2.00	CARDIAC CATHETERIZATION	59.00	• •	763, 525		Ō	2.0
	TOTALS		0	7, 520, 304	l		
	Q - MISC					-	
1.00		0.00	0	0		Q	1.0
	TOTALS		0	0			
	Grand Total: Decreases		3, 127, 560	52, 862, 408			500. 0

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL			In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 14-0191	Perio	od:	Worksheet A-7	
				From	07/01/2018	Part I	norod.
				10	06/30/2019	Date/Time Pre 11/25/2019 4:0	nareu: 02 nm
			Acqui si ti on	s		11/20/2017 1.	0 <u>2</u> pm
	Begi nni ng	Purchases	Donati on		Total	Disposals and	
	Bal ances					Retirements	
	1.00	2.00	3.00		4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE							
1.00 Land	6, 464, 807	0		0	0	0	1.00
2.00 Land Improvements	3, 214, 188	0		0	0	0	2.00
3.00 Buildings and Fixtures	153, 763, 821	4, 970, 280		0	4, 970, 280	0	3.00
4.00 Building Improvements	0	0		0	0	0	4.00
5.00 Fixed Equipment	0	0		0	0	0	5.00
6.00 Movable Equipment	49, 359, 541	15, 851, 086		0	15, 851, 086	1, 413, 589	6.00
7.00 HIT designated Assets	0	0		0	0	0	7.00
8.00 Subtotal (sum of lines 1-7)	212, 802, 357	20, 821, 366		0	20, 821, 366	1, 413, 589	
9.00 Reconciling Items	0	0		0	0	0	9.00
10.00 Total (line 8 minus line 9)	212, 802, 357	20, 821, 366		0	20, 821, 366	1, 413, 589	10.00
	Endi ng Bal ance	Fully					
		Depreci ated					
		Assets					
	6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE							
1.00 Land	6, 464, 807	0					1.00
2.00 Land Improvements	3, 214, 188	0					2.00
3.00 Buildings and Fixtures	158, 734, 101	0					3.00
4.00 Building Improvements	0	0					4.00
5.00 Fixed Equipment	0	0					5.00
6.00 Movable Equipment	63, 797, 038	0					6.00
7.00 HIT designated Assets	0	0					7.00
8.00 Subtotal (sum of lines 1-7)	232, 210, 134	0					8.00
9.00 Reconciling Items	0	0					9.00
10.00 Total (line 8 minus line 9)	232, 210, 134	0					10.00

Heal th	Financial Systems	INGALLS MEMORI	AL_HOSPI TAL		In Lie	u of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 14-0191	Peri od:	Worksheet A-7	
					From 07/01/2018 To 06/30/2019		narod
					10 00/30/2019	11/25/2019 4:	02 pm
			SL	JMMARY OF CAP	ITAL	•	
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see	
						instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORK			nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	6, 604, 819	0		0 0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8, 136, 577	0		0 0	0	2.00
3.00	Total (sum of lines 1-2)	14, 741, 396	0		0 0	0	3.00
	Cost Center Description	Other	Total (1) (sum				
		Capi tal -Rel ate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORE	KSHEET A, COLUM	N 2, LINES 1 a	nd 2	· · · · · ·		
1.00	CAP REL COSTS-BLDG & FIXT	0	6, 604, 819				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8, 136, 577				2.00
3.00	Total (sum of lines 1-2)	0	14, 741, 396				3.00

Health Financial Systems	INGALLS MEMOR	IAL HOSPITAL		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	F	Period: From 07/01/2018 To 06/30/2019	Worksheet A-7 Part III Date/Time Prep 11/25/2019 4:0	
	COM	PUTATION OF RAT	FI 0S	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio	Ratio (see instructions)	Insurance	
			(col. 1 - col. 2)			
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		-				
1.00 CAP REL COSTS-BLDG & FIXT	160, 580, 120		160, 580, 120	0. 711333	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	65, 165, 207	0	65, 165, 207		0	2.00
3.00 Total (sum of lines 1-2)	225, 745, 327		225, 745, 327		0	3.00
	ALLOCA	TION OF OTHER (	CAPI TAL	SUMMARY O	F CAPITAL	
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel ate	cols. 5			
		d Costs	through 7)			
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE	INTERS	1				
1.00 CAP REL COSTS-BLDG & FIXT	0	0	0	7, 326, 147	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	8, 136, 577	0	2.00
3.00 Total (sum of lines 1-2)	0	0	(	15, 462, 724	0	3.00
		SL	JMMARY OF CAPI			
Cost Center Description	Interest	Insurance (see			Total (2) (sum	
		instructions)	instructions)	Capi tal -Rel ate		
				d Costs (see instructions)	through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CE		12.00	13.00	14.00	15.00	
1.00 CAP REL COSTS-BLDG & FIXT	4, 755, 664	0	0		12, 081, 811	1.00
2.00 CAP REL COSTS-DEDU & TTXT	-, , 35, 004	0			8, 136, 577	2.00
3.00 Total (sum of lines 1-2)	4, 755, 664	-	-		20, 218, 388	3.00
	-, , 55, 004	0			20, 210, 300	5.00

ADJUST	Financial Systems MENTS TO EXPENSES		INGALLS MEMORIA	Provider CCN: 14-0191	Peri od:	u of Form CMS-2 Worksheet A-8	2552-10
					From 07/01/2018 To 06/30/2019	Date/Time Prep 11/25/2019 4:0	
			т	Expense Classification of o/From Which the Amount i			<u> </u>
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00	2.00	3.00 AP REL COSTS-BLDG & FIXT	4.00	5.00 0	1.00
	COSTS-BLDG & FIXT (chapter 2)						
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		oc	AP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time		0		0.00	0	4.00
5.00	discounts (chapter 8) Refunds and rebates of		О		0.00	0	5.00
6.00	expenses (chapter 8) Rental of provider space by		0		0.00	0	6.00
	suppliers (chapter 8)		0				
7.00	Tel ephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician adjustment	B A-8-2	-69, 5240 -8, 221, 842	PERATION OF PLANT	7.00	0 0	
11.00	Sale of scrap, waste, etc.		О		0.00	0	11.00
12.00	(chapter 23) Related organization transactions (chapter 10)	A-8-1	12, 870, 116			0	12.00
13.00	Laundry and linen service		0		0.00	0	
14.00 15.00	Cafeteria-employees and guests Rental of quarters to employee		0 0		0. 00 0. 00	0	
16. 00	and others Sale of medical and surgical supplies to other than		0		0.00	0	16.00
17.00	patients Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and		О		0.00	0	18. 00
19. 00	abstracts Nursing and allied health education (tuition, fees,		0		0.00	0	19. 00
20. 00	books, etc.) Vending machines		О		0.00	0	20. 00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22. 00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23. 00	Adjustment for respiratory therapy costs in excess of	A-8-3	OR	ESPIRATORY THERAPY	65.00		23.00
24. 00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	0P	HYSICAL THERAPY	66.00		24.00
25.00	limitation (chapter 14) Utilization review - physicians' compensation		0*	** Cost Center Deleted **	* 114.00		25.00
26. 00	(chapter 21) Depreciation - CAP REL COSTS-BLDG & FIXT		oc	AP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL		ос	AP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	COSTS-MVBLE EQUIP Non-physician Anesthetist		ON	ONPHYSICIAN ANESTHETISTS	19.00		28.00
	Physicians' assistant Adjustment for occupational therapy costs in excess of	A-8-3	0 00	CCUPATI ONAL THERAPY	0. 00 67. 00	0	29. 00 30. 00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		OA	DULTS & PEDIATRICS	30.00		30. 99
	instructions) Adjustment for speech pathology costs in excess of	A-8-3		PEECH PATHOLOGY	68.00		31.00
32. 00	Limitation (chapter 14) CAH HIT Adjustment for		0		0.00	0	32.00
33.00	Depreciation and Interest MISC REVENUE		0		0.00	0	33. 00

Health Financial Systems		INGALLS MEMORI			u of Form CMS-2	
ADJUSTMENTS TO EXPENSES			Provider CCN: 14-0191	Peri od:	Worksheet A-8	
				From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:0	
			Expense Classification o	n Worksheet A		[
			To/From Which the Amount is	s to be Adjusted		
Cost Center Desc	ription Basis/Code (2	) Amount	Cost Center	Line #	Wkst. A-7 Ref.	
cost center besc	1.00	2.00	3.00	4.00	5. 00	
34.00 MISC REVENUE	B		EMPLOYEE BENEFITS DEPARTMEN		0.00	34.0
34. 01 MISC REVENUE	В		ADMI NI STRATI VE & GENERAL	5.00	0	
34.02 OTHER ADJUSTMENTS (SPE		0		0.00	0	
(3)						
34.03 MISC REVENUE	В	-5, 327	NURSING ADMINISTRATION	13.00	0	34.0
34.04 MISC REVENUE	В	-401, 992	PHARMACY	15.00	0	34.0
34.05 MISC REVENUE	В	92, 502	MEDICAL RECORDS & LIBRARY	16.00	0	34.0
34.06 MISC REVENUE	В	-184, 248	PARAMED ED PRGM – EMS	23.01	0	34.0
34.07 MISC REVENUE	В	-114, 605	PARAMED ED PRGM - DIETETICS	23.02	0	34.0
34.08 MISC REVENUE	В	-260	ADULTS & PEDIATRICS	30.00	0	34.0
34.09 MISC REVENUE	В	-15, 700	LABORATORY	60.00	0	34. C
34.10 MISC REVENUE	В		PHYSI CAL THERAPY	66.00	0	
34.11 MISC REVENUE	В		INFUSION THERAPY	73.01	0	34.1
34.12 MISC REVENUE	В		CARDIAC REHABILITATION	76.97	0	
34.13 MISC REVENUE	В		RETINAL VASCULAR	90.03	0	
34.14 MISC REVENUE	В	-2, 093, 920		91.01	0	34.1
34.15 MISC REVENUE	В	-765	RESPI RATORY THERAPY	65.00	0	
34.16 OTHER ADJUSTMENTS (SPE	CIFY)	0		0.00	0	34.1
(3)					_	
34. 17 OTHER ADJUSTMENTS (SPE	CIFY)	0		0.00	0	34.1
				0.00		24.1
34. 18 OTHER ADJUSTMENTS (SPE	CIFY)	0		0.00	0	34.1
(3) 34. 19 OTHER ADJUSTMENTS (SPE		0		0.00	0	34.1
(3)		0		0.00	0	34.1
34. 20 ALCHOHOL OFFSET	А	-1 000	ADMI NI STRATI VE & GENERAL	5.00	0	34.2
36.00 REMOVE LOBBYING EXPENS			ADMI NI STRATI VE & GENERAL	5.00	0	
36. 01 MEDICALD PROVIDER TAX	A		ADMI NI STRATI VE & GENERAL	5.00	0	
37. 00 NONALLOWABLE MARKETING			EMPLOYEE BENEFITS DEPARTMEN		0	
38.00 NONALLOWABLE MARKETING			ADMI NI STRATI VE & GENERAL	5.00	0	
39.00 NONALLOWABLE MARKETING			MEDICAL RECORDS & LIBRARY	16.00	0	
40. 00 NONALLOWABLE MARKETING			SUBPROVI DER – I RF	41.00	0	
41.00 NONALLOWABLE MARKETING			INFUSION THERAPY	73.01	0	
42.00 NONALLOWABLE MARKETING		1	PHYSICAL THERAPY	66.00	0	
43.00 NONALLOWABLE MARKETING			OCCUPATIONAL THERAPY	67.00	0	
44.00 NONALLOWABLE MARKETING			CARDIAC REHABILITATION	76.97	0	
45.00 NONALLOWABLE MARKETING			PSYCH ANCI LLARY	90.02	0	
45.01 NONALLOWABLE MARKETING		-2, 773		91.01	0	
45. 02 NONALLOWABLE MARKETING			FCC INFUSION THERAPY	73.04	0	
46.00 OTHER INCOME	В		HOME HEALTH AGENCY	101.00	0	
50.00 TOTAL (sum of lines 1	thru 49)	-19, 301, 026				50.0
(Transfer to Worksheet						
column 6, line 200.)						1

(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.

Heal th	Financial Systems	INGALLS MEMO	RIAL HOSPITAL	In Lie	eu of Form CMS-	2552-10
	ENT OF COSTS OF SERVICES FROM	RELATED ORGANIZATIONS AND HO	ME Provider CCN: 14-0191	Peri od:	Worksheet A-8	3-1
OFFI CE	OFFICE COSTS			From 07/01/2018 To 06/30/2019		narad
				10 00/30/2019	11/25/2019 4:	
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
	1.00		0.00		5	
	1.00	2.00	3.00	4.00	5.00	
		MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED C	RGANIZATIONS OR	CLAIMED	
1.00	HOME OFFICE COSTS:	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	15, 557, 115	3, 097, 990	1, 00
2.00		HOME HEALTH AGENCY	MANAGEMENT FEE	552, 776		2.00
3.00			U OF C CHARGEBACKS	1, 038, 862		3.00
3.00		ADMINISTRATIVE & GENERAL	U OF C CHARGEBACKS	1, 387, 492	1, 387, 492	3.00
3.01		OPERATION OF PLANT	U OF C CHARGEBACKS	602, 286	602, 286	3. 01
3.02		NURSING ADMINISTRATION	U OF C CHARGEBACKS	202, 746		
3.04		SUBPROVIDER - IPF	U OF C CHARGEBACKS	240,000		3.03
3.05		OPERATING ROOM	U OF C CHARGEBACKS	775,090		
3.06		RADI OLOGY-DI AGNOSTI C	U OF C CHARGEBACKS	1, 299, 730		3.06
3.07		LABORATORY	U OF C CHARGEBACKS	32, 812	32, 812	3.07
3.08		RENAL DIALYSIS	U OF C CHARGEBACKS	3,600	3,600	3.08
3.09	0.00			0,000	0,000	3.09
3.10	0.00			0	0	3.10
3.11	0.00			0	0	3, 11
3.12	0.00			0	0	3.12
4.00	0.00			0	o	4.00
5.00	TOTALS (sum of lines 1-4).			21, 692, 509	8, 822, 393	5.00
	Transfer column 6, line 5 to				,	
	Worksheet A-8, column 2,					
	line 12.					

The amounts on lines 1-4 (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 has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part

has not been posted to worksheet A, cordinas r and/or 2, the another arrowable should be mareated in cordinary or this part.						
				Related Organization(s) and/or Home Office		
				<b>3</b>		
						1
						1
						<b></b>
	Symbol (1)	Name	Percentage of	Name	Percentage of	1
			Ownership		Ownershi p	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00			0.00		0.00	6.00
7.00	В	INGALLS HEALTH SYSTEM	100.00	INGALLS MEMORIA	100.00	7.00
8.00	С	INGALLS MEMORIA	100.00	INGALLS HOME CARE	100.00	8.00
9.00	С	U OF C HOSPITAL	100.00	U OF C HOSPITAL	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or					100.00
	non-financial) specify:					

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

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

Corporation, partnership, or other organization has financial interest in provider. В

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 organi zati on.

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 provi der.

Health Financial Systems	INGALLS MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FROM RE OFFICE COSTS	LATED ORGANIZATIONS AND HOME	Provider CCN: 14-0191	Period: From 07/01/2018	
			To 06/30/2019	Date/Time Prepared:

					10 00/30/2017 0	1/25/2019 4:02 pm
	Net	Wkst. A-7 Ref.				
	Adjustments					
	(col. 4 minus					
	col. 5)*					
	6.00	7.00				
			MENTS REQUIRED AS A RESULT OF TRA	NSACTIONS WITH RELATED OF	RGANIZATIONS OR CL	AI MED
	HOME OFFICE CO		T			
1.00	12, 459, 125					1.00
2.00	410, 991	0				2.00
3.00	0	0 0				3.00
3.01	0	0 0				3. 01
3.02	0	0 0				3. 02
3.03	0	0 0				3. 03
3.04	0	0 0				3. 04
3.05	0	0 0				3. 05
3.06	0	0				3.06
3.07	0	0				3. 07
3.08	0	0				3.08
3.09	0	0 0				3.09
3.10	0	0				3. 10
3.11	0	0				3. 11
3.12	0	0 0				3. 12
4.00	0	0 0				4.00
5.00	12, 870, 116					5.00
* The	amounto en lin	an 1 4 (and out	sorinto as appropriato) are tran	oformed in detail to Wark	chect A column (	Lines es

The amounts on lines 1-4 (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 has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Rel ated Organization(s)		
and/or Home Office		
Type of Business		
6.00		
 B. INTERRELATIONSHIP TO RELA	TED 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

7.00
8.00
9.00
10.00
100.00

(1) Use the following symbols to indicate 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 organi zati on.

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 provi der.

From         07/07/288         Provider         Rest. A Line #         Cost Curter/Physician         Total Instruction         Provider         REAL month         Physician/Physician           1         00         5         00/401/158         Provider         Composition         Real and Physician Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Physician/Ph	Heal th	Financial Syste	ems	INGALLS MEMOR	RIAL_HOSPITAL		In Lie	eu of Form CMS-	2552-10
West:         A Line #         Cast Center/Physician Identified         Total Result         Professional Result         Professional Component         Provider Component         REF Ansum Component         Physician/Provider Component           1.00         2.00         3.00         4.00         5.00         6.00         7.00           2.00         3.00         4.00         5.00         6.00         7.00         7.00           2.00         3.00         4.00         5.00         6.00         7.00         0         7.00         7.00           4.00         4.30         0.00/PERATING ROM         2.50         6.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	PROVI DE	ER BASED PHYSICI	I AN ADJUSTMENT		Provider (		From 07/01/2018	Date/Time Pre	epared:
1.00         5.000/MMINISTRATIVE & GENERAL         1.680.547         0         1.680.547         2211.500         117.100           3.00         41.005/UBFRATIVE R         177.100         117.100         0         0         0         0           3.00         41.005/UBFRATIVE R         631.250         631.250         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td>Wkst. A Line #</td><td></td><td></td><td></td><td></td><td></td><td>Physician/Prov ider Component</td><td></td></td<>		Wkst. A Line #						Physician/Prov ider Component	
2.00         30.0040ULTS & PEDLATINGS         1.726, 155         0         0           4.00         4.300MURSER*         1.67, 26, 155         0         0         0           4.00         4.300MURSER*         1.71, 100         117, 100         117, 100         0         0           5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00									
3.00         41.00SµµPR0/UER - 1EF         117.100         117.100         0         0         0           5.00         50.00QPFRATINK ROMU         250.750         0         0         0         0           5.00         50.00QPFRATINK ROMU         250.750         0         0         0         0           7.00         54.00QPFRATINK ROMU         250.750         0         0         0         0           7.00         54.00QPFRATINK ROMU         22.000         1,250.000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								11, 204	1.00
4.00         43.00 plustSERY         631.250         631.250         0         0         0           5.00         50.00 plustSERY         520.750         0         0         0         0           6.00         53.00 plustSERY         1.250.750         250.750         0         0         0         0           7.00         54.00 plant LOGY         1.250.000         1.250.000         0         0         0         0           8.00         59.00 plant Corr         1.033.782         0         0         0         0         0           10.00         65.00 plant Corr         1.00         25.000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								0	2.00
5.00         50.00         50.00         250.750         250.750         0         0         0         0           7.00         53.00         00         1.260.000         1.250.000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								0	3.00
6.00         5.3.00AMESTHESI LOCY         1.250,000         1,250,000         0         0         0         0           8.00         5.4.00[ADUCDOY-DLEANDSTLC         1.033,782         0         0         0         0           9.00         6.00[ADDAC CATHETER [ATLON         42,300         42,330         43,330         0         0         0           10.00         65.00[ADDACACHINY         25,000         25,000         0         0         0         0           11.00         66.00[LECTROARDING/WY         140,833         0         140,833         211,500         949           12.00         00.00[LECTROARDING/WY         14,213         1,821,391         0         0         0         0           12.00         00.00[LECTROARDING/WALDARANHY         97,201         1,821,391         1,821,391         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							0	0	4.00
7.00         54.00[A010L00Y-DIAGNOSTIC         1.033,782         0         0         0         0           9.00         66.00[A80AT0RY         25.000         25,000         0         0         0           9.00         66.00[A80AT0RY         25.000         25,000         0         0         0           11.00         66.00[EECTROCABULGAY         140.833         -0         140.833         211.500         939           12.00         76.67[CAR0LAGELLGGARAPHY         97.201         10.833         211.500         0         0           13.00         76.67[CAR0LAGERLEACK         1.432.391         -0         0         0         0         0         0           14.00         90.00         1.01         FCC         1.432.297         1.432.391         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<							0	0	5.00
8.00         59.00CARDIAC CATHETERIZATION         42,300         42,300         0         0         0         0           10.00         65.00RESPIRATORY THERAPY         2,738         2,738         0         0         0         0           11.00         65.00RESPIRATORY THERAPY         2,738         2,738         0         0         0         0         0           12.00         70.00ELLCTROEARCIDAGY         140.833         0         140.833         0         140.833         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							0	0	6.00
9.00         60.00[La60RATORY         25.000         25.000         0         0         0           10.00         65.00[ELETROCARDIOLOGY         140.833         0         140.833         211.500         939           12.00         70.00[ELETROCARDIOLOGY         140.833         0         140.833         211.500         939           12.00         76.97[CARDIAC REHABLLITATION         1.950         1.950         0         0         0         0           16.00         91.01[FCC         1.821.391         1.821.390         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							0	0	7.00
10. 00         65. 00PECFIRATIONY THERAPY         2. 738         2. 738         0         0         0           11. 00         69. 00ELECTROCARDIOLOGY         140. 833         0         140. 833         0         140. 833         0         0         0         0           12. 00         77. 0.00ELECTROENCEPHALOGRAPHY         97. 201         97. 201         97. 201         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							0	0	8.00
11.00         6.90 OCLECTROCAPHIOLOGY         140.633         .00         140.633         211.500         999           13.00         76.07 CARDIAC REHABILITATION         1,950         1,950         0         0         0         0           14.00         90.03 (ETTORNCEPHALORGRAPHY         1,951         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<							-	-	9.00
12.00         70.00ELECTROENCEPHALOGRAPHY         97.201         97.201         97.201         0         0         0         0           13.00         76.97CARDIA CREHABL TATION         1,950         1,950         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td>10.00</td>							-	-	10.00
13. 00         76, 97 (CARDIA C, REHABILI TATION         1, 950         1, 950         1, 950         1, 950         0         0         0         0           15. 00         90. 03[RTINAL VASCULAR         6.31, 203         6.31, 203         6.31, 203         6.31, 203         0         0         0         0           200. 00         91. 01   FCC         1.821, 391         1.821, 380         0         0         12.143           200. 00         91. 01   FCC         1.821, 391         1.821, 380         Provider         Ornot juing         Physician         0         12.143           1.00         2.00         3.00 (ADMINISTRATIVE & GENERAL         1,139, 253         56, 963         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>211,500</td> <td>939</td> <td></td>							211,500	939	
14.00         90.03RETINAL VASCULAR         4.375         4.375         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0        <							0	0	12.00
15.00         91.00         ENERGENCY         631.203         631.203         631.203         0         0         0           200.00         91.01         FCC         9.456.575         7.635.195         1.821.391         0.21.391         1.21.330         0         7.635.195         1.821.380         0         0.00         12.143           0.00         1.00         2.00         8.00         9.00         1.821.381         Control on 12.143         1.21.321         Share of Control on 12.143         Share of Co							-	0	13.00
16.00         91.01   FCC         1, 821, 391         1, 821, 391         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         1,21,43         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0							0	0	14.00
200.00							0	0	15. 00 16. 00
West:         A Line #         Cost Center/Physician Identifier         Unadjusted RCE Limit         5 Percent of Limit         Cost of Continuing Education         Provider Physician Cost Share of col.           1.00         2.00         8.00         9.00         12.00         13.00         14.00           2.00         30.00ADMLTS FRATIVE & GENERAL 3.00         1.139.253         56.963         0         0         0         0           2.00         30.00ADMLTS & PEDIATRICS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <		91.01	TFCC				-	12 1/2	
Identi Fier         Limit         Unadjusted RCE         Remberships & Somonent of Mal practice Insurance of coll 12 insurance of coll 12 insurance         of Mal practice Insurance           1.00         2.00         8.00         9.00         12.00         13.00         14.00           2.00         30.00 ADMINISTRATIVE & GENERAL         1,139,253         56,963         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	200.00	Wkst Aline #	Cost Center/Physician						200.00
Limit         Continuing         Share of col.         Insurance           1.00         2.00         8.00         9.00         12.00         13.00         14.00           2.00         30.00/ADULTS & PEDIATRICS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		intot: A Erno #							
Image: Constraint of the second se									
1.00         5.00 ADMINISTRATIVE & CENERAL         1, 139, 253         56, 963         0         0         0           2.00         30.00 ADMLTS & FEDATRICS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						Educati on			
2.00         30.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00         40.00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>									
3.00         41.00 SUBPROVI DER - IRF         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		1						0	
4.00         43.00         NURSERY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						-		0	2.00
5.00         50.00         OPERATI NG ROM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				-		-		0	3.00
6.00         53.00         ANSTHESI OLOGY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0	-	-		0	4.00
7.00         54.00         RAD IOLOGY-DIAGNOSTI C         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0	, s	-	-	0	5.00
8.00         59.00         CARDIAC CATHETERIZATION         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td></td><td></td><td></td><td>0</td><td>-</td><td>-</td><td></td><td>0</td><td>6.00</td></th<>				0	-	-		0	6.00
9.00         60.00         LABORATORY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0	, s	-	-	0	7.00
10.00         65.00         RESPI RATORY THERAPY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				0			-	0	8.00
11.00         69.00         ELECTROCARDIOLOGY         95,480         4,774         0         0         0           12.00         70.00         ELECTROENCEPHALOGRAPHY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td>0</td> <td>Ŭ,</td> <td>-</td> <td>-</td> <td>0</td> <td>9.00</td>				0	Ŭ,	-	-	0	9.00
12.00         70.00         LLECTROENCEPHALOGRAPHY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th< td=""><td></td><td></td><td></td><td>0</td><td>, v</td><td></td><td></td><td>0</td><td>10. 00 11. 00</td></th<>				0	, v			0	10. 00 11. 00
13.00         76.97         CARDI AC REHABI LI TATI ON         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0				95,400			0	0	12.00
14.00         90.03         RETINAL VASCULAR         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>0</td> <td>0</td> <td></td>					-		0	0	
15.00         91.00         EMERGENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					-		0	0	14.00
16.00 200.00         91.01 				0	Ŭ Ŭ		0	0	15.00
200.00				0	0	-	-	0	16.00
Wkst. A Line #         Cost Center/Physician Identifier         Provider Component Share of col.         Adjusted RCE Limit         RCE Disal Iowance         Adjustment           1.00         2.00         14         14         16.00         17.00         18.00           1.00         5.00 ADMI NI STRATI VE & GENERAL         0         1,139,253         541,294         541,294           2.00         30.00 ADULTS & PEDI ATRICS         0         0         0         17.76,155           3.00         41.00 SUBPROVI DER - 1 RF         0         0         0         17.100           4.00         43.00 NURSERY         0         0         0         0         1,250,500           5.00         50.00 OPERATI NG ROOM         0         0         0         1,250,500         0           6.00         53.00 ANESTHESI OLOGY         0         0         0         1,250,000         1,250,000           7.00         54.00 RADI OLOGY -DI AGNOSTI C         0         0         0         1,250,000         2,303           9.00         60.00 LABORATORY         0         0         0         2,738           11.00         69.00 ELECTROCARDI OLOGY         95,480         45,353         45,353           12.00         7		,		1, 234, 733	61, 737	-	-	0	
Image: Share of col.         14           1.00         2.00         15.00         16.00         17.00         18.00           1.00         5.00 ADMI NI STRATI VE & GENERAL         0         1,139,253         541,294         541,294           2.00         30.00 ADULTS & PEDI ATRI CS         0         0         0         1,726,155           3.00         41.00 SUBPROVI DER - 1 RF         0         0         0         117,100           4.00         43.00 NURSERY         0         0         0         0         177,50           5.00         50.00 OPERATI NG ROOM         0         0         0         250,750           6.00         53.00 ANESTHESI OLOGY         0         0         0         1,250,000           7.00         54.00 RADI OLOGY-DI AGNOSTI C         0         0         0         1,033,782           8.00         59.00 CARDI AC CATHETERI ZATI ON         0         0         0         2,738           10.00         69.00 LABORATORY         0         0         0         2,738           11.00         69.00 ELECTROCARDI OLOGY         0         95,480         45,353         45,353           12.00         70.00 ELECTROCARDI OLOGY         0         0		Wkst. A Line #	Cost Center/Physician	Provi der			Adjustment		
Image: Note of the image in the image.           1.00         1.00         2.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         0.00         0.00         0.00         1.00         0.00         0.00         0.00         0.00         1.00         1.00         0.00         0.00         0.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00         1.00			I denti fi er		Limit	Di sal I owance			
1.00         2.00         15.00         16.00         17.00         18.00           1.00         5.00 ADMI NI STRATI VE & GENERAL         0         1,139,253         541,294         541,294           2.00         30.00 ADULTS & PEDI ATRI CS         0         0         0         1,726,155           3.00         41.00 SUBPROVI DER - IRF         0         0         0         0         117,100           4.00         43.00 NURSERY         0         0         0         0         631,250           5.00         50.00 OPERATI NG ROOM         0         0         0         250,750           6.00         53.00 ANESTHESI OLOGY         0         0         0         1,033,782           8.00         59.00 CARDI AC CATHETERI ZATI ON         0         0         0         25,000           9.00         60.00 LABORATORY         0         0         0         2,738           11.00         69.00 ELECTROCARDI OLOGY         0         95,480         45,353         45,353           12.00         70.00 ELECTROCARDI OLOGY         0         0         0         97,201           13.00         76.97 CARDI AC REHABI LI TATI ON         0         0         0         1,950									
1.00       5.00       ADMI NI STRATI VE & GENERAL       0       1, 139, 253       541, 294       541, 294         2.00       30.00       ADULTS & PEDI ATRI CS       0       0       0       1, 726, 155         3.00       41.00       SUBPROVI DER - IRF       0       0       0       117, 100         4.00       43.00       NURSERY       0       0       0       0       117, 100         5.00       50.00       OPERATI NG ROOM       0       0       0       0       0       250, 750         6.00       53.00       ANESTHESI OLOGY       0       0       0       1, 250, 000         7.00       54.00       RADI OLOGY - DI AGNOSTI C       0       0       0       1, 033, 782         8.00       59.00       CARDI AC CATHETERI ZATI ON       0       0       0       25, 000         10.00       65.00       RESPI RATORY THERAPY       0       0       0       2, 738         11.00       69.00       ELECTROCARDI OLOGY       0       95, 480       45, 353       45, 353         12.00       70.00       ELECTROCARPHY       0       0       0       1, 950         13.00       76.97       CARDI AC REHABI LI TAT		1.00	2 00		16.00	17.00	18.00		
2.00       30.00 ADULTS & PEDIATRICS       0       0       1,726,155         3.00       41.00 SUBPROVIDER - IRF       0       0       0       117,100         4.00       43.00 NURSERY       0       0       0       631,250         5.00       50.00 OPERATING ROOM       0       0       0       250,750         6.00       53.00 ANESTHESI OLOGY       0       0       1,250,000         7.00       54.00 RADI OLOGY-DI AGNOSTI C       0       0       1,033,782         8.00       59.00 CARDI AC CATHETERI ZATI ON       0       0       42,300         9.00       60.00 LABORATORY       0       0       2,738         11.00       69.00 ELECTROCARDI OLOGY       0       95,480       45,353       45,353         12.00       70.00 ELECTROCARDI OLOGY       0       0       0       1,950         13.00       76.97 CARDI AC REHABI LI TATI ON       0       0       1,950         14.00       90.03 RETINAL VASCULAR       0       0       4,375         15.00       91.00 EMERGENCY       0       0       631,203         16.00       91.01 I FCC       0       0       0       1,821,391	1 00								1.00
3.00       41.00       SUBPROVIDER - IRF       0       0       117,100         4.00       43.00       NURSERY       0       0       631,250         5.00       50.00       OPERATING ROOM       0       0       250,750         6.00       53.00       ANESTHESI OLOGY       0       0       1,250,000         7.00       54.00       RADI OLOGY-DI AGNOSTI C       0       0       1,033,782         8.00       59.00       CARDI AC CATHETERI ZATI ON       0       0       42,300         9.00       60.00       LABORATORY       0       0       25,000         10.00       65.00       RESPI RATORY THERAPY       0       0       2,738         11.00       69.00       ELECTROCARDI OLOGY       95,480       45,353       45,353         12.00       70.00       ELECTROENCEPHALOGRAPHY       0       0       97,201         13.00       76.97       CARDI AC REHABI LI TATI ON       0       0       1,950         14.00       90.03       RETINAL VASCULAR       0       0       4,375         15.00       91.00       EMERGENCY       0       0       631,203         16.00       91.01       IFCC				-					2.00
4.00       43.00       NURSERY       0       0       0       631,250         5.00       50.00       OPERATING ROOM       0       0       250,750         6.00       53.00       ANESTHESI OLOGY       0       0       1,250,000         7.00       54.00       RADI OLOGY-DI AGNOSTI C       0       0       1,033,782         8.00       59.00       CARDI AC CATHETERI ZATI ON       0       0       42,300         9.00       60.00       LABORATORY       0       0       25,000         10.00       65.00       RESPI RATORY THERAPY       0       0       2,738         11.00       69.00       ELECTROCARDI OLOGY       95,480       45,353       45,353         12.00       70.00       ELECTROENCEPHALOGRAPHY       0       0       0       7,201         13.00       76.97       CARDI AC REHABI LI TATI ON       0       0       4,375         14.00       90.03       RETINAL VASCULAR       0       0       4,375         15.00       91.00       EMERGENCY       0       0       631,203         16.00       91.01       IFCC       0       0       0       1,821,391									3.00
5.00       50.00       OPERATING ROOM       0       0       250,750         6.00       53.00       ANESTHESI OLOGY       0       0       1,250,000         7.00       54.00       RADI OLOGY-DI AGNOSTI C       0       0       1,033,782         8.00       59.00       CARDI AC CATHETERI ZATI ON       0       0       42,300         9.00       60.00       LABORATORY       0       0       25,000         10.00       65.00       RESPI RATORY THERAPY       0       0       2,738         11.00       69.00       ELECTROCARDI OLOGY       0       95,480       45,353       45,353         12.00       70.00       ELECTROENCEPHALOGRAPHY       0       0       0       97,201         13.00       76.97       CARDI AC REHABI LI TATI ON       0       0       4,375         14.00       90.03       RETINAL VASCULAR       0       0       4,375         15.00       91.00       EMERGENCY       0       0       631,203         16.00       91.01       IFCC       0       0       1,821,391									4.00
6. 00       53. 00       ANESTHESI OLOGY       0       0       1, 250, 000         7. 00       54. 00       RADI OLOGY-DI AGNOSTI C       0       0       0       1, 033, 782         8. 00       59. 00       CARDI AC CATHETERI ZATI ON       0       0       0       42, 300         9. 00       60. 00       LABORATORY       0       0       0       25, 000         10. 00       65. 00       RESPI RATORY THERAPY       0       0       0       2, 738         11. 00       69. 00       ELECTROCARDI OLOGY       0       95, 480       45, 353       45, 353         12. 00       70. 00       ELECTROENCEPHALOGRAPHY       0       0       0       97, 201         13. 00       76. 97       CARDI AC REHABI LI TATI ON       0       0       1, 950         14. 00       90. 03       RETI NAL VASCULAR       0       0       4, 375         15. 00       91. 00       EMERGENCY       0       0       631, 203         16. 00       91. 01       IFCC       0       0       0       1, 821, 391									5.00
7. 00       54. 00       RADI OLOGY - DI AGNOSTI C       0       0       1, 033, 782         8. 00       59. 00       CARDI AC CATHETERI ZATI ON       0       0       42, 300         9. 00       60. 00       LABORATORY       0       0       25, 000         10. 00       65. 00       RESPI RATORY THERAPY       0       0       0       2, 738         11. 00       69. 00       ELECTROCARDI OLOGY       0       95, 480       45, 353       45, 353         12. 00       70. 00       ELECTROENCEPHALOGRAPHY       0       0       0       97, 201         13. 00       76. 97       CARDI AC REHABI LI TATI ON       0       0       1, 950         14. 00       90. 03       RET I NAL VASCULAR       0       0       4, 375         15. 00       91. 00       EMERGENCY       0       0       631, 203         16. 00       91. 01       I FCC       0       0       0       1, 821, 391				0					6.00
8.00         59.00         CARDI AC CATHETERI ZATI ON         0         0         0         42, 300           9.00         60.00         LABORATORY         0         0         0         25, 000           10.00         65.00         RESPI RATORY THERAPY         0         0         0         2, 738           11.00         69.00         ELECTROCARDI OLOGY         0         95, 480         45, 353         45, 353           12.00         70.00         ELECTROENCEPHALOGRAPHY         0         0         0         97, 201           13.00         76.97         CARDI AC REHABI LI TATI ON         0         0         1, 950           14.00         90.03         RETI NAL VASCULAR         0         0         4, 375           15.00         91.00         EMERGENCY         0         0         631, 203           16.00         91.01         I FCC         0         0         0         1, 821, 391				0	0	C			7.00
9.00         60.00         LABORATORY         0         0         0         25,000           10.00         65.00         RESPI RATORY THERAPY         0         0         0         2,738           11.00         69.00         ELECTROCARDI OLOGY         0         95,480         45,353         45,353           12.00         70.00         ELECTROENCEPHALOGRAPHY         0         0         0         97,201           13.00         76.97         CARDI AC REHABI LI TATI ON         0         0         0         1,950           14.00         90.03         RETI NAL VASCULAR         0         0         4,375           15.00         91.00         EMERGENCY         0         0         631,203           16.00         91.01         IFCC         0         0         0         1,821,391		1 1		0	0	C			8.00
11.00       69.00       ELECTROCARDI OLOGY       0       95,480       45,353       45,353         12.00       70.00       ELECTROENCEPHALOGRAPHY       0       0       0       97,201         13.00       76.97       CARDI AC REHABI LI TATI ON       0       0       0       1,950         14.00       90.03       RETI NAL VASCULAR       0       0       4,375         15.00       91.00       EMERGENCY       0       0       631,203         16.00       91.01       FCC       0       0       1,821,391	9.00	60.00	LABORATORY	0	0	C	25,000		9.00
12.00         70.00         ELECTROENCEPHALOGRAPHY         0         0         97,201           13.00         76.97         CARDI AC REHABI LI TATI ON         0         0         1,950           14.00         90.03         RETI NAL VASCULAR         0         0         4,375           15.00         91.00         EMERGENCY         0         0         631,203           16.00         91.01         I FCC         0         0         1,821,391	10.00	65.00	RESPI RATORY THERAPY	0	0	C			10.00
13.00       76.97       CARDI AC REHABI LI TATI ON       0       0       1,950         14.00       90.03       RETI NAL VASCULAR       0       0       4,375         15.00       91.00       EMERGENCY       0       0       631,203         16.00       91.01       I FCC       0       0       1,821,391	11.00	69.00	ELECTROCARDI OLOGY	0	95, 480	45, 353	45, 353		11.00
14.00     90.03     RETI NAL VASCULAR     0     0     4,375       15.00     91.00     EMERGENCY     0     0     631,203       16.00     91.01     IFC     0     0     1,821,391				0	0	C			12.00
15. 00         91. 00         EMERGENCY         0         0         631, 203           16. 00         91. 01         I FCC         0         0         1, 821, 391				0	-	C			13.00
16. 00 91. 01   FCC 0 0 1, 821, 391		1 1				C			14.00
						C			15.00
		1 1	TECC						16.00
200. 00 0 1, 234, 733 586, 647 8, 221, 842	200.00	I		0	1, 234, 733	586, 647	8, 221, 842		200.00

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	INGALLS MEMORI	AL HOSPITAL Provider C		Peri od:	u of Form CMS-2 Worksheet B	2552-10
					From 07/01/2018 To 06/30/2019	Part I Date/Time Pre 11/25/2019 4:	
			CAPI TAL REI	ATED COSTS		11/23/2019 4.	
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
		0	1.00	2.00	4.00	4A	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	12, 081, 811	12, 081, 811				1.00
2.00 4.00 5.00 6.00 7.00	00200       CAP       REL       COSTS-MVBLE       EQUI P         00400       EMPLOYEE       BENEFITS       DEPARTMENT         00500       ADMI NI STRATI VE       & GENERAL         00600       MAI NTENANCE       & REPAI RS         00700       OPERATI ON       OF	8, 136, 577 23, 078, 565 66, 645, 677 3, 852, 658 9, 423, 872	878, 371	2, 468, 128 6, 41 39, 510	23, 143, 910           8         2, 859, 991           1         0           593, 544	75, 667, 257 4, 167, 622 10, 935, 297	2.00 4.00 5.00 6.00 7.00
8.00 9.00 10.00 11.00 12.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL	1, 207, 751 4, 674, 068 1, 887, 198 1, 961, 050 0	105, 102 0	24, 320 40, 969 665	6 162 9 120 5 0 0 0	1, 295, 203 4, 770, 323 2, 148, 505 2, 066, 817 0	11. 00 12. 00
13.00 14.00 15.00 16.00 17.00 19.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 01700 NONPHYSI CI AN ANESTHETI STS	3, 824, 881 362, 326 3, 564, 357 3, 231, 659 317, 489	42, 637 79, 464 114, 702 166, 276 0 0	59, 480 189, 638 3, 430	6 76, 863 8 840, 410	6, 105, 427 578, 139 4, 709, 107 3, 946, 266 389, 402 0	13.00 14.00 15.00 16.00 17.00 19.00
20. 00 21. 00 22. 00 23. 00 23. 01 23. 02	02000 NURSING SCHOOL 02100 I&R SERVICES-SALARY & FRINGES APPRV 02200 I&R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM - EMS 02302 PARAMED ED PRGM - DIETETICS	0 0 191, 703 467, 733 -454	0 0 2, 483 12, 414 38, 284	( ( 13, 21	0 0 0 0 0 33, 562 7 140, 945 0 21, 678	0 0 227, 748 634, 309 59, 508	20. 00 21. 00 22. 00 23. 00 23. 01 23. 02
30. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	19, 660, 781	2, 187, 578				
30.00 31.00 40.00 41.00 43.00	03100   NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04300 NURSERY	3, 201, 198 1, 735, 426 3, 420, 169 1, 283, 068	210, 552 66, 107 836, 430	92, 043 4, 75	3 580, 089 7 171, 182 9 723, 766	4, 083, 882 1, 977, 472 4, 987, 494 1, 655, 623	31.00 40.00
	ANCI LLARY SERVI CE COST CENTERS						1
50.00 51.00 52.00 53.00	05000 OPERATING ROOM 05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	8, 458, 612 604, 326 770, 068 190, 986	732, 404 55, 067 0 7, 134	21, 482 ( 54, 935	2 116, 629 0 137, 212 5 8, 714	10, 475, 696 797, 504 907, 280 261, 769	1
54.00 54.01 54.02 56.00 57.00	05400  RADI OLOGY-DI AGNOSTI C 03630  ULTRA SOUND 05401  SPECI AL PROCEDURES 05600  RADI OI SOTOPE 05700  CT SCAN	5, 472, 753 1, 024, 018 1, 084, 648 485, 084 965, 110	47, 221 30, 339 31, 862	48, 57 129, 03( 36, 23	7 203, 833 0 204, 556 7 103, 114	6, 901, 358 1, 323, 649 1, 448, 573 656, 297 1, 224, 500	54.01 54.02 56.00
58.00 59.00 60.00 62.30	05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06250 BLOOD CLOTTI NG FOR HEMOPH.	491, 384 945, 082 9, 628, 545 0	89, 825 60, 744 227, 931 0	17, 15: 266, 32: 153, 259	2 94, 166 3 163, 645 9 1, 239, 231 0 0	692, 527 1, 435, 794 11, 248, 966 0	58.00 59.00
63.00 65.00 65.01 66.00 67.00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY 03560 PULMONARY FUNCTION TESTING 06600 PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	1, 004, 656 1, 857, 456 30, 204 2, 416, 317 1, 359, 008		38, 02 3, 88 40, 80 942	1 315, 516 5 6, 699 4 673, 587 2 287, 996	1, 078, 316 2, 238, 286 53, 930 3, 236, 191 1, 665, 457	65.00 65.01 66.00 67.00
68. 00 69. 00 70. 00 70. 01 70. 02	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY 03280 SLEEP LAB 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	447, 370 1, 276, 450 139, 914 95, 319 1, 432, 221	33, 782 0 0	109, 254 16, 660 9, 880	4 234, 069 0 30, 961 6 21, 590 0 167, 525	566, 592 1, 681, 874 221, 317 126, 795 1, 599, 746	70.00 70.01 70.02
71.00 72.00 73.00 73.01 73.03	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS 03190 INFUSION THERAPY 07301 PHARMACY VACCINE	14, 688, 740 7, 520, 304 18, 212, 197 408, 786 25, 399	0 0 25, 721 0	( ( 1, 82!	0 0 0 0 0 0 5 76, 861 0 0	14, 688, 740 7, 520, 304 18, 212, 197 513, 193 25, 399	72.00 73.00 73.01
73. 04 74. 00 76. 97 76. 98 76. 99	03480 FCC INFUSION THERAPY 07400 RENAL DIALYSIS 07697 CARDIAC REHABILITATION 07698 HYPERBARIC OXYGEN THERAPY 07699 LITHOTRIPSY	565, 620 493, 011 399, 226 865, 720 0	10, 676 29, 809 33, 748 0 0	( 18, 028 10, 200 1, 429	0 114, 641 8 108, 699 0 66, 301	690, 937 649, 547 509, 475 1, 017, 778 0	73.04
90. 02 90. 03 91. 00	OUTPATIENT SERVICE COST CENTERS 09001 PSYCH ANCILLARY 09002 RETINAL VASCULAR 09100 EMERGENCY 09101 I FCC	1, 285, 979 254, 336 4, 190, 687 17, 896, 277	179, 484 155, 121	14, 018	4 853, 983	1, 517, 683 488, 237 5, 262, 215	90. 02 90. 03

Health Financial Systems	INGALLS MEMORI	AL_HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 07/01/2018 To 06/30/2019	Date/Time Pre	
		CAPI TAL REL	ATED COSTS		11/25/2019 4:	02 pili
			LATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	Subtotal	
	(from Wkst A					
	<u>col.7)</u>	1.00	2.00	4,00	4A	
92.00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART	0	1.00	2.00	4.00	44	92.00
OTHER REIMBURSABLE COST CENTERS			<u> </u>		0	72.00
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0	0	100.00
101.00 10100 HOME HEALTH AGENCY	8, 834, 327	102, 305		0 1, 388, 660	10, 325, 292	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	2, 437, 501			0 328, 517		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	292, 467, 204	12, 058, 903	8, 135, 01	4 23, 083, 110	292, 381, 933	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	2, 124, 386	0	1, 56	3 60, 800		
192. 01 19201 REFERENCE LAB	0	0		0 0		192.01
192. 02 19202 OP PHARMACY	0	14, 632		0 0	14, 632	
192.03 19203 RETINAL VASCULAR GRANTS	0	8, 276		0 0		192.03
192. 04 19204 AMBULANCE	2, 034, 995	0		0 0	2, 034, 995	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0		0		201.00
202.00  TOTAL (sum lines 118 through 201)	296, 626, 585	12, 081, 811	8, 136, 57	7 23, 143, 910	296, 626, 585	202.00

ST /	1 Financial Systems ALLOCATION - GENERAL SERVICE COSTS	INGALLS MEMORI	Provider C	F	eriod: rom 07/01/2018 o 06/30/2019	worksheet B Worksheet B Part I Date/Time Pre 11/25/2019 4:	pare
	Cost Center Description	ADMI NI STRATI VE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS			I	ľ	Γ	
00	00100 CAP REL COSTS-BLDG & FLXT						1.
00 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.
00	00500 ADMI NI STRATI VE & GENERAL	75, 667, 257					5.
00	00600 MAI NTENANCE & REPAI RS	1, 427, 198	5, 594, 820				6.
00	00700 OPERATION OF PLANT	3, 744, 782	613, 184				7.
00	00800 LAUNDRY & LINEN SERVICE	443, 541	42, 243				8
00	00900 HOUSEKEEPI NG	1, 633, 592	50, 100	153, 804	0	6, 607, 819	9
. 00	01000 DI ETARY	735, 753	153, 732	471, 946	0	207, 767	10
. 00	01100 CAFETERI A	707, 779	73, 371			99, 160	
. 00	01200 MAINTENANCE OF PERSONNEL	0	0	-	-	0	
. 00	01300 NURSI NG ADMI NI STRATI ON	2,090,797	29, 764			40, 226	
. 00	01400 CENTRAL SERVICES & SUPPLY	197, 983	55, 473			74, 971	
. 00 . 00	01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY	1, 612, 629	80, 072		0	108, 217	
. 00	01700 SOCIAL SERVICE	1, 351, 395 133, 350	116, 076	350, 345		156, 875 0	
00	01900 NONPHYSICIAN ANESTHETI STS	133, 330	0		0	0	
00	02000 NURSI NG SCHOOL	0	0	0	0	0	
00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	
00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	
00	02300 PARAMED ED PRGM-PHARMACY	77, 992	1, 733	5, 321	0	2, 342	
01	02301 PARAMED ED PRGM - EMS	217, 218	8, 666		0	11, 712	
02	02302 PARAMED ED PRGM - DIETETICS	20, 378	26, 725	82, 045	0	36, 119	23
	INPATIENT ROUTINE SERVICE COST CENTERS			1	T	1	
00	03000 ADULTS & PEDIATRICS	8, 776, 742	1, 527, 130				
00	03100 I NTENSI VE CARE UNI T	1, 398, 521	146, 984		106, 155	198, 647	
00	04000 SUBPROVIDER - IPF	677, 183	46, 149			62, 369	
00	04100 SUBPROVIDER - IRF	1, 707, 962	583, 905				
00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	566, 966	68, 749	211, 055	72, 230	92, 913	43
00	05000 OPERATI NG ROOM	3, 587, 392	511, 285	1, 569, 608	0	690, 995	50
00	05100 RECOVERY ROOM	273, 104	38, 442			51, 953	
00	05200 DELIVERY ROOM & LABOR ROOM	310, 697	00,112			0 0	52
00	05300 ANESTHESI OLOGY	89, 643	4, 980	15, 288	0	6, 730	53
00	05400 RADI OLOGY-DI AGNOSTI C	2, 363, 363	303, 721			410, 475	54
01	03630 ULTRA SOUND	453, 282	32, 965	101, 200	0	44, 552	54
02	05401 SPECIAL PROCEDURES	496, 062	21, 179	65, 019	0	28, 624	
00	05600 RADI OI SOTOPE	224, 748	22, 242			30, 060	
00	05700 CT SCAN	419, 329	23, 744			32, 090	
00		237, 155	62, 706			84, 746	
00	05900 CARDI AC CATHETERI ZATI ON	491,686	42, 405			57, 310	
00 30		3, 852, 197	159, 116			215, 044	
	06250 BLOOD CLOTTI NG FOR HEMOPH. 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	369, 268	6, 066	0	0		62
00 00	06500 RESPIRATORY THERAPY	766, 499	19, 053		0	8, 198 25, 750	
01	03560 PULMONARY FUNCTION TESTING	18, 468	9, 174			12, 399	
00	06600 PHYSI CAL THERAPY	1, 108, 230	73, 637			99, 519	
00	06700 OCCUPATI ONAL THERAPY	570, 334	12, 225			16, 521	
00	06800 SPEECH PATHOLOGY	194, 029	8, 365			11, 306	
00	06900 ELECTROCARDI OLOGY	575, 956	43, 352			58, 590	
00	07000 ELECTROENCEPHALOGRAPHY	75, 790	23, 583		0	31, 872	
01	03280 SLEEP LAB	43, 421	0	0	0	0	
02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	547, 831	0	0	0	0	
00		5, 030, 144	0	0	0	0	
00	07200 I MPL. DEV. CHARGED TO PATIENTS	2, 575, 321	0	0	0	0	
00	07300 DRUGS CHARGED TO PATIENTS	6, 236, 749	0	0	0	0	
01	03190 I NFUSI ON THERAPY	175, 742	17, 956	55, 122	0	24, 267	
03		8, 698	0		0	10 070	73
04		236, 611	7, 453 20, 810			10, 072 28, 124	
00	07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON	222, 437 174, 469	20, 810 23, 560			28, 124 31, 840	
97 98	07698 HYPERBARIC OXYGEN THERAPY	348, 537	23, 560	12, 320		31,840	
<sup>90</sup> 99	07699 LI THOTRI PSY	340, 537	0		-	0	
.,	OUTPATIENT SERVICE COST CENTERS	V	0	. 0	0		1 ^`
02	09001 PSYCH ANCI LLARY	519, 729	161, 751	496, 564	0	218, 604	90
	09002 RETINAL VASCULAR	167, 196	125, 297		0	169, 337	
00	09100 EMERGENCY	1, 802, 040	108, 288		0	146, 350	
01	09101   FCC	7, 642, 656	0	0	0	0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART						92
	OTHER REIMBURSABLE COST CENTERS	J					
	0 10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	0		100
	D 10100 HOME HEALTH AGENCY	3, 535, 886	71, 418	219, 248	0	96, 521	110

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period:	Worksheet B	
				From 07/01/2018 0 06/30/2019	Part I Date/Time Pre	nared
				00/00/2017	11/25/2019 4:	
Cost Center Description	ADMI NI STRATI VE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	
	& GENERAL	REPAI RS	PLANT	LINEN SERVICE		
	5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	947, 220	0	(	0 0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	74, 213, 680	5, 578, 829	15, 244, 170	1, 910, 670	6, 586, 207	118.00
NONREI MBURSABLE COST CENTERS		_	_			
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	748, 850	0	(	0 0	0	192.00
192.01 19201 REFERENCE LAB	0	0	(	0 0	0	192. 01
192. 02 19202 OP PHARMACY	5, 011	10, 214	31, 357	7 0	13, 804	192. 02
192.03 19203 RETINAL VASCULAR GRANTS	2,834	5, 777	17, 736	5 O	7, 808	192.03
192. 04 19204 AMBULANCE	696, 882	0	(	0 0	0	192.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	75, 667, 257	5, 594, 820	15, 293, 263	1, 910, 670	6, 607, 819	202.00

Health Financial Systems	INGALLS MEMORI					of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C	CN: 14-0191			Worksheet B Part I Date/Time Pre	pared:
Cost Center Description	DI ETARY	CAFETERI A	MAI NTENANCE PERSONNEL		NURSI NG DMI NI STRATI ON	11/25/2019 4: CENTRAL SERVI CES &	
	10.00	11 00				<u>SUPPLY</u> 14.00	
GENERAL SERVICE COST CENTERS	10.00	11.00	12.00		13.00	14.00	
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5. 00 00500 ADMI NI STRATI VE & GENERAL 6. 00 00600 MAI NTENANCE & REPAI RS							5.00 6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9. 00 00900 HOUSEKEEPI NG							9.00
10. 00 01000 DI ETARY	3, 717, 703	0 470 070					10.00
	0	3, 172, 370		0			11.00
12. 00 01200 MAI NTENANCE OF PERSONNEL 13. 00 01300 NURSI NG ADMI NI STRATI ON	0	0 122, 472		0 0	8, 480, 060		12.00 13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY	0	24, 799		0	0, 400, 000	1, 101, 663	14.00
15. 00 01500 PHARMACY	0	113, 522		0	0	0	15.00
16.00 01600 MEDI CAL RECORDS & LI BRARY	0	103, 721		0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	12, 133		0	0	0	17.00
19. 00 01900 NONPHYSICIAN ANESTHETISTS 20. 00 02000 NURSING SCHOOL	0	0		0	0	0	19. 00 20. 00
21. 00 02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	0	20.00
22. 00 02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PHARMACY	0	5, 885		0	0	0	23.00
23.01 02301 PARAMED ED PRGM - EMS	0	54, 373		0	150, 785	0	23. 01
23. 02 02302 PARAMED ED PRGM - DI ETETI CS	0	19, 933	i l	0	0	0	23. 02
I NPATI ENT ROUTI NE SERVI CE COST CENTERS           30. 00         03000 ADULTS & PEDI ATRI CS	2, 858, 733	622, 372	1	0	4, 366, 406	0	30. 00
31. 00 03100 I NTENSI VE CARE UNI T	109, 826	81, 023		0	568, 438	0	31.00
40. 00 04000 SUBPROVI DER - I PF	178,037	33, 272		0	233, 425	0	40.00
41. 00 04100 SUBPROVIDER - IRF	544, 988	122, 941		0	862, 521	0	41.00
43. 00 04300 NURSERY	0	36, 168		0	253, 743	0	43.00
ANCI LLARY SERVI CE COST CENTERS	0	144 200	1	0	1 012 429	0	50.00
50.00 05000 OPERATING ROOM 51.00 05100 RECOVERY ROOM	0	144, 309 13, 069		0	1, 012, 438 91, 689	0	50.00 51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	20, 131		0	0	0	52.00
53.00 05300 ANESTHESI OLOGY	0	2, 505		0	0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	76, 656		0	0	0	54.00
54. 01 03630 ULTRA SOUND	0	27,000		0	0	0	54.01
54. 02 05401 SPECI AL PROCEDURES 56. 00 05600 RADI OI SOTOPE	0	28, 330 13, 151		0 0	0	0	54.02 56.00
57. 00 05700 CT SCAN	0	24, 158		0	0	0	57.00
58. 00 05800 MRI	0	14, 837		0	0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	19, 071		0	0	37, 874	
60. 00 06000 LABORATORY	0	245, 405		0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH. 63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0 11, 657		0	0	0	62.30 63.00
65. 00 06500 RESPI RATORY THERAPY	0	55, 699		0	0	0	65.00
65. 01 03560 PULMONARY FUNCTION TESTING	0	1, 196		0	0	0	65.01
66. 00 06600 PHYSI CAL THERAPY	0	108, 783		0	0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	61, 037		0	0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0	13, 036		0	0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	0	35, 829 4, 703		0	0	0	69. 00 70. 00
70. 01 03280 SLEEP LAB	0	2, 957		0	0	0	70.00
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	9, 333		0	0	0	70. 02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0	0	728, 626	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	335, 163	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 73. 01 03190 I NFUSI ON THERAPY	0	0 11, 670		0	0	0	73. 00 73. 01
73. 03 07301 PHARMACY VACCINE	0	11, 870		0	0	0	73.01
73. 04 03480 FCC I NFUSI ON THERAPY	0	14, 365		0	0	0	73.04
74.00 07400 RENAL DIALYSIS	0	13, 327		0	0	0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	11, 073		0	0	0	76. 97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	23, 620		0	0	0	76.98
76. 99 07699 LI THOTRI PSY OUTPATI ENT SERVI CE COST CENTERS	0	0	1	0	0	0	76.99
90. 02 09001 PSYCH ANCI LLARY	0	0		0	0	0	90. 02
90. 03 09002 RETINAL VASCULAR	0	8, 613	1	0	o	0	90.03
91. 00 09100 EMERGENCY	26, 119	134, 072		0	940, 615	0	91.00
91.01 09101 I FCC	0	575, 621		0	0	0	91.01
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS 100. 00 10000 I & SERVI CES-NOT APPRVD PRGM	0	0		0	0	0	100. 00
101. 00 10100 HOME HEALTH AGENCY	0	39, 571		0	Ő		101.00

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Peri od:	Worksheet B	
				From 07/01/2018	Part I	
				To 06/30/2019	Date/Time Pre 11/25/2019 4:	pared: D2 nm
Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE O	F NURSI NG	CENTRAL	<u> </u>
			PERSONNEL	ADMI NI STRATI ON	SERVICES &	
					SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	41, 551		0 0	0	116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	3, 717, 703	3, 158, 949		0 8, 480, 060	1, 101, 663	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	13, 421		0 0	0	192.00
192.01 19201 REFERENCE LAB	0	0		0 0	0	192. 01
192.02 19202 OP PHARMACY	0	0		0 0	0	192. 02
192.03 19203 RETINAL VASCULAR GRANTS	0	0		0 0	0	192.03
192. 04 19204 AMBULANCE	0	0		0 0	0	192.04
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3, 717, 703	3, 172, 370		0 8, 480, 060	1, 101, 663	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS		Provider CCN	Fr	om 07/01/2018	Norksheet B Part I
				То		Date/Time Prep 11/25/2019 4:C
	Cost Center Description	PHARMACY	MEDI CAL S RECORDS & LI BRARY	OCIAL SERVICE	ANESTHETI STS	JRSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT					
00	00200 CAP REL COSTS-BEDG & TTXT					
00	00400 EMPLOYEE BENEFITS DEPARTMENT					
00	00500 ADMINI STRATI VE & GENERAL					
00	00600 MAI NTENANCE & REPAI RS					
00	00700 OPERATION OF PLANT					
00 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING					
. 00	01000 DI ETARY					
	01100 CAFETERI A					
	01200 MAINTENANCE OF PERSONNEL					
	01300 NURSI NG ADMI NI STRATI ON					
	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	6, 869, 364				
	01600 MEDICAL RECORDS & LIBRARY	0, 809, 304	6, 030, 678			
	01700 SOCIAL SERVICE	0	0	534, 885		
	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	
	02000 NURSI NG SCHOOL	0	0	0		0
	02100 I & R SERVI CES-SALARY & FRI NGES APPRV 02200 I & R SERVI CES-OTHER PRGM COSTS APPRV	0	0	0		
	02300 PARAMED ED PRGM-PHARMACY	0	0	0		
	02301 PARAMED ED PRGM - EMS	0	0	0		
8. 02	02302 PARAMED ED PRGM - DIETETICS	0	0	0		
	INPATIENT ROUTINE SERVICE COST CENTERS	0	407 504	207 121	0	0
	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	0	487, 524 56, 370	387, 121 29, 718	o	0
	04000 SUBPROVI DER – I PF	0	25, 229	24, 089	0	0
	04100 SUBPROVI DER – I RF	0	60, 173	73, 736	0	0
. 00	04300 NURSERY	0	27, 631	20, 221	0	0
00			441 544	0	0	0
	05000 OPERATING ROOM 05100 RECOVERY ROOM	0	441, 564 63, 361	0	0	0
	05200 DELIVERY ROOM & LABOR ROOM	0	12, 180	0	0	0
	05300 ANESTHESI OLOGY	0	70, 990	0	0	0
	05400 RADI OLOGY-DI AGNOSTI C	0	138, 262	0	0	0
	03630 ULTRA SOUND	0	65, 401	0	0	0
	05401 SPECI AL PROCEDURES 05600 RADI OI SOTOPE	0	88, 293 37, 430	0	0	0
	05700 CT SCAN	0	387, 029	0	0	0
	05800 MRI	0	77, 886	0	0	0
	05900 CARDI AC CATHETERI ZATI ON	0	82, 678	0	0	0
	06000 LABORATORY	0	742, 602	0	0	0
	06250 BLOOD CLOTTING FOR HEMOPH. 06300 BLOOD STORING, PROCESSING & TRANS.	0	33, 981	0	0	0
	06500 RESPI RATORY THERAPY	0	107, 381	0	0	0
	03560 PULMONARY FUNCTION TESTING	0	3, 500	0	0	0
	06600 PHYSI CAL THERAPY	0	98, 232	0	0	0
	06700 OCCUPATIONAL THERAPY	0	35, 958	0	0	0
	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	0	15, 567 101, 852	0	0	0
	07000 ELECTROENCEPHALOGRAPHY	0	5, 114	0	0	0
	03280 SLEEP LAB	0	7,007	0	0	0
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	27, 169	0	0	0
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	51, 965	0	0	0
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	85, 923	0	0	0
	07300 DRUGS CHARGED TO PATIENTS 03190 INFUSION THERAPY	6, 869, 364	689, 967 20, 286	0		0
	07301 PHARMACY VACCINE	0,007,004	20, 280 985	0	o	0
	03480 FCC INFUSION THERAPY	0	42, 049	Ő	Ō	Ő
	07400 RENAL DI ALYSI S	0	20, 528	0	0	0
	07697 CARDI AC REHABI LI TATI ON	0	4,008	0	0	0
	07698 HYPERBARI C OXYGEN THERAPY 07699 LI THOTRI PSY	0	34, 028 0	0	o	0
	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0	0		0
	09001 PSYCH ANCI LLARY	0	31, 158	0	0	0
	09002 RETINAL VASCULAR	0	4, 360	0	0	0
	09100 EMERGENCY	0	503, 885	0	0	0
	09101   FCC 09200   OBSERVATI ON BEDS (NON-DI STINCT PART	0	1, 241, 172	0	0	0
	OTHER REIMBURSABLE COST CENTERS	<u> </u>				
	10000 I &R SERVICES-NOT APPRVD PRGM					0

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider C		Period: From 07/01/2018	Worksheet B Part I	
				To 06/30/2019		pared:
				_	11/25/2019 4:	
Cost Center Description	PHARMACY		SOCIAL SERVIC		NURSING SCHOOL	
		RECORDS &		ANESTHET I STS		
		LIBRARY				
	15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS			1			
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	0		0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6, 869, 364	6, 030, 678	534, 88	5 0	0	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	)	0 0	0	192.00
192.01 19201 REFERENCE LAB	0	0	)	0 0	0	192.01
192.02 19202 OP PHARMACY	0	0	)	0 0	0	192.02
192.03 19203 RETINAL VASCULAR GRANTS	0	0	)	0 0	0	192.03
192. 04 19204 AMBULANCE	0	0		0 0	0	192.04
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	)	0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6, 869, 364	6, 030, 678	534, 88	5 0	0	202.00

	Financial Systems ALLOCATION - GENERAL SERVICE COSTS	INGALLS MEMORI	Provi der CO	F	Period: From 07/01/2018 To 06/30/2019	u of Form CMS-2 Worksheet B Part I Date/Time Pre	pared:
		INTERNS &	RESI DENTS			11/25/2019 4:0	02 pm
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES APPRV	SERVI CES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DI ETETI CS	
		21.00	22.00	23.00	23.01	23.02	
1 00	GENERAL SERVICE COST CENTERS						1 1 00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 19.\ 00\\ 20.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVICE 01900 NONPHYSICI AN ANESTHETI STS 02000 NURSI NG SCHOOL						1.00 2.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 20.00
21.00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0					21.00
22. 00 23. 00 23. 01 23. 02	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM - EMS 02302 PARAMED ED PRGM - DI ETETICS		0	321, 021	1 1, 103, 667	244, 708	22.00 23.00 23.01 23.02
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	0	0	(	337, 857	130, 164	30.00
31.00	03100 I NTENSI VE CARE UNI T	0	0		90, 095	32, 541	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	(	o c	19, 525	40.00
41.00	04100 SUBPROVIDER - IRF	0	0		0 0	57, 272	
43.00	04300 NURSERY	0	0	(	0 0	0	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	0	0	(	0 0	0	50.00
51.00	05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	(		0	52.00
53.00	05300 ANESTHESI OLOGY	0	0	(	o c	0	53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	(	-	0	54.00
54.01	03630 ULTRA SOUND	0	0	(	-	0	54.01
54.02	05401 SPECIAL PROCEDURES 05600 RADI OI SOTOPE	0	0	(	0 0	0	54.02
56.00 57.00	05700 CT SCAN	0	0		0	0	56.00 57.00
	05800 MRI	0	0		0 0	0	
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	(	-	0	59.00
60.00	06000 LABORATORY	0	0	(	o o	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	(	0 C	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	(	0 0	0	63.00
65.00 65.01	06500 RESPI RATORY THERAPY 03560 PULMONARY FUNCTI ON TESTI NG	0	0		22, 524	0	65.00 65.01
66.00	06600 PHYSI CAL THERAPY	0	0			0	66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	(	0 0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	(	o c	0	68.00
69.00	06900 ELECTROCARDI OLOGY	0	0	(	0 0	0	69.00
70.00		0	0		0	0	70.00
70. 01 70. 02	03280 SLEEP LAB 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0			0 2, 603	70.01
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0	(		2,003	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	(	0 0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	321, 02 <sup>-</sup>	1 0	0	73.00
73.01	03190 I NFUSI ON THERAPY	0	0	(	0 0	0	73.01
73.03	07301 PHARMACY VACCINE	0	0		0	0	73.03
73.04 74.00	03480 FCC INFUSION THERAPY 07400 RENAL DIALYSIS	0	0			0	73.04
76.97		0	0	(		0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	(	0 0	0	76.98
10.90	07699 LI THOTRI PSY	0	0	(	0 0	0	76.99
76.99							
76. 99	OUTPATIENT SERVICE COST CENTERS				1		1 .
76. 99 90. 02	09001 PSYCH ANCI LLARY	0	0	(	0 0	0	90.02
76. 99 90. 02 90. 03	09001 PSYCH ANCI LLARY 09002 RETI NAL VASCULAR	000	0	(	o o	0	90.03
76. 99 90. 02 90. 03	09001 PSYCH ANCI LLARY 09002 RETI NAL VASCULAR 09100 EMERGENCY		0 0 0	(	0 0 0 0 630, 667 0 0	-	

Health Financial Systems	INGALLS MEMORI	AL_HOSPITAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 07/01/2018 Fo 06/30/2019		
	INTERNS &					
Cost Center Description	SERVI CES-SALAR	SERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	
	Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	PRGM - EMS	PRGM -	
	APPRV	APPRV			DI ETETI CS	
	21.00	22.00	23.00	23.01	23.02	
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0	(	0 0		100.00
101.0010100HOME HEALTH AGENCY	0	0	(	0 0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE			(	0 0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	321, 02	1, 103, 667	244, 708	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	(	0 0		192.00
192.01 19201 REFERENCE LAB	0	0	(	0 0		192.01
192.02 19202 OP PHARMACY	0	0	(	0 0		192.02
192.03 19203 RETINAL VASCULAR GRANTS	0	0	(	0 0		192.03
192. 04 19204 AMBULANCE	0	0	(	0 0		192.04
200.00 Cross Foot Adjustments	0	0	(	0 0		200.00
201.00 Negative Cost Centers	0	0	(	0 0		201.00
202.00   TOTAL (sum lines 118 through 201)	0	0	321, 02	1, 103, 667	244, 708	202.00

	nancial Systems OCATION - GENERAL SERVICE COSTS	INGALLS MEMOR	Provi der CCN	V: 14-0191	Peri od:	u of Form CMS-255 Worksheet B
					From 07/01/2018 To 06/30/2019	Part I Date/Time Prepar
	Cost Center Description	Subtotal	Intern &	Total		11/25/2019 4:02
	cost center bescription		Residents Cost	Total		
			& Post			
			Stepdown Adjustments			
		24.00	25.00	26.00		
	NERAL SERVICE COST CENTERS	1	1			
	100 CAP REL COSTS-BLDG & FIXT					1
	0200 CAP REL COSTS-MVBLE EQUIP 0400 EMPLOYEE BENEFITS DEPARTMENT					2
	0500 ADMINISTRATIVE & GENERAL					5
	0600 MAI NTENANCE & REPAI RS					6
00 00	0700 OPERATION OF PLANT					7
	0800 LAUNDRY & LINEN SERVICE					8
	0900 HOUSEKEEPING					10
	000 DI ETARY 100 CAFETERI A					10
	200 MAINTENANCE OF PERSONNEL					12
	300 NURSI NG ADMI NI STRATI ON					13
	400 CENTRAL SERVICES & SUPPLY					14
	500 PHARMACY					15
	600 MEDICAL RECORDS & LIBRARY					16
	700 SOCIAL SERVICE 900 NONPHYSICIAN ANESTHETISTS					17
	2000 NURSI NG SCHOOL					20
	100 I&R SERVICES-SALARY & FRINGES APPRV					21
	200 I &R SERVICES-OTHER PRGM COSTS APPRV					22
	2300 PARAMED ED PRGM-PHARMACY					23
	2301 PARAMED ED PRGM - EMS 2302 PARAMED ED PRGM - DIETETICS					23
	PATIENT ROUTINE SERVICE COST CENTERS					2.
	BOOO ADULTS & PEDIATRICS	53, 258, 425	0	53, 258, 42	25	30
. 00 03	100 INTENSIVE CARE UNIT	7, 353, 431	0	7, 353, 43	31	31
	1000 SUBPROVIDER - IPF	3, 504, 470		3, 504, 47		40
	100 SUBPROVIDER - IRF	11, 846, 070 3, 005, 299		11, 846, 07 3, 005, 29		41
	I 300 NURSERY ICI LLARY SERVI CE COST CENTERS	3,003,299	0	3,005,25	79	43
	5000 OPERATING ROOM	18, 433, 287	0	18, 433, 28	37	50
. 00  05	100 RECOVERY ROOM	1, 447, 135	0	1, 447, 13	35	51
	200 DELIVERY ROOM & LABOR ROOM	1, 250, 288		1, 250, 28		52
	300 ANESTHESI OLOGY 5400 RADI OLOGY-DI AGNOSTI C	451, 905	1	451, 90		53
	3630 ULTRA SOUND	11, 126, 235 2, 048, 049		11, 126, 23 2, 048, 04		54
	5401 SPECIAL PROCEDURES	2, 176, 080		2, 176, 08		54
	600 RADI OI SOTOPE	1, 052, 210		1, 052, 21		56
	700 CT SCAN	2, 183, 744		2, 183, 74		57
		1, 362, 360		1, 362, 36		58
	900 CARDI AC CATHETERI ZATI ON 9000 LABORATORY	2, 319, 522 16, 951, 806		2, 319, 52 16, 951, 80		59
	250 BLOOD CLOTTING FOR HEMOPH.	0		10, 751, 00	0	62
	300 BLOOD STORING, PROCESSING & TRANS.	1, 526, 108	0	1, 526, 10	08	63
1	500 RESPI RATORY THERAPY	3, 293, 684		3, 293, 68		65
	3560 PULMONARY FUNCTION TESTING	126, 831		126, 83		65
	600 PHYSI CAL THERAPY 700 OCCUPATI ONAL THERAPY	4, 950, 651 2, 399, 061	1	4, 950, 65 2, 399, 06		66
	800 SPEECH PATHOLOGY	834, 576		834, 57		68
	900 ELECTROCARDI OLOGY	2, 630, 542		2, 630, 54		69
	000 ELECTROENCEPHALOGRAPHY	434, 776	0	434, 77	76	70
	280 SLEEP LAB	180, 180		180, 18		70
	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2, 186, 682		2, 186, 68		70
	2100 MEDICAL SUPPLIES CHARGED TO PATIENT 2000 IMPL. DEV. CHARGED TO PATIENTS	20, 499, 475 10, 516, 711		20, 499, 47 10, 516, 71		71
	300 DRUGS CHARGED TO PATIENTS	25, 459, 934		25, 459, 93		73
	190 I NFUSI ON THERAPY	7, 687, 600		7, 687, 60		73
	301 PHARMACY VACCI NE	35, 082		35, 08		73
	3480 FCC INFUSION THERAPY	1,024,366		1,024,36		73
	7400 RENAL DIALYSIS	1, 018, 657		1, 018, 65		74
	7697 CARDI AC REHABI LI TATI ON 7698 HYPERBARI C OXYGEN THERAPY	826, 751 1, 423, 963		826, 75 1, 423, 96		76
	7699 LI THOTRI PSY	1, 423, 903	1	1, 423, 90	0	76
	ITPATIENT SERVICE COST CENTERS				- 1	
0. 02 09	2001 PSYCH ANCI LLARY	2, 945, 489	0	2, 945, 48	39	90
. 03 09	2002 RETINAL VASCULAR	1, 347, 691	0	1, 347, 69		90
		0 000 000		0 000 00	171	
. 00 09	2100 EMERGENCY 2101 I FCC	9, 889, 292 31, 777, 096		9, 889, 29 31, 777, 09		91

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	N: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part I Date/Time Prepared: 11/25/2019 4:02 pm
Cost Center Description	Subtotal	Intern & Residents Cost	Total		
		& Post			
		Stepdown Adjustments			
	24.00	25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0		0	100.00
101.00 10100 HOME HEALTH AGENCY	14, 287, 936	0	14, 287, 93	36	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
116. 00 11600 H0SPI CE	3, 754, 789	0	3, 754, 78	39	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	290, 828, 239	0	290, 828, 23	39	118. 00
NONREI MBURSABLE COST CENTERS					
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	2, 949, 020	0	2, 949, 02	20	192.00
192.01 19201 REFERENCE LAB	0	0		0	192. 01
192.02 19202 OP PHARMACY	75, 018	0	75, 01	18	192.02
192.03 19203 RETINAL VASCULAR GRANTS	42, 431		42, 43		192.03
192. 04 19204 AMBULANCE	2, 731, 877	0	2, 731, 8	77	192.04
200.00 Cross Foot Adjustments	0	0		0	200.00
201.00 Negative Cost Centers	0	0		0	201.00
202.00 TOTAL (sum lines 118 through 201)	296, 626, 585	0	296, 626, 58	35	202.00

	Financial Systems TION OF CAPITAL RELATED COSTS	INGALLS MEMORI	Provi der CC	F	Period: From 07/01/2018 Fo 06/30/2019	u of Form CMS-2 Worksheet B Part II Date/Time Pre	pared:
			CAPI TAL REL	ATED COSTS		11/25/2019 4:	
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00 2.00 4.00 5.00 6.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS	21, 770 114, 583 0	65, 345 3, 693, 461 308, 553	( 2, 468, 128	6, 276, 172	87, 115 10, 767 0	5.00
7.00 8.00 9.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	528 0 620	878, 371 60, 512 71, 767	6, 41 <sup>-</sup> 39, 51( 889 24, 326	918, 409 61, 401	2, 235 98 1	7.00
10. 00 11. 00 12. 00	01000 DI ETARY 01100 CAFETERIA 01200 MAI NTENANCE OF PERSONNEL	160 0 0	220, 218 105, 102 0	40, 969 665	261, 347 5 105, 767	0 0 0	10.00
13.00 14.00 15.00 16.00 17.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	0 12, 370 20 5, 700 0	42, 637 79, 464 114, 702 166, 276 0	1, 511, 820 59, 480 189, 638 3, 430	5 151, 320 3 304, 360 5 175, 412	2, 734 289 3, 164 2, 051 271	14.00 15.00 16.00 17.00
19.00 20.00 21.00 22.00 23.00	01900 NONPHYSI CI AN ANESTHETI STS 02000 NURSI NG SCHOOL 02100 I &R SERVI CES-SALARY & FRI NGES APPRV 02200 I &R SERVI CES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-PHARMACY	000000000000000000000000000000000000000	0 0 0 2, 483	(	2, 483	0 0 0 126	20.00 21.00 22.00 23.00
23. 01 23. 02	02301 PARAMED ED PRGM - EMS 02302 PARAMED ED PRGM - DIETETICS	0	12, 414 38, 284	13, 217		531 82	
20.02	INPATIENT ROUTINE SERVICE COST CENTERS		00,201		00,201	02	20.02
30.00	03000 ADULTS & PEDIATRICS	3, 184	2, 187, 578	290, 365		13, 125	
31.00 40.00	03100 I NTENSI VE CARE UNI T 04000 SUBPROVI DER – I PF	20	210, 552 66, 107	92, 043 4, 757		2, 184 644	1
41.00	04100 SUBPROVI DER – I RF	0	836, 430	7, 129		2, 725	
43.00	04300 NURSERY	0	98, 481	5, 353	3 103, 834	1, 012	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	1, 055, 816	732, 404	380, 619	2, 168, 839	3, 404	50.00
51.00	05100 RECOVERY ROOM	1,055,810	55, 067	21, 482		439	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	. (		517	52.00
53.00	05300 ANESTHESI OLOGY	0	7, 134	54, 935		33	
54.00 54.01	05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND	20, 919	435, 073 47, 221	480, 231 48, 571		1, 932 767	1
54.01	05401 SPECIAL PROCEDURES	20	30, 339	129, 030		770	
56.00	05600 RADI OI SOTOPE	0	31, 862	36, 23	68, 099	388	56.00
	05700 CT SCAN	0	34, 013				57.00
58.00 59.00		0 40	89, 825 60, 744	17, 152 266, 323			58.00 59.00
60.00	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	20	227, 931	153, 259		616 4, 665	
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	. (	0 0	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8, 690	1, 635		238	•
65.00 65.01	06500 RESPI RATORY THERAPY 03560 PULMONARY FUNCTION TESTING	22, 815	27, 293 13, 142	38, 02 <sup>-</sup> 3, 885		1, 188 25	1
66.00	06600 PHYSI CAL THERAPY	240	105, 483	40, 804		2, 536	
67.00	06700 OCCUPATIONAL THERAPY	0	17, 511	942		1, 084	
68.00	06800 SPEECH PATHOLOGY	0	11, 983	7, 262		376	
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	62, 101 33, 782	109, 254 16, 660		881 117	
70.00	03280 SLEEP LAB	0	0	9, 886		81	
70. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	(	0 0	631	70. 02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	(		0	
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	0			0	
73.00	03190 I NFUSI ON THERAPY	24, 633	25, 721	1, 825	5 52, 179	289	
73.03	07301 PHARMACY VACCINE	0	0	(	0	0	1
73.04	03480 FCC I NFUSI ON THERAPY	0	10, 676	(	10, 676	432	
74.00 76.97	07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON		29, 809 33, 748	18, 028		409 250	74.00
76.97	07698 HYPERBARIC OXYGEN THERAPY	37, 019	33, 748 0	10, 200 1, 429			76.97
76.99	07699 LI THOTRI PSY	0	0	(		0	1
	OUTPATIENT SERVICE COST CENTERS						
90. 02 90. 03	09001 PSYCH ANCI LLARY 09002 RETI NAL VASCULAR	0 50, 000	231, 704 179, 484	( 14, 018		0	
	09002 RETINAL VASCULAR 09100 EMERGENCY	50,000	179, 484 155, 121	62, 424		152 3, 215	
91.01	09101   FCC 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART	544, 237	0	1, 388, 658	3 1, 932, 895	11, 418	91.01 92.00

Health Financial Systems	INGALLS MEMORI	AL_HOSPI TAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C	1	Period: From 07/01/2018 Fo 06/30/2019		
		CAPI TAL REI	LATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0 0		100. 00
101.0010100HOME HEALTH AGENCY	0	102, 305	(	102, 305	5, 228	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	0		0 0		116. 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 914, 734	12, 058, 903	8, 135, 014	1 22, 108, 651	86, 886	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	1, 563	3 1, 563		192.00
192. 01 19201 REFERENCE LAB	0	0		0 0		192.01
192.02 19202 OP PHARMACY	0	14, 632		14, 632		192. 02
192.03 19203 RETINAL VASCULAR GRANTS	0	8, 276	(	8, 276		192. 03
192. 04 19204 AMBULANCE	0	0	(	0 0	0	192.04
200.00 Cross Foot Adjustments				0		200. 00
201.00 Negative Cost Centers		0	(	0 0		201.00
202.00  TOTAL (sum lines 118 through 201)	1, 914, 734	12, 081, 811	8, 136, 57	7 22, 133, 122	87, 115	202.00

LOCA	ATION OF CAPITAL RELATED COSTS		Provider C	Fi To	eriod: com 07/01/2018 p 06/30/2019	Worksheet B Part II Date/Time Pre 11/25/2019 4:	parec 02 pm
	Cost Center Description	ADMI NI STRATI VE & GENERAL	REPAI RS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
	GENERAL SERVICE COST CENTERS	5.00	6.00	7.00	8.00	9.00	
00	00100 CAP REL COSTS-BLDG & FIXT						1.0
00	00200 CAP REL COSTS-MVBLE EQUIP						2.
00	00400 EMPLOYEE BENEFITS DEPARTMENT	( 20( 020					4.
00 00	00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS	6, 286, 939 118, 581	433, 545				5.
00	00700 OPERATION OF PLANT	311, 142	47, 516				7.0
00	00800 LAUNDRY & LINEN SERVICE	36, 852	3, 273		112, 472		8.
00	00900 HOUSEKEEPI NG	135, 730	3, 882	12, 866	0	249, 192	9.1
. 00	01000 DI ETARY	61, 131	11, 913		0	7, 835	
. 00	01100 CAFETERIA	58, 807	5, 686	18, 842	0	3, 739	
. 00	01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION	0 173, 718	0 2, 306	0 7, 644	0	0 1, 517	
. 00	01400 CENTRAL SERVICES & SUPPLY	16, 450	4, 299		0	2, 827	
. 00	01500 PHARMACY	133, 988	6, 205		0	4, 081	
. 00	01600 MEDICAL RECORDS & LIBRARY	112, 283	8, 995	29, 809	0	5, 916	16.
. 00	01700 SOCIAL SERVICE	11, 080	0	0	0	0	
0.00	01900 NONPHYSI CLAN ANESTHETI STS 02000 NURSI NG SCHOOL	0	0	0	0	0	
. 00	02000 NURSING SCHOOL 02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	
. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	
. 00	02300 PARAMED ED PRGM-PHARMACY	6, 480	134	-	0	88	
. 01	02301 PARAMED ED PRGM - EMS	18, 048	672	2, 225	0	442	23.
. 02	02302 PARAMED ED PRGM - DI ETETI CS	1, 693	2, 071	6, 863	0	1, 362	23.
	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	720.010	118, 340	202 171	01 401	77 022	30.
. 00	03100 I NTENSI VE CARE UNI T	729, 218 116, 199	11, 390	392, 171 37, 746	81, 401 6, 249	77, 833 7, 491	
. 00	04000 SUBPROVI DER – I PF	56, 265	3, 576		5, 065	2, 352	
. 00	04100 SUBPROVIDER - IRF	141, 909	45, 247		15, 505	29, 760	
. 00	04300 NURSERY	47, 107	5, 327	17, 655	4, 252	3, 504	43.
	ANCI LLARY SERVICE COST CENTERS	000.0/5	00 (00	404 000		04.050	1 50
. 00	05000 OPERATING ROOM 05100 RECOVERY ROOM	298, 065 22, 691	39, 620 2, 979	131, 300 9, 872	0	26, 059 1, 959	
. 00	05200 DELIVERY ROOM & LABOR ROOM	25, 815	2, 9/9	9,072	0	1, 333	
. 00	05300 ANESTHESI OLOGY	7,448	386	-	0	254	
. 00	05400 RADI OLOGY-DI AGNOSTI C	196, 364	23, 535		0	15, 480	54.
. 01	03630 ULTRA SOUND	37, 662	2, 554		0	1, 680	
. 02	05401 SPECIAL PROCEDURES	41, 216	1, 641	5, 439	0	1,079	
00 . 00	05600 RADI OI SOTOPE 05700 CT SCAN	18, 674 34, 841	1, 724 1, 840		0	1, 134 1, 210	
. 00	05800 MRI	19, 704	4, 859		0	3, 196	
. 00	05900 CARDI AC CATHETERI ZATI ON	40, 853	3, 286		0	2, 161	
. 00	06000 LABORATORY	320, 067	12, 330		0	8, 110	
. 30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	
. 00	06300 BLOOD STORING, PROCESSING & TRANS.	30, 681	470		0	309	
. 00	06500 RESPI RATORY THERAPY 03560 PULMONARY FUNCTI ON TESTI NG	63, 686 1, 534	1, 476 711		0	971 468	65. 65.
. 00	06600 PHYSI CAL THERAPY	92,079	5, 706		0	3, 753	
. 00	06700 OCCUPATI ONAL THERAPY	47, 387	947		0	623	
. 00	06800 SPEECH PATHOLOGY	16, 121	648	2, 148	0	426	
. 00	06900 ELECTROCARDI OLOGY	47, 854	3, 359		0	2, 210	
. 00	07000 ELECTROENCEPHALOGRAPHY	6, 297	1, 827	6, 056	0	1, 202	
. 01 . 02	03280 SLEEP LAB 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	3, 608 45, 518	0	0	0	0	
	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	417, 939	0	0	0	0	
. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	213, 975	0	0	0	0	
. 00	07300 DRUGS CHARGED TO PATIENTS	518, 192	0	0	0	0	73.
. 01	03190 I NFUSI ON THERAPY	14, 602	1, 391	4, 611	0	915	
. 03	07301 PHARMACY VACCINE	723	0	0	0	0	
04	03480 FCC INFUSION THERAPY 07400 RENAL DIALYSIS	19, 659 18, 482	578 1, 613		0	380 1, 061	
	07400 RENAL DIALYSIS 07697 CARDIAC REHABILITATION	18, 482	1, 826		0	1, 081	
. 98	07698 HYPERBARI C OXYGEN THERAPY	28, 959	1, 820	0,050	0	1, 201	
. 99	07699 LI THOTRI PSY	0	0	0	0	0	
	OUTPATIENT SERVICE COST CENTERS						
	09001 PSYCH ANCI LLARY	43, 183	12, 534		0	8, 244	
. 03	09002 RETINAL VASCULAR	13, 892	9, 709		0	6, 386 5 510	
. 00	09100 EMERGENCY 09101 I FCC	149, 726 635, 004	8, 391	27, 809	0	5, 519 0	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	635, 004	0	0	0	0	91.
	OTHER REIMBURSABLE COST CENTERS						1 '2.
). 00	10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.
	10100 HOME HEALTH AGENCY	293, 786	5, 534	18, 340	0	3, 640	1101

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period:	Worksheet B	
				From 07/01/2018 To 06/30/2019	Part II Date/Time Pre	pared <sup>.</sup>
					11/25/2019 4:	
Cost Center Description	ADMI NI STRATI VE				HOUSEKEEPI NG	
	& GENERAL	REPAI RS	PLANT	LINEN SERVICE		
	5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	78, 702	0	(	0 0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6, 166, 166	432, 306	1, 275, 195	5 112, 472	248, 377	118.00
NONREI MBURSABLE COST CENTERS						
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	62, 220	0	(	0 0	0	192.00
192.01 19201 REFERENCE LAB	0	0	(	0 0	0	192.01
192.02 19202 OP PHARMACY	416	791	2, 623	3 0	521	192.02
192.03 19203 RETINAL VASCULAR GRANTS	235	448	1, 484	4 0	294	192.03
192. 04 19204 AMBULANCE	57, 902	0	(	0 0	0	192.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	(	0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6, 286, 939	433, 545	1, 279, 302	2 112, 472	249, 192	202.00

ALLOCALION OF CAPITAL RELATED COSTS	Health Financ	cial Systems	INGALLS MEMORI	AL_HOSPITAL			In Lieu	ı of Form CMS-2	2552-10
Cost Center Description         DICTOR         CATLETER A         MUNTENANCE OF MURCINE COST CENTER         CONTINUE COST CENTER           1.00         DICTOR         10.00         11.00         12.00         13.00         14.00           0.00         DICTOR         MUNTENANCE OF CENTER         12.00         13.00         14.00           0.00         DICTOR         MUNTENANCE OF CENTER         12.00         13.00         14.00           0.00         DICTOR         MUNTENANCE OF CENTER         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00	ALLOCATION OF	F CAPITAL RELATED COSTS		Provider C	CN: 14-0191				
Cost Center Description         DI FTARY         CATTERA A         VAI STEMIC OF STATES A         CATTERA A           1:00         COTOOL CP (CF) THITES         10.00         12.00         13.00         14.00         14.00           1:00         COTOOL CP (CF) THITES         10.00         12.00         13.00         14.00         10.00           1:00         COTOOL CP (CF) THITES         10.00         12.00         14.00         4.00           0:00         COTOOL CP (CF) THITES COTO         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00								Date/Time Pre	
Image: constraint of constraints and co		Cost Center Description	DI ETARY	CAFETERI A				CENTRAL	
Improve Stream C cont Chitres         1.00           0.0000 Dec DOT: DOT: CONT CHITES         1.00           2.0000 Dec DOT: DOT: DOT: DOT: CHITES         2.00           2.0000 Dec DOT: DOT: DOT: DOT: DOT: DOT: DOT: DOT:					PERSUNNEL	, P	DMINISTRATION		
1.00         DUTOD GAP HEL DOSTS-BUE & FINI         1.00           2.00         DUTOD GAP HEL DOSTS-BUE E COULP         2.00           4.00         DUTOD GAP HEL DOSTS-BUE E COULP         2.00           4.00         DUTOD GAP HEL DOSTS-BUE E COULP         2.00           4.00         DUTOD GAP HEL DOSTS-BUE E COULP         2.00           6.00         DUTOD GAP HEL DOSTS-BUE E COULP         0.00           6.00         DUTOD GAP HEL DOSTS-BUE E COULP         0.00         0.00           1.00         DUTOD GAP HEL DOSTS-BUE E COULP         0.00         0.00         0.00           1.00         DUTOD GAP HEL DOSTS-BUE E COULD STATUDO         0.00         0.00         0.00         10.00           1.00         DUTOD GAP HEL DOSTS ALL SENTICO         0.728         0.00         0.00         10.00           1.00         DUTOD GAP HEL DOSTS ALL SENTICO         0.00         0.00         0.00         10.00         10.00           1.00         DUTOD GAP HEL DOSTS ALL	CENEDA		10.00	11.00	12.00		13.00	14.00	
4.00         DOUDONE DUCKE ENERTIES DEPARTMENT         4.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00									1.00
5.00         DOUDD (JARINI STATINI VE & CALEMAL         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00         5.00									
6.00         000000         LAMOY & LINEX SERVICE         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.00         6.									
8.00         00000         LAURONY AL LINEN SERVICE         8.00         9.00         10.00         11.00         11.00         11.00         10.00         11.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00<									1
9.00 0000 HOUSELEEPING 9.0000 HOUSELEEPING 9.00000 HOUSELEEPING 9.00000 HOUSELEEPING 9.0000 HOUSELEEPING 9.0000 HOUSELEEPING 9.00000 HOUSELEEPING 9.00000 HOUSELEEPING 9.00000 HOUSELEPING 9.000000 HOUSELEPING 9.00000 HOUSELEPING 9.00000 HOUSELEPING 9.00000 HOUSELEPING 9.00000 HOUSELEPIN									
10.00         00000         DETRAY         381.705         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00									
12 00 01200 MM INTENANCE OF PERSONNEL       0       0       0       12.00 01200 MM INTENANCE OF PERSONNEL       0       12.00 01200 MM INTENANCE OF PERSONNEL       0       13.00 01200 MM INTENANCE OF PERSONNEL       0       13.00 01200 MM INTENANCE OF PERSONNEL       0       13.00 01200 MM INTENANCE OF PERSONNEL       0       0       13.00 01200 MM INTENANCE OF PERSONNEL       0       0       15.00 000 MM INTENANCE OF PERSONNEL       0       0       0       0       15.00 000 MM INTENANCE OF PERSONNEL       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			381, 705						
13.00       01300       MRESING ADMINISTRATION       0       7,245       0       1,749,821       13.00         14.00       01400       FURAL SERVICES SUPPLY       0       1,507       0       0       0       0       16.00         15.00       FURAL SERVICES SUPPLY       0       1,507       0       0       0       0       16.00         17.00       SORIAL SERVICES SUPPLY       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			0	192, 841		~			
14.00       CHURAL SERVICES & SUPPLY       0       1.507       0       0       0       150.0         15.00       01500 MEDICAL RECORDS & LIBRAYY       0       6.305       0       0       0       15.00         10.00       01060 MEDICAL RECORDS & LIBRAYY       0       6.305       0       0       0       10.00         10.00       010705 CAL SERVICES       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <t< td=""><td></td><td></td><td>0</td><td>7, 445</td><td></td><td></td><td>1, 749, 821</td><td></td><td></td></t<>			0	7, 445			1, 749, 821		
16.00         01600         01600         01600         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700         01700 <th< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td>0</td><td>190, 938</td><td></td></th<>			0				0	190, 938	
17.00       01700       SOCIALS SERVICE.       0       7.78       0       0       0       0       17.00         20.00       02000       MURPIS (CAL AR ABESTHUTSS)       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			0			-	0		
19         00         0900         0000FX100         0000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0				0		
21.00       02100   1AR SERVICES-SALARY & FRINCES APPRV       0       0       0       0       0       0       0       0       0       0       22.00         23.00       02300 PARAME DE DRCM-PHARACY       0       388       0       0       0       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       22.00       23.01       12.11       0       0       0       22.00       22.00       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01       23.01 <td>19.00 01900</td> <td>NONPHYSICIAN ANESTHETISTS</td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td>	19.00 01900	NONPHYSICIAN ANESTHETISTS	0				0		
22.00         02200 [LAR SERVICES-OTHER PROJ COSTS APPRV         0         0         0         0         0         0         0         22.00           23.01         02300 [PARAMED ED PROJ - HURMAC         NS         0         3.305         0         31.114         0         23.01           23.01         02301 [PARAMED ED PROJ - DITETTICS         0         1.2.21         0         0         0         23.02           0.00         03000 (PARAMED ED PROJ - DITETTICS         0         1.2.21         0         0         0         23.02           0.00         03000 (PARAMED ED PROJ PROT NE SERVICE COST CENTERS			0	0		0	0	-	
23. 00         02300         PARAMED ED         PROMAPE ALARDE DE ARGUA - DISTINCT         0         3.88         0         0         0         23. 0           23. 01         02302         PARAMED ED ARGUA - DISTINCS         0         1.212         0         0         0         23. 0           10. 00         03000         ADULTS & PEDIATRICS         293, 513         37. 833         0         900, 986         0         31. 00           10. 00         01000         SUBPROVIDER - IFF         18, 279         2. 022         0         48, 166         0         40. 00           10. 00         01000         SUBPROVIDER - IFF         18, 279         2. 022         0         48, 166         0         40. 00           10.00         01000         INTESSIVE CASSIC CENTERS         0         208, 972         0         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00<			0	0		0	0		
33. 02         Diazo Paramete ED PRCM - DI FETTICS         0         1.212         0         0         23. 02           IMPART LET NOUTIN ESENVI CE OST CENTERS         293, 513         37, 833         0         9000, 986         30. 00           01.00         03000 ADULTS & PEDIATRICS         293, 513         37, 833         0         9000, 986         30. 00           01.00         04000 SUBPROVIDER - IPF         11, 279         2, 022         0         48, 166         0         40. 00           04000 SUBPROVIDER - IPF         18, 279         2, 022         0         48, 166         0         40. 00           04300 MURES VE CAST CENTERS         0         2, 179         0         127, 97         0         43. 00           05000 DEENDERVER VE COST CENTERS         0         0         74         0         107, 977         0         20, 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00         50. 00			0	358			Ō		
INPART FAT. ROUTI NE SERVICE COST CENTERS           000         03000 AULTS & PEDATRIC S         293.513         37.833         0         900.986         03.0.0           31.00         03000 INTESS VE CARE UNIT         11,276         4.925         0         117.295         031.0           04.00         04000 SUBPROVIDER - IPF         18,279         2.022         0         48.166         0         40.00           04.00         04000 SUBPROVIDER - IPF         18,279         2.022         0         48.166         0         43.00           0.0         04000 SUBPROVIDER - IPF         18,279         2.02         0         43.00           0.0         05000 PERATINE ROM         0         7.72         0         206.912         50.00           0.0         05000 PERATINE ROMOM         0         1.22         0         0         52.00           0.0         05000 PERATINE ROMOM         0         1.22         0         0         53.00           0.0         05000 PERATINE ROMOM         0         1.641         0         0         52.00           0.0         05300 LIVE NOR SUBPROVIDER - IRER         0         1.469         0         0         56.00           0.0         05700 CT									
30.00         3000 ADULTS & PEDIATRICS         293, 513         37, 833         0         900, 966         0         30.00           40.00         104000         NURRSNY CEARE MUIT         11, 777         0         177, 977         0         40.00           40.00         94000         SUBPROVIDER - IFF         18, 779         2, 022         0         48, 166         0         40.00           41.00         04100         SUBPROVIDER - IFF         177, 977         0         177, 977         0         41.00           43.00         04300         NURSERY         0         2, 199         0         52, 359         0         50.00           05000         OPECAVERY ROM         0         777         0         18, 920         0         51.00           51.00         05200         DELIVERY ROM         & LABOR ROM         0         1, 224         0         0         0         53.00           54.00         05400         RADULTA SUND         0         1, 641         0         0         54.01         54.01         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00			0	1, 212		0	0	0	23.02
40.00         04000 SUBPROVIDER - IPF         18,279         2,022         0         48,166         0         00.00           43.00         04300 SUBPROVIDER - IFF         55,955         7,473         0         17,777         0         41.00           0.010 SUBPROVIDER - IFF         0         2,199         0         52,359         0         43.00           0.00         05000 OPERATING ROOM         0         8,772         0         206,912         0         50.00           0.00         05200 OPERATING ROOM         0         7,744         0         18,920         51.00         55.00           51.00         05400 RADILOGY         0         1,522         0         0         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         53.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         54.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.	30.00 03000	ADULTS & PEDIATRICS	293, 513	37, 833	8	0	900, 986	0	30.00
41.00       04100 SUPPRVIDER - 1.FF       55,955       7,473       0       177,977       0       41.00         ANCULLARY SERVICE COST CENTERS       0       2,199       0       52,359       0       50.00         50.00       05000 PERATI IKS ROM       0       8,772       0       208,912       50.00       50.00         51.00       05000 PERATI IKS ROM       0       7,742       0       0       52.359       0       50.00       50.00       50.00       50.00       52.00       50.00       50.00       55.00       53.00       53.00       53.00       53.00       53.00       54.01       54.01       54.01       54.01       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00									
43.00         0 04300         NURSERY         0         2,199         0         52,359         0         43.00           ANCLLARY SERVICE COST CENTERS         50.00         05000         0PEANTING ROOM         0         772         0         208,912         0         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00									
50.00         05000         0FERRING ROM         0         8,72         0         208,912         0         50.00           51.00         05100         DECOVERY ROOM         0         774         0         18,922         0         51.00           52.00         052.00         DELVERY ROOM         LABOR ROOM         0         1224         0         0         53.00           53.00         053.00         DESLOQ VELVERY ROOM         LABOR ROOM         0         1252         0         0         0         53.00           54.00         DS400         RADI LOGY-DI AGNOSTI C         0         4.660         0         0         54.01           54.01         DS600         RADI DEVENDES         0         1.722         0         0         0         54.01           54.02         DS600         RADI DEVENDES         0         1.409         0         0         55.00           550.00         DS500         DS600         RADI DEVENDES         0         1.499         0         0         65.00           550.00         DS500         DADI DEVENDER         0         1.4918         0         0         65.00           50.00         DS500         DES00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
51.00         OS100         PECOVERY ROOM         0         794         0         18,920         0         51.00           52.00         OS300         PELVERY ROOM & LABOR ROOM         0         12,224         0         0         53.00           53.00         OS300         ANESTHESI OLOGY         0         152.00         0         0         54.00           54.00         OS400         RADIO RADIOLOGY-DI ARDOSTI C         0         1,641         0         0         54.00           54.01         OS500         RADIOLSOTOPE         0         1,641         0         0         54.00           56.00         OS500         RADIOLSOTOPE         0         799         0         0         55.00           57.00         OS700         CT SCAN         0         1,469         0         0         57.00           59.00         OS500         CARDIAC CATHETERIZATION         0         14,918         0         0         66.00           62.30         06200         COUCLABORATORY         0         14,918         0         0         66.00         65.00           63.00         06300         READRY THERAPY         0         3,366         0         0				0 770		0	208 012	0	50.00
52.00         DS200         DELVERY         ROOM         0         1.22         0         0         53.00           53.00         DS400         RADI LOGY         0         152         0         0         54.00         53.00           54.00         DS400         RADI LOGY-DI AGNOSTI C         0         4.601         0         0         54.01           54.02         DS401         SFECIAL         PROCEDURES         0         1,722         0         0         54.02           57.00         DS500         RADI OLSOTOPE         0         799         0         0         55.00           58.00         DS500         CT SCAN         0         700         55.00         0         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         55.00         56.00         56.04         56.04         56.04         56.04         56.04         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00 <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			1						
54.00         05400         RADIOLOGY-DIAGNOSTIC         0         46.00         0         0         54.00           54.01         05600         ULTRA SOUNDA         0         1.641         0         0         54.02           54.02         05401         SPECIAL         PROCEDURES         0         7.72         0         0         0         54.02           56.00         05600         RADIO STOPE         0         7.99         0         0         55.00           58.00         05800         MRI         0         9.02         0         0         58.00           59.00         05600         CARIJAC CATHETERIZATION         0         14.978         0         0         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         62.00         60.00         65.01         66.00         60.00         65.01         66.00         60.00         60.00	52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1, 224	-			0	52.00
54 01       03630       LITRA SOUND       0       1,641       0       0       64 00         56 02       05600       RAD OLSTOPE       0       799       0       0       56 00         57 00       05700       05700       0       0       57 00       0       57 00       57 00       57 00       57 00       57 00       57 00       57 00       57 00       58 00       58 00       58 00       58 00       58 00       58 00       57 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       58 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00       50 00 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td>			0				0		
54 02       05401       SPECIAL PROCEDURES       0       1,722       0       0       0       54.00         56 00       05600       RADI 01STOPE       0       799       0       0       0       57.00         57.00       05700       CT SCAN       0       1,469       0       0       57.00       57.00         58.00       05800       MRI       0       902       0       0       65.00       57.00       58.00       0.5000       CABORAC CATHETERI ZATI 0N       0       11.49.918       0       0       6.564       59.00       60.00       0       6.524       59.00       0       62.00       62.30       625.00       0.00       0       0       62.30       625.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00			0			-	0		
57.00       05700       CT SCAN       0       1.469       0       0       57.00       0       58.00       0       59.00       0       59.00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			0			-	О		
58:00         OSE00         RRI         O         902         O         O         S 8:00           59:00         05900         CARDIA C.CTHETRIZATION         O         1,159         O         0         6,564         59:00           00:00         DAGORATORY         O         14,918         O         O         62:30           03:00         DAGOS BLODD STORINC, PROCESSING & TRANS.         0         709         O         0         63:00           05:00         DESON PLUMONARY FUNCTION TESTING         0         73         O         0         65:00           05:01         O3600         PHYSICAL THERAPY         0         3,386         O         0         66:00           06:00         DEGOS PEULOMAREY FUNCTION TESTING         0         73         O         0         66:00         66:00           06:00         OGOS SPECH PATHOLOGY         0         792         O         0         68:00         69:00         70:00         0         0         68:00         0         70:00         70:00         70:00         70:00         70:02         70:02         70:02         70:02         70:02         70:02         70:02         70:02         70:02         70:02         70:02 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td>			0			0	0		
60:00         IABORATORY         0         14,918         0         0         60:00         Composition           62:30         06250         BLODD CLOTTING FOR HEMOPH.         0         0         0         62:30           63:00         06300         BLODD STORING, PROCESSING & TRANS.         0         709         0         0         65:30           65:01         03506         PLIMONARY FUNCTION TESTING         73:30         0         0         65:01           66:00         06500         RESPIRATORY THERAPY         0         6,613         0         0         66:01           66:00         06700         00000         LECTROCARDIONAL THERAPY         0         3,710         0         0         66:00         68:00         66:00         67:00         66:00         67:00         66:00         67:00         66:00         67:00         66:00         67:00         66:00         67:00         68:00         68:00         66:00         67:00         66:00         67:00         66:00         67:00         66:00         67:00         66:00         67:00         00         0         00         0         00         0         00         00         00         00         00         00			0			0	0	-	
62:50       BLOOD CLOTTING FOR HEMOPH.       0       0       0       62:00       63:00       00       63:00       00       63:00       00       63:00       00       63:00       00       63:00       00       63:00       00       63:00       00       63:00       00       64:00       0       0       64:00       0       0       0       65:00       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td> <td>О</td> <td>6, 564</td> <td></td>			0			0	О	6, 564	
63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0       700       0       63.00       65.00         65.01       03560       PULMONARY FUNCTION TESTING       0       0       65.00         66.00       06500       PUSICAL THERAPY       0       6.613       0       0       0       65.01         67.00       06700       0CCUPATI ONALT THERAPY       0       6.613       0       0       0       66.00         68.00       06800       SPEECH PATHOLOGY       0       792       0       0       68.00         69.00       06800       SPEECH PATHOLOGY       0       2.178       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	1 1		0	14, 918	8	0	0	0	
65.01       03560       PULMONARY FUNCTION TESTING       0       73       0       0       65.01         66.00       06600       PHYSICAL THERAPY       0       6,613       0       0       66.00         67.00       06700       0CUPATIONAL THERAPY       0       3,710       0       0       67.00         68.00       06800       SPECH PATHOLOGY       0       792       0       0       68.00         69.00       069.00       ELECTROCARDIOLOGY       0       2,178       0       0       69.00         70.00       07000       ELECTROCARDIOLOGY       0       2,86       0       0       70.00         70.01       03280       SLEEP LAB       0       180       0       0       70.02         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENT       0       0       0       70.02         73.00       07300       DRUSC CHARGED TO PATIENTS       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0       709       0       0       73.00         73.01       03190       INFUSION THERAPY       0       0       0       0       73.01			0	709		0	0		
66.00       06600       PHYSI CAL THERAPY       0       6,613       0       0       66.00         67.00       06700       0CCUPATI ONAL THERAPY       0       3,710       0       0       66.00         68.00       06800       SPECE PATHOLOGY       0       792       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0       2,178       0       0       69.00         70.00       07000       ELECTROEANCEPHALOGRAPHY       0       286       0       0       70.01         70.01       03280       SLEEP LAB       0       180       0       0       70.01         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       126,226       71.00         72.00       TY200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0       58.08       72.00       73.02       73.00       73.01       137.01       194MARACY VACCI NE       0       0       0       73.00       73.02       73.03       73.03       73.03       73.04       73.03       73.04       73.04       73.03       73.04       73.04       73.04       73.04       73.04       73.04			0			0	0		
67.00         06700         0CCUPATI ONAL THERAPY         0         3,710         0         0         67.00           68.00         06800         SPECH PATHOLOGY         0         792         0         0         68.00           69.00         06900         ELECTROCARDI OLOGY         0         2,178         0         0         69.00           70.00         07000         ELECTROENCEPHALOGRAPHY         0         286         0         0         70.00           70.10         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0         567         0         0         70.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         0         0         0         0         72.00         07200         DATI ENTS         0         0         0         0         73.00           73.00         07300         DRUGS CHARGED TO PATI ENTS         0         0         0         0         0         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.00         73.01         73.04         0.3480 FCC INFUSION THERAPY			0			0	0		
69.00       06900       ELECTROCARDIOLOGY       0       2,178       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0       286       0       0       70.00         70.01       03280       SLEEP LAB       0       180       0       0       70.01         70.02       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES       0       557       0       0       70.02         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0       0       0       126, 286       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       0       0       0       73.01         73.00       07300       DRUGS CHARGED TO PATI ENTS       0       0       0       0       73.01         73.01       03190       INFUSI ON THERAPY       0       709       0       0       73.03         73.04       03480       FCC INFUSI ON THERAPY       0       873       0       0       73.04         74.00       07400       RENAL DI ALVSI S       0       873       0       0       74.90       76.97         76.99       07699       I THOTRI PSY       0			0			0	Ő		
70.00         07000         ELECTROENCEPHALOGRAPHY         0         286         0         0         70.00           70.01         03280         SLEEP         LAB         0         180         0         0         70.00           70.02         03280         SLEEP         LAB         0         180         0         0         70.00           70.02         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0         0         0         0         70.02           71.00         O7100         MEDI CAL SUPPLIES CHARGED TO PATI ENTS         0         0         0         126,286         71.00           72.00         07200         DRUGS CHARGED TO PATI ENTS         0         0         0         0         73.00           73.01         03190         INFUSI ON THERAPY         0         70.9         0         0         73.01           73.03         07301         PHARMACY VACCI NE         0         810         0         0         73.03           73.04         03480         FCC INFUSI ON THERAPY         0         873         0         0         74.00           76.97         CARDI AC REHABI LI TATI ON         0         673         0         0			0			0	0		
70. 01         03280         SLEEP LAB         0         180         0         0         70. 01           70. 02         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0         567         0         0         0         70. 02           71. 00         OT100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0         0         0         126, 286         71. 00           72. 00         O7200         IMPL. DEV. CHARGED TO PATI ENTS         0         0         0         58, 088         72. 00           73. 00         O7300         DRUGS CHARGED TO PATI ENTS         0         0         0         73. 00         73. 00         73. 00         03190         INFUSI ON THERAPY         0         709         0         0         73. 01         73. 04         03480         FCC INFUSI ON THERAPY         0         873         0         0         0         73. 03         73. 03         73. 04         0480         6C INFUSI ON THERAPY         0         8173         0         0         0         0         74. 00         74. 00         74. 00         76. 97         76. 97         76. 97         76. 97         76. 97         76. 97         76. 97         76. 97         76. 97         76. 97         76. 97			0			0	0		
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       0       0       126,286       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0       58,088       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0       709       0       0       73.01         73.03       07301       PHARMACY VACCINE       0       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0       873       0       0       73.04         74.00       07697       CARDI AC REHABILITATION       0       873       0       0       74.00         76.97       O7697       CARDI AC REHABIL O XYGEN THERAPY       0       1,436       0       0       76.97         76.99       07699       LI THOTRIPSY       0       0       0       0       76.99         00.02       09001       PSKPLARI C OXYGEN THERAPY       0       0       0       0       90.02         90.02       09001       PSKPLARI C OXYGEN THERAPY       0 <td< td=""><td>70.01 03280</td><td>SLEEP LAB</td><td>0</td><td></td><td></td><td>0</td><td>Ö</td><td></td><td></td></td<>	70.01 03280	SLEEP LAB	0			0	Ö		
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       0       0       58,088       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0       709       0       0       73.01         73.03       07301       PHARMACY VACCINE       0       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0       873       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0       873       0       0       0       74.00         74.00       07400       RENAL DI ALYSIS       0       810       0       0       74.00         76.97       OR697       CARDI AC REHABILITATION       0       673       0       0       76.97         76.98       07699 RIPERBARI C 0XYGEN THERAPY       0       1,436       0       0       0       76.98         90.02       09001 PSYCH ANCILLARY       0       0       0       0       0       90.02         90.03       09002       RETINAL VASCULAR       0       5			0	567		0	0		
73.00       07300       DRUGS CHARGED TO PATIENTS       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0       709       0       0       73.01         73.03       07301       PHARMACY VACCINE       0       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0       873       0       0       73.04         74.00       07400       RENAL DIALYSIS       0       873       0       0       0       74.00         76.97       CARDIAC REHABILITATION       0       673       0       0       76.97         76.98       07697       LITHOTRIPSY       0       1,436       0       0       76.98         76.99       07697       LITHOTRIPSY       0       0       0       0       76.98         70.02       09001       PSYCH ANCI LLARY       0       0       0       0       90.02         90.02       09002       RETINAL VASCULAR       0       524       0       0       90.02         91.01       O9100       EMERGENCY       2,682       8,150       194,092       91.01       92.00       91.01			0	0		0	0		
73. 03       07301       PHARMACY VACCINE       0       0       0       0       73. 03         73. 04       03480       FCC INFUSION THERAPY       0       873       0       0       0       73. 04         74. 00       07400       RENAL DI ALYSI S       0       810       0       0       74. 00         76. 97       07697       CARDI AC REHABI LI TATI ON       0       673       0       0       76. 97         76. 98       07698       HYPERBARI C OXYGEN THERAPY       0       1, 436       0       0       76. 98         76. 99       07699       LITHOTRI PSY       0       0       0       0       76. 98         70. 02       09001       PSYCH ANCI LLARY       0       0       0       0       90. 02         90. 02       09002       RETI NAL VASCULAR       0       524       0       0       90. 03         91. 01       09101       FCC       0       0       194, 092       91. 01       91. 01         92. 00       09200       BSERVATI ON BEDS (NON-DI STI NCT PART       0       34, 990       0       0       92. 00         92. 00       09200       DSERVATI ON BEDS (NON-DI STI NCT PART       10			0	C C		0	0		
73. 04       03480       FCC 1 NFUSION THERAPY       0       873       0       0       73. 04         74. 00       07400       RENAL DI ALYSI S       0       810       0       0       74. 00         74. 00       07400       RENAL DI ALYSI S       0       810       0       0       74. 00         76. 97       07697       CARDI AC REHABI LI TATI ON       0       673       0       0       76. 97         76. 98       07698       HYPERBARI C OXYGEN THERAPY       0       1, 436       0       0       76. 98         76. 99       07699       LI THOTRI PSY       0       0       0       0       76. 99         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0       90. 02         90. 02       09001       PSYCH ANCI LLARY       0       0       0       90. 02         90. 03       09002       RETI NAL VASCULAR       2, 682       8, 150       194, 092       91. 00         91. 00       09100       IMERGENCY       2, 682       8, 150       91.00       91. 00         92. 00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART       92. 00       91. 01       92. 00       92. 00			0			0	0		
74.00       07400       RENAL DI ALYSI S       0       810       0       0       74.00         76.97       07697       CARDI AC REHABILI TATI ON       0       673       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0       1,436       0       0       76.98         76.99       07699       LI THOTRI PSY       0       0       0       0       76.99         0UTPATI ENT SERVICE COST CENTERS       0       0       0       0       0       0       90.02         90.02       09001       PSYCH ANCI LLARY       0       0       0       0       90.02         90.03       09002       RETI NAL VASCULAR       0       524       0       0       90.03         91.00       09100       EMERGENCY       2, 682       8, 150       194, 092       91.01         92.00       09200       DBSERVATI ON BEDS (NON-DI STI NCT PART       0       34, 990       0       0       92.00         0THER       REI MBURSABLE COST CENTERS       0       0       0       0       0       100.00			0	-		0	0		
76. 98         07698         HYPERBARI C 0XYGEN THERAPY         0         1, 436         0         0         76. 98           76. 99         07699         LI THOTRI PSY         0         0         0         0         0         76. 98           000000000000000000000000000000000000	74.00 07400	RENAL DIALYSIS	0	810		0	0	-	74.00
76.99         07699         LI THOTRI PSY         0         0         0         0         0         0         76.99           OUTPATI ENT SERVICE COST CENTERS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0			0	0		
OUTPATI ENT SERVICE COST CENTERS           90. 02         09001         PSYCH ANCI LLARY         0         0         0         0         90. 02           90. 02         09001         PSYCH ANCI LLARY         0         0         0         0         90. 02           90. 03         09002         RETI NAL VASCULAR         0         524         0         0         90. 03           91. 00         09100         EMERGENCY         2, 682         8, 150         0         194, 092         0         91. 00           91. 01         09101         I FCC         0         34, 990         0         0         0         92. 00           92. 00         0BSERVATI ON BEDS (NON-DI STI NCT PART         0         34, 990         0         0         92. 00           0THER REI MBURSABLE COST CENTERS         0         100. 00         10000         1 & & & & & & & & & & & & & & & & & & &			0			0			
90. 03         09002         RETI NAL VASCULAR         0         524         0         0         90. 03           91. 00         09100         EMERGENCY         2, 682         8, 150         0         194, 092         0         91. 00           91. 01         09101         I FCC         0         34, 990         0         0         0         91. 01           92. 00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0         0         0         0         92. 00           0THER         REI MBURSABLE COST CENTERS         0         0         0         0         0         100. 00         10000         1 & & SERVICES-NOT APPRVD PRGM         0         0         0         0         0         100. 00	OUTPAT	IENT SERVICE COST CENTERS	,			5		0	
91. 00         09100         EMERGENCY         2, 682         8, 150         0         194, 092         0         91. 00         91. 01           91. 01         09101         I FCC         0         34, 990         0         0         0         91. 01         92. 00           92. 00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0         0         0         0         92. 00           0THER         REI MBURSABLE         COST CENTERS         0         0         0         0         0         100. 00			-	0	)	0	0		
91. 01     09101     I FCC     0     34, 990     0     0     0     91. 01       92. 00     09200     0BSERVATI ON BEDS (NON-DI STI NCT PART     0     34, 990     0     92. 00       0THER     REI MBURSABLE     COST CENTERS     0     0     0     0     100. 00       100. 00     10000     I &R SERVICES-NOT APPRVD PRGM     0     0     0     0     0     100. 00			Ŭ			0	0 194 002	-	
92. 00         09200         0BSERVATI ON BEDS (NON-DISTINCT PART         92. 00           OTHER         REI MBURSABLE COST CENTERS         92. 00           100. 00         10000         I &R SERVICES-NOT APPRVD PRGM         0         0         0         0         100. 00			0			0	0		
100. 00 10000 I &R SERVICES-NOT APPRVD PRGM 0 0 0 0 0 0 100. 00	92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART							
				0		0		0	100 00

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period:	Worksheet B	
				From 07/01/2018 To 06/30/2019		nared
					11/25/2019 4:	
Cost Center Description	DI ETARY	CAFETERI A	MAINTENANCE OF		CENTRAL	
			PERSONNEL	ADMI NI STRATI ON		
	10.00		10.00	10.00	SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS			1			
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	2, 526		0 0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	381, 705	192, 025	(	1, 749, 821	190, 938	118.00
NONREI MBURSABLE COST CENTERS				1		
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	816	. (	0 0	0	192.00
192.01 19201 REFERENCE LAB	0	0	) (	0 0	0	192.01
192.02 19202 OP PHARMACY	0	0	) (	0 0	0	192.02
192.03 19203 RETINAL VASCULAR GRANTS	0	0	) (	0 0	0	192. 03
192. 04 19204 AMBULANCE	0	0	) (	0 0	0	192. 04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	) (	0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	381, 705	192, 841	(	1, 749, 821	190, 938	202.00

	Financial Systems FION OF CAPITAL RELATED COSTS	INGALLS MEMORI	Provider CC		eriod: rom 07/01/2018		
				T			repare 4.02 r
	Cost Center Description	PHARMACY	RECORDS &	SOCIAL SERVICE	NONPHYSI CI AN ANESTHETI STS		
		15.00	LI BRARY 16. 00	17.00	19.00	20.00	_
-	GENERAL SERVICE COST CENTERS						
	00100 CAP REL COSTS-BLDG & FLXT						1.
	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.
	00500 ADMI NI STRATI VE & GENERAL						5.
	00600 MAI NTENANCE & REPAI RS						6.
.00	00700 OPERATION OF PLANT						7
	00800 LAUNDRY & LINEN SERVICE						8
	00900 HOUSEKEEPI NG						9
	01000 DI ETARY 01100 CAFETERI A						10
	01200 MAINTENANCE OF PERSONNEL						12
1	01300 NURSING ADMINISTRATION						13
1	01400 CENTRAL SERVICES & SUPPLY						14
	01500 PHARMACY	479, 262	0.40 774				15
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	0	340, 771	12, 089			16
	01900 NONPHYSICIAN ANESTHETISTS	0	0	12,089	o		19
	02000 NURSI NG SCHOOL	0	0	0			0 20
1.00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	0	0			21
	02200 I &R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22
	02300 PARAMED ED PRGM-PHARMACY	0	0	0			23
1	02301 PARAMED ED PRGM - EMS 02302 PARAMED ED PRGM - DIETETICS	0	0	0			23
	INPATIENT ROUTINE SERVICE COST CENTERS	0	0	0		1	- 23
	03000 ADULTS & PEDI ATRI CS	0	27, 581	8, 749			30
	03100 I NTENSI VE CARE UNI T	0	3, 189				31
	04000 SUBPROVI DER - I PF	0	1, 427	544			40
	04100 SUBPROVIDER - IRF	0	3,404				41
	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	1, 563	457			43
	05000 OPERATING ROOM	0	24, 981	0			50
	05100 RECOVERY ROOM	0	3, 585	0			51
	05200 DELIVERY ROOM & LABOR ROOM	0	689	0			52
	05300 ANESTHESI OLOGY	0	4,016	0			53
	05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND	0	7, 822 3, 700	0			54
	05401 SPECIAL PROCEDURES	0	4, 995	0			54
	05600 RADI OI SOTOPE	0	2, 118	0			56
	05700 CT SCAN	0	21, 896				57
		0	4, 406	0			58
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	0	4, 677 42, 012	0			59 60
	06250 BLOOD CLOTTING FOR HEMOPH.	0	42,012	0			62
	06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	1, 922	0			63
5.00	06500 RESPI RATORY THERAPY	0	6, 075	0			65
	03560 PULMONARY FUNCTION TESTING	0	198				65
	06600 PHYSI CAL THERAPY	0	5, 557	0			66
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	2, 034 881	0			67
	06900 ELECTROCARDI OLOGY	0	5, 762	0			69
	07000 ELECTROENCEPHALOGRAPHY	0	289	0			70
	03280 SLEEP LAB	0	396				70
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	1, 537				70
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	2, 940				71
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	4, 861 39, 034	0			72
	03190 INFUSION THERAPY	479, 262	39, 034 1, 148				73
	07301 PHARMACY VACCINE	0	56				73
	03480 FCC INFUSION THERAPY	0	2, 379				73
	07400 RENAL DIALYSIS	0	1, 161	0			74
	07697 CARDIAC REHABILITATION	0	227 1 925				76
	07698 HYPERBARI C OXYGEN THERAPY 07699 LI THOTRI PSY	0	1, 925 0	0			76
	OUTPATIENT SERVICE COST CENTERS	0	0	0		1	- ''
	09001 PSYCH ANCI LLARY	0	1, 763	0			90
0. 03	09002 RETINAL VASCULAR	0	247	0			90
	09100 EMERGENCY	0	28, 507				91
	09101   FCC	0	69, 811	0			91
	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			I		1	92
	10000 I &R SERVICES-NOT APPRVD PRGM	0	0	0			100
	10100 HOME HEALTH AGENCY	0	0			1	101

Health Financial Systems	INGALLS MEMORI	AL HOSPI TAL		In Lie	eu of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider C		Period:	Worksheet B	
				From 07/01/2018 To 06/30/2019		
Cost Center Description	PHARMACY	MEDI CAL	SOCIAL SERVIC		NURSING SCHOOL	
		RECORDS &		ANESTHETI STS		
	45.00	LIBRARY	17.00	10.00	00.00	
	15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS			1			
113. 00 11300 INTEREST EXPENSE		_				113.00
116. 00 11600 HOSPI CE	0	C		)		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	479, 262	340, 771	12, 08	9 0	0	118.00
NONREI MBURSABLE COST CENTERS						
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	C		C		192.00
192.01 19201 REFERENCE LAB	0	C		C		192.01
192. 02 19202 OP PHARMACY	0	C		C		192. 02
192.03 19203 RETINAL VASCULAR GRANTS	0	C		C		192.03
192. 04 19204 AMBULANCE	0	C		D		192.04
200.00 Cross Foot Adjustments				0	0	200. 00
201.00 Negative Cost Centers	0	C		0 0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	479, 262	340, 771	12, 08	9 O	0	202.00

LLOCA	ATION OF CAPITAL RELATED COSTS		Provider C		Period: From 07/01/2018	Worksheet B Part II	
					o 06/30/2019	Date/Time Pre 11/25/2019 4:	parec <u>02 p</u> m
		INTERNS &	RESI DENTS				
	Cost Center Description	SERVI CES-SALAR Y & FRI NGES APPRV	SERVICES-OTHER PRGMCOSTS APPRV	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
		21.00	22.00	23.00	23.01	23.02	-
. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.0
. 00	00200 CAP REL COSTS-MVBLE EQUIP						2.0
. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. (
. 00	00500 ADMINI STRATI VE & GENERAL						5.0
. 00	00600 MAINTENANCE & REPAIRS						6.
. 00 . 00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE						7. ( 8. (
. 00	00900 HOUSEKEEPING						9.
0.00	01000 DI ETARY						10.
1. 00	01100 CAFETERI A						11.
2.00	01200 MAINTENANCE OF PERSONNEL						12.
3.00	01300 NURSI NG ADMI NI STRATI ON						13.
4.00 5.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14. 15.
6.00	01600 MEDICAL RECORDS & LIBRARY						16.
7.00	01700 SOCIAL SERVICE						17.
9.00	01900 NONPHYSI CI AN ANESTHETI STS						19.
0. 00	02000 NURSI NG SCHOOL						20.
1.00	02100 I &R SERVICES-SALARY & FRINGES APPRV	0	_				21.
2.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-PHARMACY		0				22.
3.00 3.01	02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM - EMS			10, 114	81, 968		23. 23.
3.01	02302 PARAMED ED PRGM - LIMS				01, 900	51, 471	23.
0.02	INPATIENT ROUTINE SERVICE COST CENTERS		1	1	II	017171	1 - 01
0. 00	03000 ADULTS & PEDIATRICS						30.
1. 00	03100 I NTENSI VE CARE UNI T						31.
0.00	04000 SUBPROVIDER - IPF						40.
1.00 3.00	04100 SUBPROVIDER - IRF 04300 NURSERY						41. 43.
3.00	ANCI LLARY SERVI CE COST CENTERS						43.1
0. 00	05000 OPERATI NG ROOM						50.0
1. 00	05100 RECOVERY ROOM						51.0
2.00	05200 DELIVERY ROOM & LABOR ROOM						52.
3.00	05300 ANESTHESI OLOGY						53.
4.00 4.01	05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND						54. 54.
4.02	05401 SPECIAL PROCEDURES						54.
6.00	05600 RADI OI SOTOPE						56.
7.00	05700 CT SCAN						57.
8.00							58.
9.00	05900 CARDI AC CATHETERI ZATI ON						59.
0.00 2.30	06000 LABORATORY 06250 BLOOD CLOTTING FOR HEMOPH.						60. 62.
3.00	06300 BLOOD STORING, PROCESSING & TRANS.						63.
5.00	06500 RESPI RATORY THERAPY						65.
5. 01	03560 PULMONARY FUNCTION TESTING						65.
6.00							66.
7.00	06700 OCCUPATI ONAL THERAPY						67.
8.00 9.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY						68. 69.
9.00 0.00							70.
0.00							70.
0. 02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES						70.
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT						71.
2.00	07200 I MPL. DEV. CHARGED TO PATIENTS						72.
	07300 DRUGS CHARGED TO PATIENTS						73.
3.01	03190 I NFUSION THERAPY 07301 PHARMACY VACCINE						73. 73.
3.03							73.
	07400 RENAL DI ALYSI S						74.
6. 97	07697 CARDI AC REHABI LI TATI ON						76.
6. 98	07698 HYPERBARI C OXYGEN THERAPY						76.
6. 99							76.
0 00	OUTPATIENT SERVICE COST CENTERS		1	1	I		00
	09001 PSYCH ANCI LLARY 09002 RETI NAL VASCULAR						90. 90.
	09100 EMERGENCY						90. 91.
	09101   FCC						91.
1.01		1					

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: From 07/01/2018 To 06/30/2019		
	INTERNS &	RESI DENTS				
Cost Center Description	SERVI CES-SALAR			PARAMED ED	PARAMED ED	
	Y & FRINGES APPRV	PRGM COSTS APPRV	PRGM-PHARMAC	PRGM - EMS	PRGM - DI ETETI CS	
	21.00	22.00	23.00	23.01	23.02	
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I&R SERVICES-NOT APPRVD PRGM						100.00
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						1
113.00 11300 INTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE						116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0		0 0	0	118.00
NONREI MBURSABLE COST CENTERS						1
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES						192.00
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						192.04
200.00 Cross Foot Adjustments	0	0	10, 11	4 81, 968	51, 471	200.00
201.00 Negative Cost Centers	0	0		0 0	96	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	10, 11	4 81, 968	51, 567	202.00

	Financial Systems ION OF CAPITAL RELATED COSTS	INGALLS MEMOR	Provider CCI	N: 14-0191	In Lieu of Form CM Period: Worksheet E	
					From 07/01/2018 Part II To 06/30/2019 Date/Time F	repare
	Cost Center Description	Subtotal		Total	11/25/2019	4:02
	Cost center bescription		Intern & Residents Cost	TOTAL		
			& Post			
			Stepdown			
		24.00	Adjustments 25.00	26.00		
G	ENERAL SERVICE COST CENTERS	21.00	20.00	20.00	L.	
	00100 CAP REL COSTS-BLDG & FIXT					1
	0200 CAP REL COSTS-MVBLE EQUIP					2
	00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL					4
	0600 MAINTENANCE & REPAIRS					6
	00700 OPERATION OF PLANT					7
	00800 LAUNDRY & LINEN SERVICE					8
	00900 HOUSEKEEPI NG					9
	1000 DI ETARY					10
	01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL					11
	1300 NURSI NG ADMI NI STRATI ON					13
	01400 CENTRAL SERVICES & SUPPLY					14
00 0	1500 PHARMACY					15
	1600 MEDI CAL RECORDS & LI BRARY					16
	11700 SOCIAL SERVICE 1900 NONPHYSICIAN ANESTHETISTS					17
	2000 NURSING SCHOOL					20
	2100 I &R SERVICES-SALARY & FRINGES APPRV					21
00 0	2200 I&R SERVICES-OTHER PRGM COSTS APPRV					22
	2300 PARAMED ED PRGM-PHARMACY					23
	2301 PARAMED ED PRGM - EMS					23
	2302 PARAMED ED PRGM - DIETETICS NPATIENT ROUTINE SERVICE COST CENTERS					23
	33000 ADULTS & PEDIATRICS	5, 161, 877	0	5, 161, 8	77	30
	03100 I NTENSI VE CARE UNI T	621, 231	0	621, 2		31
	04000 SUBPROVI DER – I PF	221, 055		221, 0	55	40
	14100 SUBPROVI DER – I RF	1, 475, 130		1, 475, 1		41
	04300 NURSERY NCI LLARY SERVI CE COST CENTERS	239, 269	0	239, 2	69	43
	15000 OPERATING ROOM	2,909,952	0	2, 909, 9	52	50
	05100 RECOVERY ROOM	137, 788	0	137, 7	88	51
	5200 DELIVERY ROOM & LABOR ROOM	28, 245		28, 2		52
	15300 ANESTHESI OLOGY 15400 RADI OLOGY-DI AGNOSTI C	75, 637		75,6		53
	13400 RADIOLOGI - DI AGNOSTI C 13630 ULTRA SOUND	1, 264, 013 152, 267	0	1, 264, 0 152, 2		54
	05401 SPECIAL PROCEDURES	216, 251	0	216, 2		54
	5600 RADI OI SOTOPE	98, 648	0	98, 6	48	56
	15700 CT SCAN	166, 070		166, 0		57
		156, 502		156, 5		58
	05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY	397, 313 824, 174		397, 3 824, 1		59
	6250 BLOOD CLOTTING FOR HEMOPH.	021,171		021,1	0	62
00 0	06300 BLOOD STORING, PROCESSING & TRANS.	46, 212	0	46, 2	12	63
	06500 RESPI RATORY THERAPY	169, 804		169, 8		65
	3560 PULMONARY FUNCTION TESTING	22, 392		22, 3		65
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	281, 681 77, 377		281, 6 77, 3		66
	6800 SPEECH PATHOLOGY	40, 637		40, 6		68
	06900 ELECTROCARDI OLOGY	244, 732		244, 7		69
	7000 ELECTROENCEPHALOGRAPHY	66, 516		66, 5		70
	3280 SLEEP LAB	14, 151		14, 1		70
	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	48, 253 547, 165		48, 2 547 1		70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	276, 924		547, 1 276, 9		72
	7300 DRUGS CHARGED TO PATIENTS	557, 226		557, 2		73
01 0	3190 INFUSION THERAPY	555, 106	0	555, 1	06	73
	7301 PHARMACY VACCINE	779			79	73
	3480 FCC INFUSION THERAPY	36, 891		36, 8		73
	)7400 RENAL DIALYSIS )7697 CARDIAC REHABILITATION	76, 717 105, 690		76, 7 105, 6		74
	07698 HYPERBARIC OXYGEN THERAPY	34, 316		34, 3		76
, U I U	07699 LI THOTRI PSY	0		54, 5	0	76
	UTPATIENT SERVICE COST CENTERS		·			
99 0		338, 966	0	338, 9	66	90
99 0 0 02 0	99001 PSYCH ANCI LLARY					
. 99 0 0 . 02 0 . 03 0	9002 RETINAL VASCULAR	306, 589	0	306, 5		
99 0 02 0 03 0 00 0			0 0		56	90 91 91

Health Financial Systems	INGALLS MEMOR	AL HOSPITAL		In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS	_	Provider CC		Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 11/25/2019 4:02 pm
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00	25.00	26.00		
OTHER REI MBURSABLE COST CENTERS	ſ	[]			
100.00 10000 I &R SERVICES-NOT APPRVD PRGM	0	0		0	100.00
101.0010100 HOME HEALTH AGENCY	431, 238	0	431, 23	8	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
116. 00 11600 H0SPI CE	82, 465	0	82, 46	5	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	21, 837, 023	0	21, 837, 02	3	118.00
NONREI MBURSABLE COST CENTERS					
192.00 19200 PHYSICIANS' PRIVATE OFFICES	64, 828	0	64, 82	8	192.00
192.01 19201 REFERENCE LAB	0	0		0	192.01
192.02 19202 OP PHARMACY	18, 983	0	18, 98	3	192.02
192.03 19203 RETINAL VASCULAR GRANTS	10, 737	0	10, 73	7	192.03
192. 04 19204 AMBULANCE	57, 902	0	57,90	2	192.04
200.00 Cross Foot Adjustments	143, 553	0	143, 55	3	200.00
201.00 Negative Cost Centers	96	0	ç	6	201.00
202.00 TOTAL (sum lines 118 through 201)	22, 133, 122	0	22, 133, 12	2	202.00

	Financial Systems LLOCATION - STATISTICAL BASIS	INGALLS MEMOR	IAL HOSPITAL Provider C	CN: 14-0191 F	In Lie Period:	u of Form CMS-2 Worksheet B-1	
					rom 07/01/2018 o 06/30/2019	Date/Time Pre	
		CAPI TAL RE	LATED COSTS			11/25/2019 4:	02 pm
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUI P (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconci I i ati on	ADMI NI STRATI VE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	729, 953	8				1.00
$\begin{array}{c} 1.00\\ 2.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 19.00\\ 20.00\\ \end{array}$	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFI TS DEPARTMENT 00500 ADMI NI STRATI VE & GENERAL 00600 MAI NTENANCE & REPAI RS 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY 01100 CAFETERI A 01200 MAI NTENANCE OF PERSONNEL 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE 01900 NOMPHYSI CI AN ANESTHETI STS 02000 NURSI NG SCHOOL	3, 948 223, 150 18, 642 53, 069 3, 656 4, 336 13, 305 6, 350 0, 2, 576 4, 801 6, 930 10, 046 0, 00 0, 00 0,00000000	10, 386, 830 3, 150, 711 8, 184 50, 437 1, 135 31, 054 52, 299 0, 1, 929, 930 1, 929, 930 75, 937 242, 084 4, 386	102, 148, 272 12, 622, 879 2, 619, 670 114, 977 528 3, 204, 672 339, 244 3, 709, 242 2, 404, 953 317, 398	-75, 667, 257 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	220, 959, 328 4, 167, 622 10, 935, 297 1, 295, 203 4, 770, 323 2, 148, 505 2, 066, 817 0 6, 105, 427 578, 139 4, 709, 107 3, 946, 266 389, 402 0 0	$\begin{array}{c} 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 19.\ 00\\ \end{array}$
20.00 21.00 22.00 23.00 23.01 23.02	02100 I VARSTING SCHOOL 02100 I &R SERVICES-SALARY & FRINGES APPRV 02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-PHARMACY 02301 PARAMED ED PRGM - EMS 02302 PARAMED ED PRGM - DIETETICS INPATIENT ROUTINE SERVICE COST CENTERS	C C C C C C C C C C C C C C C C C C C	16, 872	0 C C 148, 130 622, 076		0 0 227, 748 634, 309 59, 508	21.00 22.00 23.00 23.01
30. 00 31. 00 40. 00 41. 00 43. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT 04000 SUBPROVIDER - IPF 04100 SUBPROVIDER - IRF 04300 NURSERY	132, 168 12, 721 3, 994 50, 535 5, 950	117, 499 6, 072 9, 101	2, 560, 287 755, 531 3, 194, 420	0 0 0	25, 629, 453 4, 083, 882 1, 977, 472 4, 987, 494 1, 655, 623	31.00 40.00 41.00
$\begin{array}{c} 54.\ 01\\ 54.\ 02\\ 56.\ 00\\ 57.\ 00\\ 59.\ 00\\ 60.\ 00\\ 62.\ 30\\ 63.\ 00\\ 65.\ 01\\ 65.\ 01\\ 65.\ 01\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 70.\ 01\\ 70.\ 02\\ 71.\ 00\\ 70.\ 01\\ 70.\ 02\\ 71.\ 00\\ 73.\ 01\\ 73.\ 03\\ 73.\ 04\\ 74.\ 00\\ 76.\ 97\\ 76.\ 98\\ 76.\ 99\end{array}$	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM 05100 RECOVERY ROOM & LABOR ROOM 05200 DELI VERY ROOM & LABOR ROOM 05400 RADI OLOGY-DI AGNOSTI C 03630 ULTRA SOUND 05401 SPECI AL PROCEDURES 05600 RADI OI SOTOPE 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06250 BLOOD CLOTTI NG FOR HEMOPH. 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY 03560 PULMONARY FUNCTI ON TESTI NG 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 FLECTROCARDI OLOGY 07000 FLECT	44, 250 3, 327 C 431 26, 286 2, 853 1, 833 1, 925 2, 055 5, 427 3, 670 13, 771 C 525 1, 649 794 6, 373 1, 058 724 3, 752 2, 041 C C C C C C C C C C C C C	27, 423 70, 128 613, 044 62, 012 164, 715 46, 259 81, 822 21, 895 339, 978 195, 644 0 0 2, 087 48, 536 4, 960 52, 089 21, 268 3, 1, 203 9, 270 2, 139, 469 21, 268 0, 2, 087 48, 536 4, 960 52, 089 2, 087 48, 536 4, 960 52, 089 2, 12, 620 0, 0 0, 0	514, 756 605, 599 38, 461 2, 265, 511 899, 635 902, 832 455, 104 711, 829 415, 612 722, 265 5, 469, 481 0 279, 538 1, 392, 565 2, 972, 949 1, 271, 103 441, 255 1, 033, 087 136, 651 95, 292 739, 388 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$\begin{array}{c} 1, 224, 500\\ 692, 527\\ 1, 435, 794\\ 11, 248, 966\\ 0\\ 1, 078, 316\\ 2, 238, 286\\ 53, 930\\ 3, 236, 191\\ 1, 665, 457\\ 566, 592\\ 1, 681, 874\\ 221, 317\\ 126, 795\\ 1, 599, 746\\ 14, 688, 740\\ 7, 520, 304\\ 18, 212, 197\\ 513, 193\\ 25, 399\\ 690, 937\\ 649, 547\\ 509, 475\\ 1, 017, 778\\ 0\end{array}$	51.00 52.00 53.00 54.00 54.01 54.02 56.00 57.00 58.00 59.00 60.00 62.30 63.00 65.01 66.00 65.01 66.00 67.00 68.00 69.00 70.00 70.01 70.02 71.00 72.00 73.01 73.03 73.04 74.00 76.98 76.99
90. 03 91. 00	09001 PSYCH ANCI LLARY 09002 RETI NAL VASCULAR 09100 EMERGENCY 09101 I FCC	13, 999 10, 844 9, 372	17, 895 79, 688	178, 305 3, 769, 145	0	1, 517, 683 488, 237 5, 262, 215 22, 317, 647	90. 03 91. 00

COST ALLOCATION - STATISTICAL BASIS         Provider CON: 14-0191         Period: From 07/01/2018         Period: From 07/01/2018         Worksheet B-1 Date/Time Prepared: 11/25/2019 4:02 pm           Cost Center Description         EAPITAL RELATED COSTS BLDG & FIXT (SOUARE FEET) (SOUARE FEET) (DO 0         EMPLOYEE BENEFITS DEPARTMENT SERVICES-NOT APPRVD PROM 0         A.00         5A         5.00         92.00           92.00         09200         0BSERVATION BEDS (NON-DISTINCT PART 00.00         1.00         2.00         4.00         5A         5.00         92.00           00         000000000000000000000000000000000000	Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-	2552-10
Cost Center Description         CAPITAL RELATED COSTS         Reconcil 1 at ion AMIN N STRATIVE SUBJACE         Part Propered: (SQUARE FEET)         MVBLE EOUIP (SQUARE FEET)         Revents (SQUARE FEET)         Reconcil 1 at ion AMIN N STRATIVE (GROSS SALARIES)         Part Propered: (ACCUM. COST)           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART OTHER REIMBURSABLE COST CENTERS         1.00         2.00         4.00         5A         5.00         92.00           00.00 [0000] LAR SERVICES-NOT APPROP DRGM ODI (In 300 [ INTERST EXPENDE         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <	COST ALLOCATION - STATISTICAL BASIS		Provider C			Worksheet B-1	
CAPITAL RELATED COSTS         [11/25/2019 4: 02 pm           COST Center Description         CAPITAL RELATED COSTS         Reconciliation ADMINISTRATIVE           BLDG & FIXT         Reconciliation ADMINISTRATIVE           SUBTOR ALL RELATED COSTS         Reconciliation ADMINISTRATIVE           SUBTOR ALL RELATED COSTS         Reconciliation ADMINISTRATIVE           SUBTOR ALL RELATED COSTS         SUBTOR ALL RELATED COSTS           1.00         2.00         OSA         5.00         92.00           OTHER RELINGUESABLE COST CENTERS         1.00         2.00         OSA         5.00         92.00           OTHER RELINGUESABLE COST CENTERS         1.00         0         0         0         0         0         0         0         100.00         0         0         0         0         0         0         0         10.00         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>Data/Timo Dra</td> <td>narad</td>						Data/Timo Dra	narad
Cost Center Description         CAPITAL RELATED COSTS         Reconciliation ADMINISTRATIVE           BLOG & FIXT (SQUARE FEET)         MVBLE EQUIP (DOLLAR VALUE)         EMPLOYEE BENETIS DEPARTMENT (GROSS SALARIES)         Reconciliation ADMINISTRATIVE & GENERAL (ACCUM. COST)           92.00         09200] 0BSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS         1.00         2.00         4.00         5A         5.00         92.00           00.00         00001 k8 SERVICES-NOT APRVD PROM 10001 NOODI K8 SERVICES-NOT APRVD PROM 0010100 HOWE HEALTH ACENCY         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td< td=""><td></td><td></td><td></td><td></td><td>10 00/ 30/ 2019</td><td></td><td></td></td<>					10 00/ 30/ 2019		
Image: Solure Feet (SOUARE FEET)         COLLAR VALUE (SOUARE FEET)         BENEFITS (CROSS SALARIES)         & 6 CENERAL (ACCUM. COST)           92.00         09200 [0BSERVATI ON BEDS (NON-DI STINCT PART OTHER REI MBURSABLE COST CENTERS         1.00         2.00         4.00         5.00         92.00           100.00         10000 [IAR SERVICES-NOT APPRVD PRCM OTHER REI MBURSABLE COST CENTERS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td>CAPI TAL REL</td> <td>ATED COSTS</td> <td></td> <td></td> <td></td> <td></td>		CAPI TAL REL	ATED COSTS				
Image: Solure Feet (SOUARE FEET)         COLLAR VALUE (SOUARE FEET)         BENEFITS (CROSS SALARIES)         & 6 CENERAL (ACCUM. COST)           92.00         09200 [0BSERVATI ON BEDS (NON-DI STINCT PART OTHER REI MBURSABLE COST CENTERS         1.00         2.00         4.00         5.00         92.00           100.00         10000 [IAR SERVICES-NOT APPRVD PRCM OTHER REI MBURSABLE COST CENTERS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
PEPARTMENT (GROSS SALARIES)         DEPARTMENT (GROSS SALARIES)         (ACCUM. COST)           92.00         09200         DESERVATION         BEDS (NON-DISTINCT PART         92.00           00.00         1000         IAM SERVICES-NOT APPVD PRGM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Cost Center Description				Reconciliation		
Image: Construction of the construction of		(SQUARE FEET)	(DOLLAR VALUE)				
SALARI ES)         SALARI ES)           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         1.00         2.00         4.00         5A         5.00           0THER REI MBURSABLE COST CENTERS         0         0         0         0         0         0         0         100.00         100.05 [AB SERVICES-NOT APPRVD PRGM         0         0         0         0         0         0         0         0         0         0         100.00         100.05 [AB SERVICES-NOT APPRVD PRGM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						(ACCUM. COST)	
1.00         2.00         4.00         5A         5.00           92.00         09200         0BSERVATI ON BEDS (NON-DISTINCT PART           92.00           00         0000         18.8         SERVICES-NOT APPRVD PRGM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <							
92.00         09200   09200   095ERVATI ON BEDS (NON-DI STI NCT PART DTHER REI MBURSABLE COST CENTERS         92.00           100.00   10000   & SERVI CES - NOT APPRVD PRGM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 </td <td></td> <td>1 00</td> <td>2 00</td> <td></td> <td>54</td> <td>5.00</td> <td></td>		1 00	2 00		54	5.00	
OTHER         REI MBURSABLE         COST         CENTERS           100: 00         10000         18R         SERVICES-NOT         APPRVD         PRGM         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1100	2.00		011	0.00	92.00
101.00         HOME HEALTH AGENCY         6, 181         0         6, 129, 002         0         10, 325, 292         101.00           SPECIAL PURPOSE COST CENTERS           113.00         11800         INTERST EXPENSE         0         0         1, 449, 944         0         2, 766, 018         116.00           116.00         1000         HOSPICE         0         0         1, 449, 944         0         2, 766, 018         116.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         728, 569         10, 384, 835         101, 879, 925         -75, 667, 257         216, 714, 676         118.00           118.00         NOREI MBURSABLE COST CENTERS         0         1, 995         268, 347         0         2, 186, 749         192.00           192.00         PHYSICIANS' PRIVATE OFFICES         0         1, 995         268, 347         0         0         0         192.01           192.01         19201         REFERENCE LAB         0         0         0         0         14, 632         192.03           192.03         RETINAL VASCULAR GRANTS         500         0         0         0         2, 766, 257         200.00           201.00         Cost sto be allocated (per Wkst. B, Part I)			I				
SPECIAL PURPOSE COST CENTERS         113.00         11300         INTREST EXPENSE         113.00           116.00         11300         INTEREST EXPENSE         0         0         1,449,944         0         2,766,018         116.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         728,569         10,384,835         101,879,925         -75,667,257         216,714,676         118.00           NONREI MBURSABLE COST CENTERS         0         1,995         268,347         0         2,186,749         192.00           192:00         19201         REFRENCE LAB         0         0         0         192.01           192:01         19203         RETRENCE LAB         0         0         0         14,632         192.02           192:03         19203         RETINAL VASCULAR GRANTS         500         0         0         0         2,034,995         200.00           201.00         Cross Foot Adj ustments         0         0         0         0         2,034,995         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00         200.00	100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0		0 0	0	100.00
113.00       11300       INTEREST EXPENSE       0       0       0       1, 449, 944       0       2, 766, 018       116.00         116.00       HORNEL MEURSABLE COST CENTERS       0       10, 384, 835       101, 879, 925       -75, 667, 257       216, 714, 676       118.00         NONREL MEURSABLE COST CENTERS       0       10, 384, 835       101, 879, 925       -75, 667, 257       216, 714, 676       118.00         192.00       19200       PHYSICIANS' PRIVATE OFFICES       0       0       0       0       0       192.01       19201       REFERENCE LAB       0       0       0       0       192.02       19203       RETINAL VASCULAR GRANTS       500       0       0       0       14, 632       192.02       192.02       192.04       192.04       192.04       192.04       192.04       192.04       192.04       192.04       192.04       192.04       203.09       201.00       0       0       0       201.00       20.03       20.04       192.04       192.04       192.04       200.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00 </td <td></td> <td>6, 181</td> <td>0</td> <td>6, 129, 00</td> <td>2 0</td> <td>10, 325, 292</td> <td>101.00</td>		6, 181	0	6, 129, 00	2 0	10, 325, 292	101.00
116.00         11600         HOSPICE         0         0         1,449,944         0         2,766,018         116.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         728,569         10,384,835         101,879,925         -75,667,257         216,714,676         118.00           NONREL MBURSABLE COST CENTERS         0         10,995         268,347         0         2,186,749         192.00           192:00         PYSU CLANS' PRI VATE OFFICES         0         0         0         0         192.01           192:01         19202         PPHARMACY         884         0         0         0         14,632         192.02           192:03         19203         RETINAL VASCULAR GRANTS         500         0         0         0         8,276         192.03           192:04         AMBULANCE         0         0         0         0         20,34,995         192.04           200:00         Cost to be allocated (per Wkst. B,         12,081,811         8,136,577         23,143,910         75,667,257         202.00           203:00         Unit cost multiplier (Wkst. B, Part I)         16.551492         0.783355         0.226572         0.342449         203.00           204:00         Cost to be							
118.00       SUBTOTALS (SUM OF LINES 1 through 117)       728,569       10,384,835       101,879,925       -75,667,257       216,714,676       118.00         NONREL MBURSABLE COST CENTERS         192.00       PHYSICIANS' PRIVATE OFFICES       0       1,995       268,347       0       2,186,749       192.00         192.01       REFERENCE LAB       0       0       0       0       192.01       192.02       0P HARMACY       884       0       0       14,632       192.02       192.03       192.03       RETINAL VASCULAR GRANTS       500       0       0       8,276       192.03       192.04       192.04       192.04       203.04       0       0       0       0       2,034,995       192.04       200.00       2,034,995       192.04       200.00       200.00       200.00       200.00       200.00       201.00       202.00       Cost to centers       201.00       202.00       Cost to be allocated (per Wkst. B, Part I)       16.551492       0.783355       0.226572       0.342449       203.00       204.00       204.00       205.00       Unit cost multiplier (Wkst. B, Part I)       16.551492       0.783355       0.226572       0.342449       203.00       204.00       204.00       205.00       0.000853       0.028453 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
NONREI MBURSABLE COST CENTERS         0         1,995         268,347         0         2,186,749         192.00           192.01         19201         REFERENCE LAB         0         0         0         0         0         192.02         0         192.02         0         0         0         0         192.02         0         0         0         0         0         0         192.02         0         192.02         0         0         0         0         0         192.02         0         0         0         0         0         192.02         0         192.02         0         0         0         0         192.02         0         192.02         0         0         0         192.02         0         192.03         RETI NAL VASCULAR GRANTS         500         0         0         0         8.276         192.03         192.04         200.00         2.034,995         192.04         200.00         2.034,995         192.04         200.00         2.034,995         192.04         200.00         201.00         2.034,995         192.04         200.00         201.00         2.034,995         192.04         200.00         201.00         2.03,00         2.03,00         2.03,00         2.03,00		0	0				
192.00       19200       PHYSICIANS' PRIVATE OFFICES       0       1,995       268,347       0       2,186,749       192.00         192.01       19201       REFERENCE LAB       0       0       0       0       192.01         192.02       0P PHARMACY       884       0       0       0       14,632       192.02         192.03       19203       RETINAL VASCULAR GRANTS       500       0       0       8,276       192.04         192.04       19204       AMBULANCE       0       0       0       0       2,034,995       192.04         200.00       Cross Foot Adjustments       0       0       0       0       200.00       2,034,995       192.04       200.00       201.00       200.00       201.00       200.00       201.00       201.00       201.00       202.00       Cost to be allocated (per Wkst. B, Part I)       16.551492       0.783355       0.226572       0.342449       203.00       204.00       204.00       205.00       0.11 t cost multiplier (Wkst. B, Part I)       16.551492       0.783355       0.226572       0.342449       203.00       204.00       204.00       205.00       0.028453       205.00       206.00       206.00       206.00       206.00       206.00 <td></td> <td>728, 569</td> <td>10, 384, 835</td> <td>101, 879, 92</td> <td>5 -75, 667, 257</td> <td>216, 714, 676</td> <td>118.00</td>		728, 569	10, 384, 835	101, 879, 92	5 -75, 667, 257	216, 714, 676	118.00
192.01       19201       REFERENCE LAB       0       0       0       0       192.01         192.02       19202       OP PHARMACY       884       0       0       0       14,632       192.02         192.03       19203       RETINAL VASCULAR GRANTS       500       0       0       0       8,276       192.03         192.04       19204       MBULANCE       0       0       0       0       2,034,995       192.04         200.00       Cross Foot Adjustments       0       0       0       0       200.00       2,034,995       192.04       200.00         201.00       Negative Cost Centers       0       0       0       201.00       201.00       201.00       201.00       201.00       201.00       202.00       201.00       202.00       203.00       201.00       202.00       203.00       204.00       203.00       203.00       204.00       203.00       204.00       205.00       Unit cost multiplier (Wkst. B, Part I)       16.551492       0.783355       0.226572       0.342449       203.00       204.00       205.00       0.028453       205.00       205.00       0.028453       205.00       205.00       206.00       206.00       206.00       206.00 <td></td> <td>0</td> <td>1 005</td> <td>260.24</td> <td>7 0</td> <td>2 104 740</td> <td>102.00</td>		0	1 005	260.24	7 0	2 104 740	102.00
192.02       OP PHARMACY       884       0       0       14,632       192.02         192.03       19203       RETINAL VASCULAR GRANTS       500       0       0       8,276       192.03         192.04       19204       MBULANCE       0       0       0       0       2,034,995       192.04         200.00       Cross Foot Adj ustments       0       0       0       20.00       2,034,995       192.04         201.00       Negative Cost Centers       0       0       0       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00 <td></td> <td>0</td> <td>1, 995</td> <td>208, 34</td> <td></td> <td></td> <td></td>		0	1, 995	208, 34			
192.03       19203       RETINAL VASCULAR GRANTS       500       0       0       0       8,276       192.03         192.04       19204       AMBULANCE       0       0       0       0       20.03       192.04       192.04       192.04       192.04       200.00       2,034,995       192.04       200.00       20.00       20.00       20.00       20.00       20.00       20.00       20.00       201.00       201.00       201.00       201.00       201.00       201.00       202.00       202.00       202.00       202.00       202.00       202.00       201.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       202.00       203.00       203.00       203.00       203.00       203.00       204.00       202.00       204.00       205.00       205.00 <t< td=""><td></td><td>884</td><td></td><td></td><td></td><td></td><td></td></t<>		884					
192.04       19204       AMBULANCE       0       0       0       2,034,995       192.04         200.00       Cross Foot Adjustments       0       0       0       200.00       200.00       200.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       203.00       0.0342449       203.00       0.00       204.00       204.00       204.00       204.00       204.00       205.00       0.028453       205.00       205.00       0.028453       205.00       205.00       206.00       206.00       206.00       206.00       206.00       206.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
200.00       Cross Foot Adjustments       200.00       200.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       201.00       202.00       201.00       201.00       201.00       202.00       201.00       202.00       201.00       202.00       201.00       202.00       201.00       202.00       202.00       201.00       202.00       202.00       202.00       202.00       202.00       202.00       203.00       203.00       205.00       0.342449       203.00       0.342449       203.00       0.6, 286, 939       204.00       6, 286, 939       204.00       6, 286, 939       204.00       205.00       0.028453       205.00       205.00       0.028453       205.00       206.00       206.00       206.00       206.00       206.00       206.00       206.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00       207.00		000	0		0 0		
201.00         Negative Cost Centers         201.00         202.00         Cost to be allocated (per Wkst. B, Part I)         12,081,811         8,136,577         23,143,910         75,667,257         202.00         202.00           203.00         Unit cost multiplier (Wkst. B, Part I)         16.551492         0.783355         0.226572         0.342449         203.00         0.342449         203.00         6,286,939         204.00         6,286,939         204.00         6,286,939         204.00         6,286,939         204.00         205.00         Unit cost multiplier (Wkst. B, Part I)         16.551492         0.000853         0.0028453         205.00         205.00         205.00         0.028453         205.00         206.00         206.00         206.00         206.00         206.00         206.00         206.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00         207.00					0	2,001,770	
203.00       Unit cost multiplier (Wkst. B, Part I)       16.551492       0.783355       0.226572       0.342449       203.00         204.00       Cost to be allocated (per Wkst. B, Part II)       16.551492       0.783355       0.226572       0.342449       203.00         205.00       Unit cost multiplier (Wkst. B, Part II)       0.000853       0.000853       0.028453       205.00         205.00       Unit cost multiplier (Wkst. B, Part II)       0.000853       0.028453       205.00         206.00       NAHE adjustment amount to be allocated (per Wkst. B, 2)       0.000853       0.028453       206.00         207.00       NAHE unit cost multiplier (Wkst. D,       0.000853       0.028453       207.00							
203.00       Unit cost multiplier (Wkst. B, Part I)       16.551492       0.783355       0.226572       0.342449       203.00         204.00       Cost to be allocated (per Wkst. B, Part II)       16.551492       0.783355       0.226572       0.342449       203.00         205.00       Unit cost multiplier (Wkst. B, Part II)       0.000853       0.000853       0.028453       205.00         206.00       NAHE adjustment amount to be allocated (per Wkst. B-2)       0.000853       0.000853       206.00         207.00       NAHE unit cost multiplier (Wkst. D,       0.000853       0.000853       207.00	202.00 Cost to be allocated (per Wkst. B,	12, 081, 811	8, 136, 577	23, 143, 91	0	75, 667, 257	202.00
204.00         Cost to be allocated (per Wkst. B, Part II)         87,115         6,286,939         204.00           205.00         Unit cost multiplier (Wkst. B, Part II)         0.000853         0.028453         205.00           206.00         NAHE adjustment amount to be allocated (per Wkst. B-2)         207.00         NAHE unit cost multiplier (Wkst. D,         207.00							
Part II)Part II)205.00Unit cost multiplier (Wkst. B, Part II)0.0008530.028453206.00NAHE adjustment amount to be allocated (per Wkst. B-2)206.00207.00NAHE unit cost multiplier (Wkst. D, 207.00207.00		16. 551492	0. 783355				
205.00         Unit cost multiplier (Wkst. B, Part         0.000853         0.028453         205.00           206.00         NAHE adjustment amount to be allocated (per Wkst. B-2)         207.00         NAHE unit cost multiplier (Wkst. D,         207.00         207.00				87, 11	5	6, 286, 939	204.00
206.00II)206.00206.00207.00NAHE unit cost multiplier (Wkst. D,207.00				0 00005		0 000 450	0.05 0.0
206.00NAHE adjustment amount to be allocated (per Wkst. B-2)206.00207.00NAHE unit cost multiplier (Wkst. D,207.00				0.00085	3	0. 028453	205.00
207.00 (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, 207.00							206 00
207.00 NAHE unit cost multiplier (Wkst. D, 207.00	(ner Wkst B-2)						200.00
							207.00

ST ALLOCATION - STATISTICAL BASIS		Provider C		Period: From 07/01/2018	Worksheet B-1	
				06/30/2019	Date/Time Prep 11/25/2019 4:0	
Cost Center Description	MAI NTENANCE & REPAI RS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPI NG (SQUARE FEET)	DI ETARY (MEALS SERVED)	<u> </u>
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS				1		1
00         00100         CAP         REL         COSTS-BLDG & FIXT           00         00200         CAP         REL         COSTS-MVBLE         EQUIP           00         00400         EMPLOYEE         BENEFITS         DEPARTMENT           00         00500         ADMINISTRATIVE         & GENERAL           00         00600         MAINTENANCE         & REPAIRS           00         00700         OPERATION         OF         PLANT           00         00800         LAUNDRY         & LINEN         SERVICE           00         00100         DI         ETARY         O         O1100         CAFETERIA           00         01200         MAINTENANCE         OF         PERSONNEL         O         O1200         MAINTENANCE         OF         PERSONNEL           00         01200         MAINTENANCE         OF         PERSONNEL         O         O1200         NURSI NG         ADMINISTRATION           00         01400         CENTRAL         SERVICES         & SUPPLY         O         O1500         PHARMACY           00         01400         CAINTRAL         SERVICES         & SUPPLY         O         O1700         SOCIAL         SERVICES	PPRV 0 150 750	431, 144 3, 656 4, 336 13, 305 6, 350 0 2, 576 4, 801 6, 930 10, 046 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		423, 152         13, 305         6, 350         0       2, 576         0       4, 801         0       6, 930         0       10, 046         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       750	233, 436 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 2 4 5 6 7 8 9 10 11 12 13 14 15 16 177 19 20 21 22 23 23
02 02302 PARAMED ED PRGM - DIETETICS	2, 313	2, 313		2, 313	0	23
INPATIENT ROUTINE SERVICE COST CENTER 00 03000 ADULTS & PEDIATRICS	S132, 168	132, 168	49, 241	132, 168	179, 501	30
00 03100 INTENSIVE CARE UNIT	12, 721	12, 721	3, 780		6, 896	31
00 04000 SUBPROVIDER - IPF	3, 994	3, 994			11, 179	40
00 04100 SUBPROVIDER - IRF	50, 535	50, 535			34, 220	41
00 04300 NURSERY ANCI LLARY SERVICE COST CENTERS	5, 950	5, 950	2, 572	2 5, 950	0	43
00 05000 OPERATING ROOM	44, 250	44, 250	0	44, 250	0	50
00 05100 RECOVERY ROOM	3, 327	3, 327			0	51
00 05200 DELIVERY ROOM & LABOR ROOM	0	0		-	0	52
00 05300 ANESTHESI OLOGY 00 05400 RADI OLOGY-DI AGNOSTI C	431 26, 286	431 26, 286			0	53 54
01 03630 ULTRA SOUND	20, 280	20, 280			0	54
02 05401 SPECIAL PROCEDURES	1, 833				0	54
00 05600 RADI OI SOTOPE	1, 925	1, 925			0	56
00 05700 CT SCAN 00 05800 MRI	2, 055 5, 427	2, 055 5, 427			0	57 58
00 05900 CARDI AC CATHETERI ZATI ON	3, 670				0	59
00 06000 LABORATORY	13, 771	13, 771	C		0	60
30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0	-	°	0	62
00 06300 BLOOD STORI NG, PROCESSI NG & TRAI 00 06500 RESPI RATORY THERAPY	NS. 525 1,649	525 1, 649		) 525 ) 1,649	0	63 65
01 03560 PULMONARY FUNCTION TESTING	794				0	65
00 06600 PHYSI CAL THERAPY	6, 373					66
00 06700 OCCUPATI ONAL THERAPY	1, 058			.,	0	67
	724	724		) 724	0	68 69
00 06900 ELECTROCARDI OLOGY 00 07000 ELECTROENCEPHALOGRAPHY	3, 752 2, 041	3, 752 2, 041		0 3, 752 0 2, 041	0	70
01 03280 SLEEP LAB	0	0		0 0	0	70
02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI (		0	C	0 0	0	70
00 07100 MEDI CAL SUPPLIES CHARGED TO PATI	ENT O	0	0	0 0	0	71
00 07200 I MPL. DEV. CHARGED TO PATI ENTS 00 07300 DRUGS CHARGED TO PATI ENTS	0				0	72
01 03190 INFUSION THERAPY	1, 554	1, 554	-	1,554	0	73
03 07301 PHARMACY VACCINE	0	0		0	0	73
04 03480 FCC INFUSION THERAPY	645	645		645	0	73
00 07400 RENAL DIALYSIS	1,801	1, 801		1,801	0	74
97 07697 CARDI AC REHABI LI TATI ON	2,039			2,039	0	76 76
98 07698 HYPERBARI C OXYGEN THERAPY 99 07699 LI THOTRI PSY	0			-	0	76
OUTPATIENT SERVICE COST CENTERS	0	0		. 0	0	, ,
02 09001 PSYCH ANCI LLARY	13, 999	13, 999	C	13, 999	0	90
03 09002 RETINAL VASCULAR	10, 844					90
00 09100 EMERGENCY	9, 372	9, 372		,,,,,,	1, 640	
01 09101 FCC	0	0		0 0	0	91
00 09200 OBSERVATI ON BEDS (NON-DI STI NCT F OTHER REI MBURSABLE COST CENTERS		L	l			92

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		eriod:	Worksheet B-1	
				rom 07/01/2018 o 06/30/2019	Date/Time Pre	pared.
					11/25/2019 4:	
Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	REPAI RS	PLANT	LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	
	(SQUARE FEET)	(SQUARE FEET)	(TOTAL PATI			
	6,00	7.00	ENT DAYS) 8.00	9, 00	10.00	
101.00 10100 HOME HEALTH AGENCY	6, 181					101.00
SPECIAL PURPOSE COST CENTERS	0, 101	0, 101	0	0, 101	0	101.00
113. 00 11300 I NTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	482, 829	429, 760	68, 036	421, 768		
NONREI MBURSABLE COST CENTERS		,				
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0	0	192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0	192. 01
192.02 19202 OP PHARMACY	884	884	0	884	0	192. 02
192.03 19203 RETINAL VASCULAR GRANTS	500	500	0	500		192. 03
192. 04 19204 AMBULANCE	0	0	0	0		192.04
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5, 594, 820	15, 293, 263	1, 910, 670	6, 607, 819	3, 717, 703	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11. 554461	35. 471358	28.083221	15. 615710	15. 926005	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	433, 545	1, 279, 302	112, 472	249, 192	381, 705	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 895360	2. 967227	1. 653125	0. 588895	1. 635159	205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

	Financial Systems ALLOCATION - STATISTICAL BASIS	INGALLS MEMORIA		CN: 14-0191	In Lie Period:	u of Form CMS-: Worksheet B-1	
0031 #	ALLUCATION - STATISTICAL DASIS		Provider C		From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	pared:
	Cost Center Description	(FTES/HOURS)	IAI NTENANCE OF PERSONNEL (NUMBER HOUSED)	ADMI NI STRATI O (DI RECT NRSI N HRS)	SUPPLY G (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
20. 00 21. 00 22. 00 23. 00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-PHARMACY	2, 565, 519 0 99, 044 20, 055 91, 806 83, 880 9, 812 0 0 0 0 0 0 0 4, 759		977, 49	0         22, 209, 044           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0	18, 237, 596 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16.00 17.00 19.00 20.00 21.00 22.00 23.00
23. 01 23. 02	02301 PARAMED ED PRGM - EMS 02302 PARAMED ED PRGM - DI ETETICS	43, 972 16, 120	(		1 0 0 0	0	23. 01 23. 02
23.02	INPATIENT ROUTINE SERVICE COST CENTERS	10, 120	(	<u>л</u>	0 0	0	23.02
30. 00 31. 00 40. 00 41. 00 43. 00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	503, 317 65, 524 26, 907 99, 423 29, 249		65, 52 26, 90 99, 42	4 0 7 0 3 0	0 0 0 0	30. 00 31. 00 40. 00 41. 00 43. 00
50.00	05000 OPERATING ROOM	116, 704	(	116, 70	4 0	0	50.00
51.00	05100 RECOVERY ROOM	10, 569	0			0	51.00
52.00 53.00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	16, 280	(		0 0 0 0	0	52.00 53.00
53.00 54.00	05300 ANESTHESTOLOGY 05400 RADI OLOGY-DI AGNOSTI C	2, 026 61, 992	(		0 0	0	53.00
54.00	03630 ULTRA SOUND	21,835	(		0 0	0	54.00
54.02	05401 SPECIAL PROCEDURES	22, 911	(		0 0	0	54.02
56.00	05600 RADI OI SOTOPE	10, 635	(		0 0	0	56.00
57.00	05700 CT SCAN 05800 MRI	19, 537 11, 999	(		0 0	0	
59.00		15, 423	(		0 763, 525	0	
	06000 LABORATORY	198, 461	(		0 0	0	1
	06250 BLOOD CLOTTING FOR HEMOPH.	0	(		0 0	0	
63.00 65.00	06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY	9, 427 45, 044	(		0 0 0 0	0	63.00 65.00
65.01	03560 PULMONARY FUNCTION TESTING	967	(		0 0	0	65.01
66.00		87, 974	(	D	0 0	0	66.00
67.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	49, 361	(		0 0	0	67.00 68.00
	06900 ELECTROCARDI OLOGY	10, 542 28, 975	(		0 0	0	1
	07000 ELECTROENCEPHALOGRAPHY	3, 803	(		0 0	0	70.00
70.01		2, 391	0		0 0	0	70. 01
	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7, 548	(		0	0	70.02 71.00
	07200 IMPL. DEV. CHARGED TO PATTENT	0	(		0 14, 688, 740 0 6, 756, 779		72.00
	07300 DRUGS CHARGED TO PATIENTS	0	(		0 0	0	
73.01		9, 438	(	D	0 0	18, 237, 596	
	07301 PHARMACY VACCINE	11 / 17	(		0 0	0	
	03480 FCC INFUSION THERAPY 07400 RENAL DIALYSIS	11, 617 10, 778	ſ		0 0 0 0	0	
76.97	07697 CARDI AC REHABI LI TATI ON	8, 955	(	þ	0 0	0	76.97
76. 98	07698 HYPERBARI C OXYGEN THERAPY	19, 102	(		0 0	0	76. 98
76.99		0	(	)	0 0	0	76. 99
90 02	OUTPATIENT SERVICE COST CENTERS		(		0 0	0	90. 02
	09001 PSYCH ANCI LLARY 09002 RETINAL VASCULAR	6, 965	(		0 0	0	1
91.00	09100 EMERGENCY	108, 425	(	108, 42		0	91.00
	09101   FCC	465, 509	(	D	0 0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	I I		1	ļ		92.00

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
				From 07/01/2018 To 06/30/2019	Date/Time Pre	norod.
				10 06/30/2019	11/25/2019 4:	
Cost Center Description	CAFETERI A	MAINTENANCE OF	NURSI NG	CENTRAL	PHARMACY	
	(FTES/HOURS)	PERSONNEL	ADMI NI STRATI O	N SERVICES &	(COSTED	
		(NUMBER		SUPPLY	REQUIS.)	
		HOUSED)	(DIRECT NRSIN			
			HRS)	REQUIS.)		
	11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS	1		1			-
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	C		0 0		100.00
101.00 10100 HOME HEALTH AGENCY	32,001	C		0 0	0	101.00
SPECIAL PURPOSE COST CENTERS			1			
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	33, 603			0 00 000 011		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2, 554, 665	C	977, 49	9 22, 209, 044	18, 237, 596	118.00
NONREI MBURSABLE COST CENTERS	10.054					100.00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	10, 854	C		0 0		192.00
192.01 19201 REFERENCE LAB	0			0		192.01
192.02 19202 OP PHARMACY	0			0		192.02
192. 03 19203 RETINAL VASCULAR GRANTS	0			0		192.03
192.04 19204 AMBULANCE 200.00 Cross Foot Adjustments	0	L L		J 0	0	192.04 200.00
· · · · · · · · · · · · · · · · · · ·						200.00
201.00 Negative Cost Centers	2 172 270		0 400 04	1 101 (/)	( 0(0 0(4	
202.00 Cost to be allocated (per Wkst. B, Part I)	3, 172, 370	C	8, 480, 06	0 1, 101, 663	6, 869, 364	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1, 236541	0. 000000	8, 67526	2 0. 049604	0. 376660	202 00
204.00 Cost to be allocated (per Wkst. B,	192,841	0.000000	1, 749, 82			
Part II)	172,041	L L	1, 749, 02	1 170, 730	479, 202	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 075166	0. 000000	1. 79010	0. 008597	0. 026279	205 00
	0.075100	0.000000	1.77010	0.000377	0.020277	200.00
206.00 NAHE adjustment amount to be allocated						206.00
(per Wkst. B-2)						
207.00 NAHE unit cost multiplier (Wkst. D,						207.00
Parts III and IV)						

	Financial Systems ALLOCATION - STATISTICAL BASIS	INGALLS MEMOR	Provider C		Period:	u of Form CMS-2 Worksheet B-1	
				F	rom 07/01/2018 o 06/30/2019	Date/Time Pre	
		_		'	0 00/30/2019	11/25/2019 4:	
						I NTERNS & RESI DENTS	
	Cost Center Description	MEDI CAL	SOCI AL SERVI CE	NONPHYSI CI AN	NURSING SCHOOL		
	•	RECORDS &		ANESTHETI STS		Y & FRINGES	
			(TOTAL PATI	(ASSI GNED	(ASSI GNED	APPRV	
		(WS C CHARGES)	ENT DAYS)	TIME)	TI ME)	(ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
1 00	GENERAL SERVICE COST CENTERS	-	L				1 1 00
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINI STRATI VE & GENERAL						5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00 9.00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A						11.00
12.00	01200 MAINTENANCE OF PERSONNEL						12.00
13.00	01300 NURSI NG ADMI NI STRATI ON						13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14.00 15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1, 381, 133, 920					16.00
	01700 SOCIAL SERVICE	C	68, 036				17.00
19.00	01900 NONPHYSI CLAN ANESTHETI STS	C	0	( C	)		19.00
20.00	02000 NURSI NG SCHOOL	C	0		0		20.00
21.00	02100 I & SERVICES-SALARY & FRINGES APPRV	0	0			0	
22.00 23.00	02200 I &R SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM-PHARMACY						22.00 23.00
23.00	02301 PARAMED ED PRGM - EMS						23.00
23.02	02302 PARAMED ED PRGM - DIETETICS	C	0				23.02
	INPATIENT ROUTINE SERVICE COST CENTERS	444 ( ( ) ) 070	40.044				1 00 00
30.00 31.00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNI T	111, 663, 872				0	
40.00	04000 SUBPROVIDER - IPF	5, 778, 568			-	0	
41.00	04100 SUBPROVIDER - IRF	13, 782, 070		C	0 0	0	
43.00	04300 NURSERY	6, 328, 782	2, 572	(	0 0	0	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	101, 136, 969	0		) 0	0	50.00
51.00	05100 RECOVERY ROOM	14, 512, 340				0	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 789, 719		C	0 0	0	
53.00	05300 ANESTHESI OLOGY	16, 259, 836		C	0 0	0	
54.00	05400 RADI OLOGY-DI AGNOSTI C	31, 667, 955		0	0	0	54.00
54.01 54.02	03630 ULTRA SOUND 05401 SPECIAL PROCEDURES	14, 979, 543				0	
	05600 RADI OI SOTOPE	8, 573, 014				0	•
	05700 CT SCAN	88, 646, 187		0	0 0	0	
	05800 MRI	17, 839, 135		C	0 0	0	
	05900 CARDI AC CATHETERI ZATI ON	18, 936, 676			0	0	
62.30	06000 LABORATORY 06250 BLOOD CLOTTING FOR HEMOPH.	170, 087, 505				0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7, 783, 197	0		0	0	
65.00	06500 RESPI RATORY THERAPY	24, 594, 765		C	0 0	0	1
	03560 PULMONARY FUNCTION TESTING	801, 674		C	0 0	0	
	06600 PHYSI CAL THERAPY	22, 499, 217			0	0	
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	8, 235, 985 3, 565, 405				0	
	06900 ELECTROCARDI OLOGY	23, 328, 371				0	
		1, 171, 233		C	0 0	0	
	03280 SLEEP LAB	1, 604, 972		( C	0 0	0	
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	6, 222, 830		0	0	0	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	11, 902, 249				0	
	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	19, 680, 116 158, 031, 939				0	
	03190 I NFUSI ON THERAPY	4, 646, 400			0	0	1
73.03	07301 PHARMACY VACCI NE	225, 662			0	0	73.03
	03480 FCC INFUSION THERAPY	9, 630, 918		( C	0	0	
	07400 RENAL DI ALYSI S	4, 701, 890		0	0	0	
	07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY	918, 001 7, 793, 961				0	
	07699 LI THOTRI PSY	7, 793, 901 C				0	1
	OUTPATIENT SERVICE COST CENTERS		-				
~~ ~~	09001 PSYCH ANCI LLARY	7, 136, 582	2 0	C	0 0		90. 02
90.03	09002 RETINAL VASCULAR 09100 EMERGENCY	998, 612 115, 411, 177			0	0	90.03 91.00

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO	F	Period: From 07/01/2018 To 06/30/2019	Worksheet B-1 Date/Time Pre 11/25/2019 4:	pared:
Cost Center Description	RECORDS & LI BRARY (WS C CHARGES)	(TOTAL PATI ENT DAYS)	ANESTHETI STS (ASSI GNED TI ME)	NURSI NG SCHOOL (ASSI GNED TI ME)	I NTERNS & RESI DENTS SERVI CES-SALAR Y & FRI NGES APPRV (ASSI GNED TI ME)	
	16.00	17.00	19.00	20.00	21.00	00.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART						92.00
OTHER REI MBURSABLE COST CENTERS	0					100.00
100.00 10000 I & SERVI CES-NOT APPRVD PRGM 101.00 10100 HOME HEALTH AGENCY	0	0				100. 00 101. 00
SPECIAL PURPOSE COST CENTERS	0	0	L(	0	0	101.00
113. 00 11300 I NTEREST EXPENSE						113.00
116. 00 11600 HOSPI CE	0	0		0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 381, 133, 920	68, 036	C	-	0	118.00
NONREI MBURSABLE COST CENTERS	1, 301, 133, 720	00,000		0	0	1110.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	(	0	0	192.00
192. 01 19201 REFERENCE LAB	0	0	(	0		192.01
192. 02 19202 OP PHARMACY	0	0	Ċ	0	0	192.02
192.03 19203 RETINAL VASCULAR GRANTS	0	0	C	0 0	0	192.03
192. 04 19204 AMBULANCE	0	0	0	0 0	0	192.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	6, 030, 678	534, 885	C	0 0	0	202.00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 004366		0.00000	0. 000000	0. 000000	
204.00 Cost to be allocated (per Wkst. B, Part II)	340, 771	12, 089	C	0 0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part	0. 000247	0. 177685	0.00000	0. 000000	0.00000	205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0. 000000		207. 00

	Financial Systems NLLOCATION - STATISTICAL BASIS	INGALLS MEMOR	IAL HOSPITAL Provider C		In Lie Period: From 07/01/2018	u of Form CMS-2552- Worksheet B-1
					To 06/30/2019	Date/Time Prepared
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHER PRGM COSTS APPRV (ASSI GNED TI ME) 22.00	PARAMED ED PRGM-PHARMACY (ASSI GNED TI ME) 23.00	PARAMED ED PRGM - EMS (TIME SPENT) 23.01	PARAMED ED PRGM - DI ETETI CS (ASSI GNED TI ME) 23. 02	<u>11/25/2019 4:02 pm</u>
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 17.\ 00\\ 19.\ 00\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ 23.\ 01\\ 23.\ 01\end{array}$	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00500 ADMINISTRATIVE & GENERAL 00600 MAINTENANCE & REPAIRS 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01200 MAINTENANCE OF PERSONNEL 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 01900 NONPHYSICIAN ANESTHETISTS 02000 NURSING SCHOOL 02100 I&R SERVICES-SALARY & FRINGES APPRV 02200 IAR SERVICES-OTHER PRGM COSTS APPRV 02300 PARAMED ED PRGM - EMS	0	100	194	5	1. C 2. C 4. C 5. C 6. C 7. C 8. C 9. C 10. C 11. C 12. C 13. C 14. C 15. C 14. C 15. C 19. C 20. C 21. C 22. C 23. C 23. C
23. 02 30. 00 31. 00 40. 00 41. 00 43. 00	02302 PARAMED ED PRGM - DI ETETI CS INPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS 03100 I NTENSI VE CARE UNI T 04000 SUBPROVI DER - I PF 04100 SUBPROVI DER - I RF 04300 NURSERY		0	10		23. 0 30. 0 31. 0 40. 0 41. 0 43. 0
50.00 51.00 52.00 54.01 54.01 54.02 56.00 57.00 59.00 60.00 62.30 63.00 65.01 66.00 65.01 66.00 67.00 67.00 68.00 69.00 70.01 70.02 71.00 72.00 73.00 73.01 73.03 73.04 74.00 76.99 76.99	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM 05100 RECOVERY ROOM & LABOR ROOM 05200 DELI VERY ROOM & LABOR ROOM 05300 ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C 03630 ULTRA SOUND 05401 SPECI AL PROCEDURES 05600 RADI OL SOTOPE 05700 CT SCAN 05800 MRI 05900 CARDI AC CATHETERI ZATI ON 06000 LABORATORY 06250 BLOOD CLOTTI NG FOR HEMOPH. 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 06500 RESPI RATORY THERAPY 03560 PULMONARY FUNCTI ON TESTI NG 06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY 06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07000 ELECTROCARDI OLOGY 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT 07200 IMPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS 07301 PHARMACY VACCI NE 03480 FCC I NFUSI ON THERAPY 07400 RENAL DI ALYSI S 07697 CARDI AC REHABI LI TATI ON 07698 HYPERBARI C OXYGEN THERAPY 04700 OLT PATI ENT SERVICE COST CENTERS					50. 0 51. 0 52. 0 53. 0 54. 0 54. 0 54. 0 56. 0 57. 0 58. 0 60. 0 62. 3 63. 0 65. 0 65. 0 66. 0 67. 0 68. 0 69. 0 70. 0 70. 0 70. 0 71. 0 73. 0 73. 0 73. 0 73. 0 73. 0 73. 0 73. 0 74. 0 74. 0 75. 0 76. 9 76. 9 77. 0 78. 0 79. 0 79. 0 79. 0 70. 0 70. 0 71. 0 73. 0 73. 0 73. 0 73. 0 74. 9 76. 9 77. 0 77. 0 77
90. 02 90. 03 91. 00 91. 01	09001 PSYCH ANCI LLARY 09002 RETI NAL VASCULAR 09100 EMERGENCY		0 0 0	(11:	0 0	90. C 90. C 91. C 91. C

Health Financial Systems	INGALLS MEMOR	I AL_HOSPI TAL		In Lie	u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CO		Period: From 07/01/2018	Worksheet B-1
				To 06/30/2019	Date/Time Prepared: 11/25/2019 4:02 pm
	I NTERNS & RESI DENTS				
Cost Center Description	SERVI CES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED	
cost center beschiption		PRGM-PHARMACY	PRGM - EMS	PRGM -	
	APPRV	(ASSI GNED	(TIME SPENT)	DI ETETI CS	
	(ASSI GNED	TIME)		(ASSI GNED	
	TIME)			TIME)	
	22.00	23.00	23.01	23. 02	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS					
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	-		0 0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0		0 0	101.00
SPECIAL PURPOSE COST CENTERS	_				
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPI CE		0		0 0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	100	19	6 188	118.00
NONREI MBURSABLE COST CENTERS	-				100.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0		0 0	192.00
192. 01 19201 REFERENCE LAB 192. 02 19202 OP PHARMACY	0	0		0	192. 01 192. 02
192. 02 19202 OP PHARMACY 192. 03 19203 RETINAL VASCULAR GRANTS	0	0		0	192.02
192. 04 19203 RETINAL VASCULAR GRANTS 192. 04 19204 AMBULANCE	0	0			192.03
200.00 Cross Foot Adjustments	0	0		5 0	200.00
201.00 Negative Cost Centers					200.00
202.00 Cost to be allocated (per Wkst. B,	0	321, 021	1, 103, 66	7 244, 708	
Part I)	0	521,021	1, 103, 00	244,700	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 000000	3, 210. 210000	5, 630. 95408	2 1, 301. 638298	203.00
204.00 Cost to be allocated (per Wkst. B,	0	10, 114			204.00
Part II)	-				
205.00 Unit cost multiplier (Wkst. B, Part	0. 000000	101. 140000	418. 20408	2 273. 781915	205.00
11)					
206.00 NAHE adjustment amount to be allocated	1	0		0 0	206.00
(per Wkst. B-2)					
207.00 NAHE unit cost multiplier (Wkst. D,		0. 000000	0.00000	0.00000	207.00
Parts III and IV)		l		1	I I

COMPUTATION OF RATIO OF COSTS TO CHARGES Provider CCN: 14-0191 Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I	
	Date/Time Prep	bared:
	11/25/2019 4:0	)2 pm
Title XVIII Hospital	PPS	
Cost Center Description Total Cost Therapy Limit Total Costs RCE	Total Costs	
	Total Costs	
(from Wkst. B, Adj. Disallowance Part I, col.		
26)		
1.00 2.00 3.00 4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	0100	
30. 00 03000 ADULTS & PEDIATRICS 53, 258, 425 53, 258, 425 0	53, 258, 425	30.00
31.00 03100 INTENSIVE CARE UNIT 7, 353, 431 7, 353, 431 0		31.00
40. 00 04000 SUBPROVIDER - IPF 3, 504, 470 3, 504, 470 0		40.00
41. 00 04100 SUBPROVI DER - I RF 11, 846, 070 11, 846, 070 0		41.00
43. 00 04300 NURSERY 3, 005, 299 3, 005, 299 0	3, 005, 299	43.00
ANCI LLARY SERVI CE COST CENTERS		
50. 00 05000 OPERATI NG ROOM 18, 433, 287 08, 433, 287 0	18, 433, 287	50.00
51. 00 05100 RECOVERY ROOM 1, 447, 135 0, 447, 135 0, 647, 147, 135 0, 518, 617, 617, 617, 617, 617, 617, 617, 617	1, 447, 135	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM 1, 250, 288 1, 250, 288 0,	1, 250, 288	52.00
53. 00 05300 ANESTHESI OLOGY 451, 905 05	451, 905	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 11, 126, 235 01, 11, 126, 235 0	11, 126, 235	54.00
54. 01 03630 ULTRA SOUND 2, 048, 049 2, 048, 049 0	2, 048, 049	54.01
54. 02         05401         SPECIAL PROCEDURES         2, 176, 080         0		54.02
56. 00         05600         RADI 0I SOTOPE         1, 052, 210         1, 052, 210         0		56.00
57.00         05700         CT SCAN         2, 183, 744         0		57.00
58. 00         05800         MRI         1, 362, 360         0		58.00
59. 00         05900         CARDIAC CATHETERIZATION         2, 319, 522         0		59.00
60. 00         06000         LABORATORY         16, 951, 806         16, 951, 806         0		60.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPH. 0 0 0		62.30
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 1, 526, 108 1, 526, 108 0		63.00
65. 00 06500 RESPIRATORY THERAPY 3, 293, 684 0 3, 293, 684 0		65.00
65. 01 03560 PULMONARY FUNCTION TESTING 126, 831 0 126, 831 0		65.01
66. 00 06600 PHYSI CAL THERAPY 4, 950, 651 0 4, 950, 651 0		66.00
67. 00   06700  OCCUPATI ONAL THERAPY 2, 399, 061 0 2, 399, 061 0 2, 399, 061 0		67.00
68. 00 06800 SPEECH PATHOLOGY 834, 576 0 834, 576 0		68.00
69. 00 06900 ELECTROCARDI OLOGY 2, 630, 542 2, 630, 542 45, 353		69.00
70. 00         07000         ELECTROENCEPHALOGRAPHY         434, 776         434, 776         0           70. 01         03280         SLEEP         LAB         180, 180         180, 180         0		70.00
		70. 01 70. 02
70. 02         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         2, 186, 682         0           71. 00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         20, 499, 475         20, 499, 475         0		70.02
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 10, 516, 711 10, 516, 711 00		72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS 25, 459, 934 25, 459, 934 0		72.00
73. 01   03190   INFUSI ON THERAPY 7, 687, 600 7, 687, 600 0		73.00
73. 03   07301   PHARMACY VACCI NE 35, 082 0		73.03
73. 04   03480   FCC   NFUSI ON THERAPY 1, 024, 366 0		73.04
74. 00 [07400] RENAL DI ALYSI S 1, 018, 657 0		74.00
76. 97 07697 CARDI AC REHABI LI TATI ON 826, 751 066, 751 0		76.97
76. 98 07698 HYPERBARI C 0XYGEN THERAPY 1, 423, 963 1, 423, 963 0		
76. 99 07699 LI THOTRI PSY 0 0 0		76.99
OUTPATIENT SERVICE COST CENTERS		
90. 02 09001 PSYCH ANCI LLARY 2, 945, 489 0, 945, 489 0	2, 945, 489	90. 02
90. 03 09002 RETINAL VASCULAR 1, 347, 691 0, 347, 691 0	1, 347, 691	90.03
91. 00 09100 EMERGENCY 9, 889, 292 9, 889, 292 0	9, 889, 292	91.00
91. 01 09101 I FCC 31, 777, 096 31, 777, 096 0	31, 777, 096	91.01
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART 5, 305, 480 5, 305, 480	5, 305, 480	92.00
OTHER REIMBURSABLE COST CENTERS		
100.00 10000 I &R SERVICES-NOT APPRVD PRGM 0 0	0	100. 00
101.00 10100 HOME HEALTH AGENCY 14, 287, 936 14, 287, 936	14, 287, 936	101. 00
SPECIAL PURPOSE COST CENTERS		
113.00 I 1300 I NTEREST EXPENSE		113.00
116. 00 11600 H0SPI CE 3, 754, 789 3, 754, 789	3, 754, 789	
200.00         Subtotal (see instructions)         296, 133, 719         0         296, 133, 719         45, 353		
201.00 Less Observation Beds 5, 305, 480 5, 305, 480	5, 305, 480	
202.00         Total (see instructions)         290, 828, 239         0         290, 828, 239         45, 353	290, 873, 592	202.00

	inancial Systems		NGALLS MEMORIAL HOSPITAL Provider CCN: 14-0191			u of Form CMS-2552	
COMPUTAT	ION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Pre 11/25/2019 4:	epared: 02 pm
			Title	XVIII	Hospi tal	PPS	. '
			Charges				
	Cost Center Description	Inpati ent	Outpati ent	Total (col. 6 + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent	
		( 00	7.00	0.00	0.00	Ratio	
1	NPATIENT ROUTINE SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
	3000 ADULTS & PEDIATRICS	94, 794, 189		94, 794, 18	0		30.00
	3100 I NTENSI VE CARE UNI T	12, 911, 206		12, 911, 20			31.00
	4000 SUBPROVIDER - IPF	5, 778, 568		5, 778, 56			40.00
	4000 SUBPROVIDER - IRF	13, 782, 070		13, 782, 07			40.00
	4300 NURSERY	6, 328, 782		6, 328, 78			43.00
	VCI LLARY SERVICE COST CENTERS	0, 320, 702		0, 320, 70	2		43.00
	5000 OPERATING ROOM	51, 216, 147	49, 920, 822	101, 136, 96	9 0. 182261	0.000000	50.00
	5100 RECOVERY ROOM	6, 440, 913	8,071,427	14, 512, 34		0.000000	
	5200 DELIVERY ROOM & LABOR ROOM	2, 524, 946	264, 773			0.000000	
	5300 ANESTHESI OLOGY	8, 568, 542	7, 691, 294			0.000000	
	5400 RADI OLOGY-DI AGNOSTI C	7, 950, 627	23, 717, 328			0.000000	
	3630 ULTRA SOUND	4,035,249	10, 944, 294			0.000000	
54.02 05	5401 SPECIAL PROCEDURES	8, 529, 686	11, 693, 163			0.00000	
	5600 RADI OI SOTOPE	3, 319, 460	5, 253, 554			0. 000000	
57.00 05	5700 CT SCAN	29, 679, 997	58, 966, 190	88, 646, 18	7 0. 024634	0.000000	57.00
58.00 05	5800 MRI	8,004,028	9, 835, 107	17, 839, 13		0.00000	58.00
59.00 05	5900 CARDI AC CATHETERI ZATI ON	9, 274, 221	9, 662, 455	18, 936, 67		0.00000	
60.00 00	6000 LABORATORY	58, 488, 121	111, 599, 384	170, 087, 50	5 0. 099665	0.000000	60.00
62.30 00	6250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0. 000000	0.000000	62.30
63.00 06	6300 BLOOD STORING, PROCESSING & TRANS.	5, 203, 151	2, 580, 046	7, 783, 19	7 0. 196077	0.000000	63.00
65.00 00	6500 RESPI RATORY THERAPY	20, 898, 341	3, 696, 424	24, 594, 76	5 0. 133918	0.000000	65.00
65.01 03	3560 PULMONARY FUNCTION TESTING	67, 991	733, 683	801, 67	4 0. 158208	0.00000	65. O <sup>1</sup>
66.00 06	6600 PHYSI CAL THERAPY	9, 222, 459	13, 276, 758	22, 499, 21	7 0. 220037	0.00000	66.00
67.00 06	6700 OCCUPATI ONAL THERAPY	8, 088, 763	147, 222	8, 235, 98	5 0. 291290	0.00000	67.00
68.00 06	6800 SPEECH PATHOLOGY	3, 365, 744	199, 661	3, 565, 40	5 0. 234076	0.00000	68.00
	6900 ELECTROCARDI OLOGY	13, 234, 570	10, 093, 801	23, 328, 37	1 0. 112761	0.00000	69.00
	7000 ELECTROENCEPHALOGRAPHY	854, 446	316, 787	1, 171, 23	3 0. 371212	0.00000	
	3280 SLEEP LAB	953, 579	651, 393			0.00000	70.01
	3550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	6, 222, 830	0	6, 222, 83		0.00000	
	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	5, 992, 144	5, 910, 105			0.00000	
	7200 IMPL. DEV. CHARGED TO PATIENTS	12, 506, 949	7, 173, 167	19, 680, 11		0.00000	
	7300 DRUGS CHARGED TO PATIENTS	44, 721, 186	113, 310, 753			0.00000	
	3190 INFUSION THERAPY	22, 589	4, 623, 811	4, 646, 40		0.00000	
	7301 PHARMACY VACCINE	192, 966	32, 696			0.00000	
	3480 FCC INFUSION THERAPY	62, 804	9, 568, 114	9, 630, 91		0.000000	
	7400 RENAL DIALYSIS	4, 075, 805	626, 085			0.000000	
	7697 CARDIAC REHABILITATION	35,060	882, 941	918,00		0.000000	
	7698 HYPERBARI C OXYGEN THERAPY	1,007,632	6, 786, 329			0.000000	
	7699 LITHOTRIPSY JTPATIENT SERVICE COST CENTERS	0	0		0 0.000000	0. 000000	76.99
		24 225	7 110 257	7 194 50	2 0 412721	0.000000	00 0
	9001 PSYCH ANCI LLARY 9002 RETI NAL VASCULAR	24, 225	7, 112, 357 993, 554			0. 000000 0. 000000	
	9002 RETINAL VASCULAR 9100 EMERGENCY	5, 058 19, 930, 674	993, 554 95, 480, 503			0.000000	
	9100 EMERGENCY 9101 I FCC	5, 502, 045	278, 630, 493			0.000000	
	9200 OBSERVATION BEDS (NON-DISTINCT PART	6, 200, 894	10, 668, 789			0.000000	
	THER REIMBURSABLE COST CENTERS	0,200,074	10,000,709	10,007,00	0.014470	0.00000	/2.00
	0000 I &R SERVICES-NOT APPRVD PRGM	0	0		0		100. 00
	D100 HOME HEALTH AGENCY	0	9, 849, 717				101.00
	PECIAL PURPOSE COST CENTERS	<u> </u>	,,,,,,,,,,	,,,,,,,,	<i>'</i>		
	1300 I NTEREST EXPENSE						113.00
	1600 HOSPI CE	0	4, 987, 734	4, 987, 73	4		116.00
200.00	Subtotal (see instructions)	500, 018, 657		1, 395, 971, 37			200.00
				1			
201.00	Less Observation Beds						201.00

alth Financial Systems MPUTATION OF RATIO OF COST	S TO CHARGES	INGALLS MEMORIAL	Provi der CCN: 14-0191	Peri od:	u of Form CMS-: Worksheet C	_002
	0 10 0.0.0020			From 07/01/2018 To 06/30/2019	Part I Date/Time Pre 11/25/2019 4:	
			Title XVIII	Hospi tal	PPS	02 1
Cost Center Desc	cription	PPS Inpatient				
		Ratio				
		11.00				
INPATIENT ROUTINE SER						
. 00 03000 ADULTS & PEDI ATF						30
. 00 03100 INTENSIVE CARE U						31
. 00 04000 SUBPROVIDER - 11						40
. 00 04100 SUBPROVIDER - II	RF					41
00 04300 NURSERY						43
ANCI LLARY SERVICE COS	I CENTERS					
00 05000 OPERATING ROOM		0. 182261				50
00 05100 RECOVERY ROOM		0. 099718				51
00 05200 DELIVERY ROOM &	LABOR ROOM	0. 448177				52
00 05300 ANESTHESI OLOGY		0. 027793				53
00 05400 RADI OLOGY-DI AGNO	DSTIC	0. 351340				54
01 03630 ULTRA SOUND		0. 136723				54
02 05401 SPECIAL PROCEDU	RES	0. 107605				54
00 05600 RADI OI SOTOPE		0. 122735				56
00 05700 CT SCAN		0. 024634				57
00 05800 MRI		0. 076369				58
00 05900 CARDI AC CATHETER	RI ZATI ON	0. 122488				59
00 06000 LABORATORY		0. 099665				60
30 06250 BLOOD CLOTTING I		0. 000000				62
00 06300 BLOOD STORING, I		0. 196077				63
00 06500 RESPI RATORY THE	RAPY	0. 133918				65
01 03560 PULMONARY FUNCTI	ON TESTING	0. 158208				65
00 06600 PHYSI CAL THERAP		0. 220037				66
00 06700 OCCUPATI ONAL THE	ERAPY	0. 291290				67
00 06800 SPEECH PATHOLOG		0. 234076				68
00 06900 ELECTROCARDI OLO		0. 114706				69
00 07000 ELECTROENCEPHAL	DGRAPHY	0. 371212				70
. 01 03280 SLEEP LAB		0. 112264				70
02 03550 PSYCHI ATRI C/PSY		0. 351397				70
00 07100 MEDICAL SUPPLIES		1. 722319				7
.00 07200 I MPL. DEV. CHAR		0. 534383				72
00 07300 DRUGS CHARGED TO		0. 161106				73
01 03190 I NFUSI ON THERAP		1. 654528				7:
03 07301 PHARMACY VACCINE		0. 155463				73
04 03480 FCC INFUSION THE	ERAPY	0. 106362				73
00 07400 RENAL DIALYSIS		0. 216648				74
97 07697 CARDI AC REHABI LI		0. 900599				76
. 98  07698 HYPERBARI C_0XYGI	EN THERAPY	0. 182701				76
99 07699 LI THOTRI PSY		0. 000000				76
OUTPATIENT SERVICE CO	SICENTERS					
02 09001 PSYCH ANCI LLARY	_	0. 412731				90
03 09002 RETINAL VASCULA	र	1. 349564				90
00 09100 EMERGENCY		0. 085687				91
01 09101 I FCC		0. 111839				91
00 09200 OBSERVATION BEDS		0. 314498				92
OTHER REIMBURSABLE CO						4.
D. 00 10000 I &R SERVI CES-NO						100
1.0010100 HOME HEALTH AGE						101
SPECIAL PURPOSE COST						
3.0011300 INTEREST EXPENSE						113
6. 00 11600 HOSPI CE						116
0.00 Subtotal (see in	nstructions)					200
1.00 Less Observation	n Beds					201
2.00 Total (see insti	cuctions)					202

Heal th	Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
	ATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Pre 11/25/2019 4:	pared:
			Titl	e XIX	Hospi tal	Cost	<u>oz p</u>
					Costs		
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Di sal I owance	Total Costs	
	L	1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	· · · · ·					
	03000 ADULTS & PEDIATRICS	53, 258, 425		53, 258, 42			
31.00	03100 I NTENSI VE CARE UNI T	7, 353, 431		7, 353, 43			
	04000 SUBPROVIDER - IPF	3, 504, 470		3, 504, 47		3, 504, 470	
41.00	04100 SUBPROVIDER - IRF	11, 846, 070		11, 846, 07		11, 846, 070	
43.00	04300 NURSERY	3,005,299		3, 005, 29	9 0	3, 005, 299	43.00
	ANCI LLARY SERVICE COST CENTERS			10,100,00	-	10, 100, 007	
	05000 OPERATING ROOM	18, 433, 287		18, 433, 28			50.00
	05100 RECOVERY ROOM	1, 447, 135		1, 447, 13			
	05200 DELIVERY ROOM & LABOR ROOM	1, 250, 288		1, 250, 28		1, 250, 288	
	05300 ANESTHESI OLOGY	451,905		451, 90		451, 905	
54.00	05400 RADI OLOGY-DI AGNOSTI C	11, 126, 235		11, 126, 23		11, 126, 235	
54. 01 54. 02	03630 ULTRA SOUND 05401 SPECIAL PROCEDURES	2,048,049		2,048,04		2, 048, 049	
54. 02 56. 00	05600 RADI OI SOTOPE	2, 176, 080 1, 052, 210		2, 176, 08 1, 052, 21		2, 176, 080	
58.00 57.00	05700 CT SCAN	2, 183, 744		2, 183, 74		1, 052, 210 2, 183, 744	
58.00	05800 MRI	1, 362, 360		1, 362, 36		1, 362, 360	
	05900 CARDI AC CATHETERI ZATI ON	2, 319, 522		2, 319, 52		2, 319, 522	
60.00	06000 LABORATORY	16, 951, 806		16, 951, 80		16, 951, 806	
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	10, 951, 800		10, 951, 60	0 0	10, 931, 808	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1, 526, 108		1, 526, 10		1, 526, 108	
65.00	06500 RESPIRATORY THERAPY	3, 293, 684	0			3, 293, 684	
65.00	03560 PULMONARY FUNCTION TESTING	126, 831	0			126, 831	65.00
66.00	06600 PHYSI CAL THERAPY	4, 950, 651	0			4, 950, 651	
67.00	06700 OCCUPATI ONAL THERAPY	2, 399, 061	0	.,,		2, 399, 061	67.00
68.00	06800 SPEECH PATHOLOGY	834, 576	0	834, 57		834, 576	
69.00	06900 ELECTROCARDI OLOGY	2, 630, 542	0	2, 630, 54		2, 675, 895	
70.00	07000 ELECTROENCEPHALOGRAPHY	434, 776		434, 77		434, 776	
	03280 SLEEP LAB	180, 180		180, 18		180, 180	
70.02	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 186, 682		2, 186, 68		2, 186, 682	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	20, 499, 475		20, 499, 47		20, 499, 475	
	07200 I MPL. DEV. CHARGED TO PATIENTS	10, 516, 711		10, 516, 71		10, 516, 711	
	07300 DRUGS CHARGED TO PATIENTS	25, 459, 934		25, 459, 93		25, 459, 934	
	03190 INFUSION THERAPY	7, 687, 600		7, 687, 60		7, 687, 600	
	07301 PHARMACY VACCI NE	35, 082		35, 08		35, 082	
73.04	03480 FCC INFUSION THERAPY	1,024,366		1, 024, 36	6 0	1, 024, 366	73.04
74.00	07400 RENAL DIALYSIS	1, 018, 657		1, 018, 65	7 0	1, 018, 657	74.00
	07697 CARDI AC REHABI LI TATI ON	826, 751		826, 75	1 0	826, 751	76.97
	07698 HYPERBARI C OXYGEN THERAPY	1, 423, 963		1, 423, 96	3 0	1, 423, 963	76. 98
76.99	07699 LI THOTRI PSY	0			0 0	0	76.99
	OUTPATIENT SERVICE COST CENTERS						
	09001 PSYCH ANCI LLARY	2, 945, 489		2, 945, 48		2, 945, 489	
	09002 RETINAL VASCULAR	1, 347, 691		1, 347, 69		1, 347, 691	
	09100 EMERGENCY	9, 889, 292		9, 889, 29		9, 889, 292	
	09101   FCC	31, 777, 096		31, 777, 09		31, 777, 096	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5, 305, 480		5, 305, 48	0	5, 305, 480	92.00
	OTHER REIMBURSABLE COST CENTERS	1 1			1		
	10000 I &R SERVICES-NOT APPRVD PRGM	0			0		100.00
101.00	10100 HOME HEALTH AGENCY	14, 287, 936		14, 287, 93	6	14, 287, 936	101.00
	SPECIAL PURPOSE COST CENTERS	1 1					
	11300 INTEREST EXPENSE					0	113.00
	11600 HOSPI CE	3, 754, 789	-	3, 754, 78		3, 754, 789	
200.00		296, 133, 719	0			296, 179, 072	
201.00		5, 305, 480	^	5, 305, 48		5, 305, 480 290, 873, 592	
202.00	Total (see instructions)	290, 828, 239	0	290, 828, 23	45, 353	290, 013, 592	1202.00

	inancial Systems	INGALLS MEMORI				u of Form CMS-	2552-1
COMPUTAT	ION OF RATIO OF COSTS TO CHARGES		Provider C		Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Pre 11/25/2019 4:	epared: 02 pm
			Ti tl	e XIX	Hospi tal	Cost	
			Charges				
	Cost Center Description	Inpati ent	Outpati ent	Total (col. ( + col. 7)	6 Cost or Other Ratio	TEFRA Inpatient	
		( 00	7.00	0.00	0.00	Ratio	
	NPATIENT ROUTINE SERVICE COST CENTERS	6.00	7.00	8.00	9.00	10.00	
	3000 ADULTS & PEDIATRICS	94, 794, 189		94, 794, 18	0		30.00
	3100 I NTENSI VE CARE UNI T	12, 911, 206		12, 911, 20			31.00
	4000 SUBPROVIDER - IPF	5, 778, 568		5, 778, 56			40.00
	4000 SUBPROVIDER - IRF	13, 782, 070		13, 782, 07			40.00
	4300 NURSERY	6, 328, 782		6, 328, 78			43.00
	VCI LLARY SERVICE COST CENTERS	0, 320, 702		0, 320, 70	2		45.00
	5000 OPERATI NG ROOM	51, 216, 147	49, 920, 822	101, 136, 96	9 0. 182261	0. 000000	50.00
	5100 RECOVERY ROOM	6, 440, 913	8,071,427			0. 000000	
	5200 DELIVERY ROOM & LABOR ROOM	2, 524, 946	264, 773			0. 000000	
	5300 ANESTHESI OLOGY	8, 568, 542	7, 691, 294			0. 000000	
	5400 RADI OLOGY-DI AGNOSTI C	7, 950, 627	23, 717, 328			0. 000000	
	3630 ULTRA SOUND	4,035,249	10, 944, 294			0.000000	
	5401 SPECIAL PROCEDURES	8, 529, 686	11, 693, 163			0.000000	
	5600 RADI OI SOTOPE	3, 319, 460	5, 253, 554			0.000000	
57.00 05	5700 CT SCAN	29, 679, 997	58, 966, 190			0.000000	57.00
58.00 05	5800 MRI	8,004,028	9, 835, 107	17, 839, 13	5 0. 076369	0.000000	58.00
59.00 05	5900 CARDI AC CATHETERI ZATI ON	9, 274, 221	9, 662, 455	18, 936, 67	6 0. 122488	0.000000	59.00
60.00 06	6000 LABORATORY	58, 488, 121	111, 599, 384	170, 087, 50	5 0. 099665	0.000000	60.00
62.30 06	6250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0. 000000	0.000000	62.30
63.00 00	6300 BLOOD STORING, PROCESSING & TRANS.	5, 203, 151	2, 580, 046	7, 783, 19	7 0. 196077	0.000000	63.00
65.00 00	6500 RESPI RATORY THERAPY	20, 898, 341	3, 696, 424	24, 594, 76	5 0. 133918	0.000000	65.00
65.01 03	3560 PULMONARY FUNCTION TESTING	67, 991	733, 683	801, 67	4 0. 158208	0.000000	65. 0 <sup>4</sup>
66.00 06	6600 PHYSI CAL THERAPY	9, 222, 459	13, 276, 758	22, 499, 21	7 0. 220037	0.000000	66.00
	6700 OCCUPATI ONAL THERAPY	8, 088, 763	147, 222	8, 235, 98		0.000000	
	6800 SPEECH PATHOLOGY	3, 365, 744	199, 661			0.000000	
	6900 ELECTROCARDI OLOGY	13, 234, 570	10, 093, 801			0.000000	
	7000 ELECTROENCEPHALOGRAPHY	854, 446	316, 787			0.000000	
	3280 SLEEP LAB	953, 579	651, 393			0.00000	
	3550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	6, 222, 830	0	-,,		0.00000	
	7100 MEDI CAL SUPPLIES CHARGED TO PATIENT	5, 992, 144	5, 910, 105			0.00000	
	7200 I MPL. DEV. CHARGED TO PATIENTS	12, 506, 949	7, 173, 167			0.00000	
	7300 DRUGS CHARGED TO PATIENTS	44, 721, 186	113, 310, 753			0.00000	
	3190 INFUSION THERAPY 7301 PHARMACY VACCINE	22, 589	4, 623, 811			0. 000000	
	3480 FCC INFUSION THERAPY	192, 966	32, 696			0. 000000 0. 000000	
	7400 RENAL DIALYSIS	62,804	9, 568, 114			0. 000000	
	7400 RENAL DIALISIS 7697 CARDIAC REHABILITATION	4, 075, 805 35, 060	626, 085 882, 941			0. 000000	
	7698 HYPERBARI C OXYGEN THERAPY	1,007,632	6, 786, 329			0. 000000	
	7699 LI THOTRI PSY	1,007,032	0, 780, 329		0. 000000	0. 000000	
	JTPATIENT SERVICE COST CENTERS	<u>Ч</u>	0		0 0.000000	0.000000	70. 7
	9001 PSYCH ANCI LLARY	24, 225	7, 112, 357	7, 136, 58	2 0. 412731	0. 000000	90.02
	9002 RETINAL VASCULAR	5, 058	993, 554			0. 000000	
	9100 EMERGENCY	19, 930, 674	95, 480, 503			0. 000000	
	9101   FCC	5, 502, 045	278, 630, 493			0. 000000	
	9200 OBSERVATION BEDS (NON-DISTINCT PART	6, 200, 894	10, 668, 789			0. 000000	
	THER REIMBURSABLE COST CENTERS	2,200,071	,,,		3.8	2.000000	1
	DOOO I & R SERVICES-NOT APPRVD PRGM	0	0		0		100. 00
	D100 HOME HEALTH AGENCY	0	9, 849, 717				101.00
	PECIAL PURPOSE COST CENTERS						1
	1300 INTEREST EXPENSE						113.00
116.001 <sup>°</sup>	1600 HOSPI CE	0	4, 987, 734	4, 987, 73	4		116.00
200.00	Subtotal (see instructions)	500, 018, 657	895, 952, 714	1, 395, 971, 37			200.00
201.00	Less Observation Beds						201.00
				1, 395, 971, 37			

IPUTATION OF RATIO OF COSTS	S TO CHARGES	INGALLS MEMORIA	Provi der CCN: 14-0191	Peri od:	u of Form CMS-2 Worksheet C	
				From 07/01/2018 To 06/30/2019	Part I Date/Time Pre	pare
			Ti the VIV	Hospi tal	11/25/2019 4:0 Cost	02 pr
Cost Center Desc	rintion	PPS Inpatient	Title XIX	позрітаї	CUSI	
	ription	Ratio				
		11.00				
INPATIENT ROUTINE SERV	I CE COST CENTERS					
00 03000 ADULTS & PEDIATR	ICS					30.
00 03100 INTENSIVE CARE U	NIT					31.
00 04000 SUBPROVIDER - IP	F					40.
00 04100 SUBPROVIDER - IR	F					41.
00 04300 NURSERY						43.
ANCILLARY SERVICE COST	CENTERS					1
00 05000 OPERATING ROOM		0. 000000				50.
00 05100 RECOVERY ROOM		0. 000000				51.
00 05200 DELIVERY ROOM &	LABOR ROOM	0. 000000				52.
00 05300 ANESTHESI OLOGY		0. 000000				53.
00 05400 RADI OLOGY-DI AGNO	STIC	0. 000000				54
01 03630 ULTRA SOUND		0. 000000				54
02 05401 SPECIAL PROCEDUR	ES	0. 000000				54
00 05600 RADI OI SOTOPE		0. 000000				56
00 05700 CT SCAN		0. 000000				57
00 05800 MRI		0. 000000				58
00 05900 CARDI AC CATHETER	I ZATI ON	0. 000000				59
00 06000 LABORATORY		0. 000000				60
30 06250 BLOOD CLOTTING F	OR HEMOPH.	0. 000000				62
00 06300 BLOOD STORING, P		0. 000000				63
00 06500 RESPI RATORY THER		0. 000000				65
01 03560 PULMONARY FUNCTI		0. 000000				65
00 06600 PHYSI CAL THERAPY		0. 000000				66
00 06700 OCCUPATIONAL THE	RAPY	0. 000000				67
00 06800 SPEECH PATHOLOGY		0. 000000				68
00 06900 ELECTROCARDI OLOG	Y	0. 000000				69
00 07000 ELECTROENCEPHALO		0. 000000				70
01 03280 SLEEP LAB		0. 000000				70
02 03550 PSYCHI ATRI C/PSYC	HOLOGI CAL SERVI CES	0. 000000				70
00 07100 MEDICAL SUPPLIES	CHARGED TO PATIENT	0. 000000				71
00 07200 I MPL. DEV. CHARG	ED TO PATIENTS	0. 000000				72
00 07300 DRUGS CHARGED TO	PATI ENTS	0. 000000				73
01 03190 INFUSION THERAPY		0. 000000				73
03 07301 PHARMACY VACCINE		0. 000000				73
04 03480 FCC INFUSION THE	RAPY	0. 000000				73
00 07400 RENAL DIALYSIS		0. 000000				74
97 07697 CARDIAC REHABILI	TATI ON	0. 000000				76
98 07698 HYPERBARI C OXYGE	N THERAPY	0. 000000				76
99 07699 LI THOTRI PSY		0. 000000				76
OUTPATIENT SERVICE COS	T CENTERS					1
02 09001 PSYCH ANCI LLARY		0. 000000				90
03 09002 RETINAL VASCULAR		0. 000000				90
00 09100 EMERGENCY		0. 000000				91
01 09101 I FCC		0. 000000				91
00 09200 OBSERVATION BEDS	(NON-DISTINCT PART	0. 000000				92
OTHER REIMBURSABLE COS	T CENTERS					
0. 00 10000 I &R SERVI CES-NOT						100
. 00 10100 HOME HEALTH AGEN	СҮ					101
SPECIAL PURPOSE COST C	ENTERS					
. 00 11300 INTEREST EXPENSE						113
5. 00 11600 HOSPI CE						116
).00 Subtotal (see in	structions)					200.
.00 Less Observation	,					201.
2.00 Total (see instru						202

Health Financial Systems	INGALLS MEMORI	AL HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C		Period: From 07/01/2018 To 06/30/2019		pared: 02 pm
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	5, 161, 877	0	5, 161, 87	7 54, 689	94.39	30.00
31.00 INTENSIVE CARE UNIT	621, 231		621, 23	1 3, 780	164.35	31.00
40.00 SUBPROVIDER - IPF	221,055	0	221, 05	5 3, 064	72.15	40.00
41.00 SUBPROVIDER - IRF	1, 475, 130	0	1, 475, 13	0 9, 379	157.28	41.00
43.00 NURSERY	239, 269		239, 26	9 2, 572	93.03	43.00
200.00 Total (lines 30 through 199)	7, 718, 562		7, 718, 56	2 73, 484		200.00
Cost Center Description	I npati ent	I npati ent				
·	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7.00	1			
INPATIENT ROUTINE SERVICE COST CENTERS					-	
30. 00 ADULTS & PEDIATRICS	17, 942	1, 693, 545				30.00
31.00 INTENSIVE CARE UNIT	1, 786	293, 529				31.00
40.00 SUBPROVIDER - IPF	1, 254	90, 476				40.00
41.00 SUBPROVIDER - IRF	6, 199	974, 979				41.00
43.00 NURSERY	0		1			43.00
200.00 Total (lines 30 through 199)	27, 181	3, 052, 529				200.00

ORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provider C	CN·14-0191	Peri od:	Worksheet D	
				From 07/01/2018 To 06/30/2019		
		Title	e XVIII	Hospi tal	PPS	- 1
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS			1			4
00 05000 OPERATING ROOM	2, 909, 952				637, 025	
00 05100 RECOVERY ROOM	137, 788				24, 408	
00 05200 DELIVERY ROOM & LABOR ROOM	28, 245				0	1
00 05300 ANESTHESI OLOGY	75, 637				15, 588	
00 05400 RADI OLOGY-DI AGNOSTI C	1, 264, 013				149, 276	
01 03630 ULTRA SOUND	152, 267				18, 458	
02 05401 SPECIAL PROCEDURES	216, 251				45, 208	
00 05600 RADI OI SOTOPE	98, 648				20, 578	56.0
00 05700 CT SCAN	166, 070				28, 063	
00 05800 MRI	156, 502	17, 839, 135	0.00877	73 3, 795, 087	33, 294	58.
00 05900 CARDI AC CATHETERI ZATI ON	397, 313	18, 936, 676	0. 02098	3, 643, 049	76, 435	59.
00 06000 LABORATORY	824, 174	170, 087, 505	0. 00484	46 24, 859, 667	120, 470	60.
30 06250 BLOOD CLOTTING FOR HEMOPH.	0	C	0.0000	0 00	0	62.
00 06300 BLOOD STORING, PROCESSING & TRANS.	46, 212	7, 783, 197	0. 00593	2, 398, 048	14, 237	63. (
00 06500 RESPI RATORY THERAPY	169, 804	24, 594, 765	0. 00690	04 8, 839, 140	61, 025	65.0
01 03560 PULMONARY FUNCTION TESTING	22, 392	801, 674	0. 02793	32 33, 372	932	65.0
00 06600 PHYSI CAL THERAPY	281, 681	22, 499, 217	0. 01252	20 1, 649, 749	20, 655	66.
00 06700 OCCUPATI ONAL THERAPY	77, 377	8, 235, 985	0.00939	95 1, 056, 826	9, 929	67.
00 06800 SPEECH PATHOLOGY	40, 637	3, 565, 405	0.01139	98 666, 815	7,600	68.
00 06900 ELECTROCARDI OLOGY	244, 732			6, 040, 828	63, 374	69.
00 07000 ELECTROENCEPHALOGRAPHY	66, 516	1, 171, 233	0. 05679	429, 853	24, 412	70.
01 03280 SLEEP LAB	14, 151	1,604,972	0.0088	440, 932	3, 888	70.
02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	48, 253	6, 222, 830	0.00775	54 0	0	70.
00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	547, 165			2, 849, 275	130, 987	71.
00 07200 IMPL. DEV. CHARGED TO PATIENTS	276, 924			6, 266, 294	88, 173	72.
00 07300 DRUGS CHARGED TO PATIENTS	557, 226				62, 317	
01 03190 INFUSION THERAPY	555, 106				2, 699	
03 07301 PHARMACY VACCI NE	779				0	1
04 03480 FCC INFUSION THERAPY	36, 891				215	
00 07400 RENAL DI ALYSI S	76, 717				32, 797	
97 07697 CARDI AC REHABI LI TATI ON	105, 690				1, 867	76.
98 07698 HYPERBARI C OXYGEN THERAPY	34, 316				1, 644	
99 07699 LI THOTRI PSY	01,010				0	
OUTPATIENT SERVICE COST CENTERS	0		0.0000	0	0	1 / 0.
02 09001 PSYCH ANCI LLARY	338, 966	7, 136, 582	0.04749	97 3, 859	183	90.
03 09002 RETINAL VASCULAR	306, 589				686	
00 09100 EMERGENCY	645, 656				60, 302	
01 09101 I FCC	2, 684, 118					
	2,004,110	204, 132, 330	0.00944	t/ 2, 304, 109	23,037	
00 09200 OBSERVATION BEDS (NON-DISTINCT PART	514, 212	16, 869, 683	0. 03048	3, 512, 758	107, 072	92.

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	R PASS THROUGH COST		F	Period: From 07/01/2018 Fo 06/30/2019	Date/Time Pre 11/25/2019 4:	
			e XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments		All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         I NTENSI VE CARE UNI T           40. 00         04000         SUBPROVI DER - I PF	0 0 0	0 0 0		) 468, 021 ) 122, 636 ) 19, 525	0	31.00 40.00
41. 00 04100 SUBPROVIDER - IRF 43. 00 04300 NURSERY	0	0		57, 272 0 0	0	43.00
200.00   Total (lines 30 through 199) Cost Center Description	Swing-Bed Adjustment	Total Costs (sum of cols.	Total Patient Days	) 667,454 Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	200.00
	Amount (see	1 through 3, <u>minus col. 4)</u> 5.00	6. 00	7.00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         I NTENSI VE CARE UNI T           40. 00         04000         SUBPROVI DER - I PF	0	468, 021 122, 636 19, 525	3, 780 3, 064	2 32.44 4 6.37	1, 786 1, 254	31.00 40.00
41.00 04100 SUBPROVIDER - IRF 43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0	57, 272 0 667, 454	2, 572	0.00		•
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 40. 00 04000 SUBPROVIDER - IPF 41. 00 04100 SUBPROVIDER - IRF	153, 584 57, 938 7, 988 37, 876					30.00 31.00 40.00 41.00
43.00 04300 NURSERY 200.00 Total (lines 30 through 199)	0 257, 386					43.00 200.00

Health Financial Systems	INGALLS MEMOR	IAL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	RVICE OTHER PAS			Period: From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	pared: 02 pm
			XVIII	Hospi tal	PPS	
Cost Center Description			Nursing Schoo	I Allied Health	Allied Health	
	Anestheti st	Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0		0 0		50.00
51.00 05100 RECOVERY ROOM	0	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	C		0 0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
54.01 03630 ULTRA SOUND	0	0		0 0	0	54.01
54. 02 05401 SPECIAL PROCEDURES	0			0 0	0	54.02
56. 00 05600 RADI OI SOTOPE	0			0 0	0	56.00
57. 00 05700 CT SCAN	0			0 0	0	57.00
					-	
58.00 05800 MRI	0			0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	, •_ ·	59.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	C		0 0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	22, 524	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		0 0	0	65.01
66. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.00
70. 01 03280 SLEEP LAB	0	0		0 0	0	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			0 0	2,603	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0			0 0	2,005	71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0				0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0			0 0	-	73.00
	0					
73. 01 03190 I NFUSI ON THERAPY	0			0 0		73.01
73. 03 07301 PHARMACY VACCINE	0			0 0	-	73.03
73.04 03480 FCC INFUSION THERAPY	0	C		0 0	-	73.04
74.00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.98
76. 99 07699 LI THOTRI PSY	0	0		0 0	0	76.99
OUTPATIENT SERVICE COST CENTERS			•		•	1
90. 02 09001 PSYCH ANCI LLARY	0	C		0 0	0	90.02
90. 03 09002 RETINAL VASCULAR	0			0 0	-	90.03
91. 00 09100 EMERGENCY	0			0 0	-	
91. 01  09101   FCC	0	-		0 0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	46, 625	
200.00 Total (lines 50 through 199)	0			0 0		1
	1 0	i U	1	0	1, 040, 307	200.00

Heal th Financial Systems	I NGALLS MEMOR		CN 14 0101		u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S THROUGH COSTS	ERVICE OTHER PAS	S Provider C	1	Period: From 07/01/2018 To 06/30/2019		
		Title	× XVIII	Hospi tal	PPS	uz pili
Cost Center Description	All Other	Total Cost	Total	Total Charges		
	Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)			
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS		I			1	
50.00 05000 OPERATI NG ROOM	0	-		0 101, 136, 969		50.00
51.00 05100 RECOVERY ROOM	0			0 14, 512, 340		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	-		2, 789, 719		
53. 00 05300 ANESTHESI OLOGY	0	-		0 16, 259, 836	0.000000	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		31, 667, 955	0.000000	54.00
54.01 03630 ULTRA SOUND	0	0		0 14, 979, 543	0. 000000	
54. 02 05401 SPECIAL PROCEDURES	0	0		20, 222, 849		
56. 00 05600 RADI 0I SOTOPE	0	0		0 8, 573, 014	0. 000000	
57.00 05700 CT SCAN	0	0		0 88, 646, 187	0. 000000	57.00
58. 00 05800 MRI	0	0		0 17, 839, 135	0.000000	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	, =	22, 52			59.00
60. 00 06000 LABORATORY	0			0 170, 087, 505		
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0. 000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		7, 783, 197	0.000000	63.00
65. 00 06500 RESPI RATORY THERAPY	0	22, 524	22, 52	4 24, 594, 765	0.000916	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		0 801, 674	0.000000	65.01
66. 00 06600 PHYSI CAL THERAPY	0	0		22, 499, 217	0.000000	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 8, 235, 985	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		3, 565, 405	0.000000	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		23, 328, 371	0.000000	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 1, 171, 233	0.000000	70.00
70. 01 03280 SLEEP LAB	0	0		0 1, 604, 972	0.000000	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	2, 603	2,60	3 6, 222, 830	0.000418	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 11, 902, 249	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 19, 680, 116	0. 000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	321, 021	321, 02	1 158, 031, 939	0. 002031	73.00
73.01 03190 INFUSION THERAPY	0	0		0 4, 646, 400	0.000000	73.01
73. 03 07301 PHARMACY VACCINE	0	0		225, 662	0. 000000	73.03
73.04 03480 FCC INFUSION THERAPY	0	0		9, 630, 918	0.000000	73.04
74.00 07400 RENAL DIALYSIS	0	0		4, 701, 890	0. 000000	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		918, 001	0. 000000	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		7, 793, 961	0.000000	76.98
76. 99 07699 LI THOTRI PSY	0	0		0 0	0. 000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90. 02 09001 PSYCH ANCI LLARY	0	0		7, 136, 582	0.00000	90. 02
90. 03 09002 RETINAL VASCULAR	0	0		998, 612	0. 000000	90.03
91. 00 09100 EMERGENCY	0	633, 270	633, 27	0 115, 411, 177	0. 005487	91.00
91. 01 09101 I FCC	0	0		284, 132, 538	0. 000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	46, 625	46, 62	5 16, 869, 683	0. 002764	92.00
200.00 Total (lines 50 through 199)	0	1, 048, 567	1 048 56	7 1, 247, 539, 105		200.00

Health Financial Systems	INGALLS MEMORIA				u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE THROUGH COSTS	ERVICE OTHER PASS	Provider C	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019		pared: 02 pm
		Title	XVIII	Hospi tal	PPS	-
Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	0.000000	00.440.400		0 40 005 4/4		1 50 00
50. 00 05000 OPERATING ROOM	0. 000000	22, 140, 433		0 10, 835, 461	0	50.00
51. 00 05100 RECOVERY ROOM	0.00000	2, 570, 626		0 1, 733, 911	0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	3, 350, 802		0 1, 704, 344 0 5, 178, 158	0	53.00 54.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C 54. 01 03630 ULTRA SOUND	0. 000000 0. 000000	3, 739, 842			0	54.00
54. 02 05401 SPECIAL PROCEDURES	0. 000000	1,815,810			0	54.01
56. 00 05600 RADI OI SOTOPE	0. 000000	4, 227, 778 1, 788, 296				54.02
57. 00 05700 CT SCAN	0. 000000	14, 982, 944		0 1, 442, 446 0 11, 057, 212	0	57.00
58. 00 05800 MRI	0. 000000	3, 795, 087		0 2, 848, 538		57.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	3, 643, 049	4, 33		6, 004	59.00
60. 00 06000 LABORATORY	0. 000000	24, 859, 667		0 11, 290, 146		60.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPH.	0. 000000	24, 039, 007		0 11, 290, 140	0	62.30
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	2, 398, 048		0 750, 509		63.00
65. 00 06500 RESPI RATORY THERAPY	0.000916	8, 839, 140			275	65.00
65. 01 03560 PULMONARY FUNCTION TESTING	0. 000000	33, 372		0 342, 468		65.01
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 649, 749		0 21,057	0	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	1, 056, 826		0 2,806	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	666, 815		0 2,820	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	6, 040, 828		0 2, 136, 423	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	429, 853		0 60, 129		70.00
70. 01 03280 SLEEP LAB	0, 000000	440, 932		0 163, 842	0	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0.000418	0		0 0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	2, 849, 275		0 2, 962, 420	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	6, 266, 294		0 2, 831, 268	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 002031	17, 673, 700	35, 89	5 51, 188, 294	103, 963	73.00
73.01 03190 INFUSION THERAPY	0. 000000	22, 589	1	0 2, 158, 248	0	73.01
73.03 07301 PHARMACY VACCINE	0. 000000	0		0 0	0	73.03
73.04 03480 FCC INFUSION THERAPY	0. 000000	56, 202		0 4, 963, 729	0	73.04
74.00 07400 RENAL DIALYSIS	0. 000000	2, 010, 103		0 284, 745	0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	16, 217		0 499, 322	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	373, 465		0 2, 360, 830	0	76.98
76. 99 07699 LI THOTRI PSY	0. 000000	0		0 0	0	76.99
OUTPATIENT SERVICE COST CENTERS	-			_		
90. 02 09001 PSYCH ANCI LLARY	0. 000000	3, 859		0 443, 008		90.02
90. 03 09002 RETINAL VASCULAR	0. 000000	2, 236		0 390, 309		90.03
91.00 09100 EMERGENCY	0. 005487	10, 779, 805				•
91. 01 09101 I FCC	0. 000000	2, 504, 169		0 43, 872, 806		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 002764	3, 512, 758				
200.00   Total (lines 50 through 199)		154, 540, 569	117, 18	186, 269, 119	167, 125	200. 00

	ncial Systems	INGALLS MEMORI	AL_HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTI ONME	NT OF MEDICAL, OTHER HEALTH SERVICES AND	D VACCINE COST	Provider C		Peri od:	Worksheet D	
					From 07/01/2018 To 06/30/2019		norod.
					To 06/30/2019	Date/Time Pre 11/25/2019 4:	02 nm
			Title	× XVIII	Hospi tal	PPS	<u>02 pm</u>
				Charges		Costs	
	Cost Center Description	Cost to Charge	PPS Reimbursed		Cost	PPS Services	
	•	Ratio From	Services (see	Reimbursed	Reimbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subject To		
				Ded. & Coins.			
				(see inst.)	(see inst.)		
		1.00	2.00	3.00	4.00	5.00	
	LLARY SERVICE COST CENTERS			1	_		
	O OPERATING ROOM	0. 182261	10, 835, 461		0 1	1, 974, 882	
	O RECOVERY ROOM	0. 099718	1, 733, 911		0 0	172, 902	
	O DELIVERY ROOM & LABOR ROOM	0. 448177	0		0 0	0	
	O ANESTHESI OLOGY	0. 027793	1, 704, 344		0 0	47, 369	
	0 RADI OLOGY-DI AGNOSTI C	0. 351340	5, 178, 158	1	0 0	1, 819, 294	
	OULTRA SOUND	0. 136723	1, 685, 131		0 0	230, 396	
	1 SPECIAL PROCEDURES	0. 107605	6, 626, 474		0 1	713, 042	
	0 RADI OI SOTOPE	0. 122735	1, 442, 446		0 0	177, 039	
	OCT SCAN	0. 024634	11, 057, 212		0 3	272, 383	
58.00 05800		0. 076369	2, 848, 538		0 1	217, 540	
	O CARDI AC CATHETERI ZATI ON	0. 122488	5, 049, 360		0 0	618, 486	
	0 LABORATORY	0. 099665	11, 290, 146		0 0	1, 125, 232	
	O BLOOD CLOTTING FOR HEMOPH.	0. 000000	0		0 0	0	
	OBLOOD STORING, PROCESSING & TRANS.	0. 196077	750, 509		0 0	147, 158	
	0 RESPI RATORY THERAPY	0. 133918	300, 716		0 0	40, 271	
	O PULMONARY FUNCTION TESTING	0. 158208	342, 468		0 0	54, 181	1
	O PHYSI CAL THERAPY	0. 220037	21, 057		0 0	4, 633	
	O OCCUPATIONAL THERAPY	0. 291290	2, 806	1	0 0	817	1
	OSPEECH PATHOLOGY	0. 234076	2, 820		0 0	660	
	0 ELECTROCARDI OLOGY	0. 112761	2, 136, 423	1	0 0	240, 905	1
	0 ELECTROENCEPHALOGRAPHY	0. 371212	60, 129	1	0 0	22, 321	
	O SLEEP LAB	0. 112264	163, 842	1	0 0	18, 394	
	0 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 351397	0	1	0 0	0	
	O MEDICAL SUPPLIES CHARGED TO PATIENT	1. 722319	2, 962, 420		0 0	5, 102, 232	
	OIMPL. DEV. CHARGED TO PATIENTS	0. 534383	2, 831, 268	1	0 0	1, 512, 981	
	O DRUGS CHARGED TO PATIENTS	0. 161106	51, 188, 294		0 11, 170	8, 246, 741	
	O INFUSION THERAPY	1. 654528	2, 158, 248		0 0	3, 570, 882	
	1 PHARMACY VACCI NE	0. 155463	0		0 0	0	
	O FCC INFUSION THERAPY	0. 106362	4, 963, 729		0 0	527, 952	
	ORENAL DIALYSIS	0. 216648	284, 745		0 0	61, 689	74.00
	7 CARDI AC REHABI LI TATI ON	0. 900599	499, 322		0 0	449, 689	76.97
	8 HYPERBARI C OXYGEN THERAPY	0. 182701	2, 360, 830		0 0	431, 326	
	9 LI THOTRI PSY	0. 000000	0		0 0	0	76.99
	ATIENT SERVICE COST CENTERS	+		1	-		
	1 PSYCH ANCI LLARY	0. 412731	443, 008		0 0		
	2 RETINAL VASCULAR	1. 349564	390, 309		0 0	526, 747	
		0. 085687	9, 641, 056		0 0	826, 113	
	1   I FCC	0. 111839	43, 872, 806		0 2	4, 906, 691	
	O OBSERVATION BEDS (NON-DISTINCT PART	0. 314498	1, 441, 133		0 0	453, 233	
200.00	Subtotal (see instructions)		186, 269, 119		0 11, 178	34, 697, 024	
	Less PBP Clinic Lab. Services-Program			1	0 0		201.00
201.00					0 0		201.00
201.00	Only Charges Net Charges (line 200 - line 201)		186, 269, 119		0 11, 178	34, 697, 024	

APPORTI	Financial Systems ONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Pr 11/25/2019 4	
			Title	XVIII	Hospi tal	PPS	
		Cost			- <b>-</b>		
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Servi ces	Servi ces Not				
		Subject To	Subject To				
			Ded. & Coins.				
			(see inst.)				
		(see inst.)	7.00	-			
		6.00	7.00				-
	ANCI LLARY SERVICE COST CENTERS			1			
	05000 OPERATI NG ROOM	0	0				50.00
	05100 RECOVERY ROOM	0	0	1			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300 ANESTHESI OLOGY	0	0				53.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
54.01	03630 ULTRA SOUND	0	0				54.01
	05401 SPECIAL PROCEDURES	0	0	•			54.02
	05600 RADI OI SOTOPE	0	0	•			56.00
	05700 CT SCAN	0	0				57.00
	05800 MRI	0	0	•			
		0					58.00
	05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
	06000 LABORATORY	0	0				60.00
	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	•			62.30
	06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
65.00	06500 RESPI RATORY THERAPY	0	0				65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0				65.01
66.00	06600 PHYSI CAL THERAPY	0	0				66.00
67.00	06700 OCCUPATI ONAL THERAPY	0	0				67.00
	06800 SPEECH PATHOLOGY	0	0				68.00
	06900 ELECTROCARDI OLOGY	0	0				69.00
	07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
	03280 SLEEP LAB	0	0	•			70.00
	03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				70.01
		0					
	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	1			71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
	07300 DRUGS CHARGED TO PATIENTS	0	1, 800	1			73.00
	03190 INFUSION THERAPY	0	0				73.01
	07301 PHARMACY VACCI NE	0	0				73.03
73.04	03480 FCC INFUSION THERAPY	0	0				73.04
74.00	07400 RENAL DIALYSIS	0	0				74.00
76.97	07697 CARDI AC REHABI LI TATI ON	0	0				76.97
	07698 HYPERBARI C OXYGEN THERAPY	0	0				76.98
	07699 LI THOTRI PSY	0	0				76.99
-	OUTPATIENT SERVICE COST CENTERS	UU	0	1			- 10.77
	09001 PSYCH ANCI LLARY	0	0				
							90.02
	09002 RETINAL VASCULAR	0	0	1			90.03
	09100 EMERGENCY	0	0	•			91.00
	09101   FCC	0	0				91.01
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	•			92.00
200.00	Subtotal (see instructions)	0	1, 800				200.00
201.00	Less PBP Clinic Lab. Services-Program	0					201.00
	Only Charges						
	Net Charges (line 200 - line 201)	0	1, 800				202.00

Health Financial Systems	INGALLS MEMOR	I AL_HOSPI TAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provider C		Peri od:	Worksheet D	
		Component		From 07/01/2018 To 06/30/2019	Part II	norod.
		component	CCN: 14-S191	To 06/30/2019	Date/Time Pre 11/25/2019 4:	02 pm
		Title	e XVIII	Subprovider -	PPS	<u>oz pm</u>
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	IPF t Inpatient	Capital Costs	
		(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.			column 4)	
	Part II, col.	8)	2)	5	,	
	26)	,	· ·			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS		-				
50.00 OPERATING ROOM	2, 909, 952	101, 136, 969	0. 02877	2 0	0	50.00
51.00 05100 RECOVERY ROOM	137, 788	14, 512, 340	0. 00949	05 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	28, 245	2, 789, 719	0. 01012	.5 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	75, 637	16, 259, 836	0. 00465	0	0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	1, 264, 013	31, 667, 955	0. 03991	5 10, 586	423	54.00
54. 01 03630 ULTRA SOUND	152, 267	14, 979, 543	0. 01016	5 2,756	28	54.01
54. 02 05401 SPECIAL PROCEDURES	216, 251	20, 222, 849	0. 01069	03 0	0	54.02
56. 00 05600 RADI 0I SOTOPE	98, 648			07 0	0	56.00
57.00 05700 CT SCAN	166,070				135	57.00
58. 00 05800 MRI	156, 502				294	58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	397, 313				0	59.00
60. 00 06000 LABORATORY	824, 174				1, 762	60.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPH.	0		0. 00000		0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	46, 212	7, 783, 197			3	63.00
65. 00 06500 RESPI RATORY THERAPY	169, 804				83	
65.01 03560 PULMONARY FUNCTION TESTING	22, 392				0	65.01
66. 00 06600 PHYSI CAL THERAPY	281, 681				34	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	77, 377				5	67.00
68. 00 06800 SPEECH PATHOLOGY	40, 637				0	68.00
69. 00 06900 ELECTROCARDI OLOGY	244, 732				677	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	66, 516				62	70.00
70. 01 03280 SLEEP LAB	14, 151				0	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	48, 253				4, 971	70.02
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	547, 165				8	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	276, 924				0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	557, 226				365	
73. 01 03190 I NFUSI ON THERAPY	555, 106				0	73.01
73. 03 07301 PHARMACY VACCI NE	779				0	
73. 04 03480 FCC INFUSION THERAPY	36, 891				0	73.03
74. 00 07400 RENAL DI ALYSI S	76, 717	4, 701, 890			0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	105, 690				0	76.97
76. 98 07698 HYPERBARIC OXYGEN THERAPY	34, 316				19	
76. 99 07699 LI THOTRI PSY	0					
OUTPATIENT SERVICE COST CENTERS	0		<u>1 0.0000</u>	0 0	0	10.99
90. 02 09001 PSYCH ANCILLARY	338, 966	7, 136, 582	0. 04749	1, 374	65	90.02
90. 02 09001 PSTCH ANGTELART 90. 03 09002 RETINAL VASCULAR	306, 589				0	90.02
91. 00 09100 EMERGENCY	645, 656				1, 101	•
91. 00 09100 EMERGENCT 91. 01 09101 I FCC	2, 684, 118				67	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	2,004,110				0	91.01
200.00 Total (lines 50 through 199)	-	1, 247, 539, 105		1, 518, 276	-	•
200.00   Total (Thes bo through 199)	13,004,730	1, 247, 557, 105	'I	1, 510, 270	10,102	1200. 00

alth Financial Systems PPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S	INGALLS MEMORI		CNI 14 0101	Peri od:	u of Form CMS-: Worksheet D	2332-
IROUGH COSTS	ERVICE UTHER PASS		CCN: 14-0191	From 07/01/2018 To 06/30/2019	Part IV Date/Time Pre 11/25/2019 4:	
		Title	e XVIII	Subprovider -	PPS	
Cost Center Description	Non Physician	Nursing School	Nursing Scho	ol Allied Health	Allied Health	
		Post-Stepdown		Post-Stepdown		
	Cost	Adjustments	0.00	Adjustments	0.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2A	2.00	3A	3.00	
0. 00 05000 OPERATI NG ROOM	0	0	1	0 0	0	50.0
. 00 05100 RECOVERY ROOM	0	0		0 0	0	51.0
2. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.0
3. 00 05300 ANESTHESI OLOGY	0	0		0 0	0	53.0
I. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.0
I. 01 03630 ULTRA SOUND	0	0		0 0	0	54.0
I. 02 05401 SPECIAL PROCEDURES	0	0		0 0	0	54.0
5. 00 05600 RADI OI SOTOPE	0	0		0 0	0	56.0
7. 00 05700 CT SCAN	0	0		0 0	0	57.0
3. 00 05800 MRI	0	0		0 0	0	58.0
2. 00 05900 CARDI AC CATHETERI ZATI ON	0	0		0 0	22, 524	59. (
0. 00 06000 LABORATORY	0	0		0 0	0	60.
2.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0	62.
3. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63.
5. 00 06500 RESPI RATORY THERAPY	0	0		0 0	22, 524	65.
5.01 03560 PULMONARY FUNCTION TESTING	0	0		0 0	0	65.
5. 00 06600 PHYSI CAL THERAPY	0	0		0 0	0	66.1
7. 00 06700 OCCUPATI ONAL THERAPY	0	0		0 0	0	67.
3. 00 06800 SPEECH PATHOLOGY	0	0		0 0	0	68.
9. 00 06900 ELECTROCARDI OLOGY	0	0		0 0	0	69.
0. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.
0. 01 03280 SLEEP LAB	0	0		0 0	0	70.
0. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	2, 603	
. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	
2. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	0	0		0 0	321, 021	73.
3. 01 03190 I NFUSI ON THERAPY	0	0		0 0	0	73.
3. 03 07301 PHARMACY VACCINE	0	0		0 0	0	73.
3. 04 03480 FCC INFUSION THERAPY 1. 00 07400 RENAL DIALYSIS	0	0			0	73. 74.
5. 97 07697 CARDIAC REHABILITATION	0	0		0 0	0	76.
5. 97 07697 CARDIAC REHABILITATION 5. 98 07698 HYPERBARIC OXYGEN THERAPY	0	0		0 0	0	76.
5. 99 07699 LI THOTRI PSY	0	0		0 0	0	76.
OUTPATIENT SERVICE COST CENTERS	<u> </u>	0	1	<u> </u>	0	10.1
0. 02 09001 PSYCH ANCI LLARY	0	0		0 0	0	90.0
0. 03 09002 RETINAL VASCULAR	0	0		0 0	0	
00 09100 EMERGENCY	0	0		0 0	633, 270	
01 09101   FCC	0	0		0 0	0	91.
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	C C		0	0	92.
00.00 Total (lines 50 through 199)	0	0		0 0	1,001,942	

lealth Financial Systems	INGALLS MEMORI			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	S Provider C		Period:	Worksheet D	
THROUGH COSTS		Component		From 07/01/2018 To 06/30/2019	Part IV Date/Time Pre	narod.
		component v	CCN. 14-3191	10 00/30/2019	11/25/2019 4:	02 pm
		Title	e XVIII	Subprovider -	PPS	02 pm
Cast Conton Deporintion	ALL Other	Tatal Cast	Total	IPF	Datio of Coat	
Cost Center Description	All Other	Total Cost	Total	Total Charges		
	Medical	(sum of cols.	Outpatient Cost (sum of	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and 4)	cols. 2, 3,	8)	(col. 5 ÷ col. 7)	
		4)	and 4)	0)	/)	
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0		0 101, 136, 969	0.00000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 14, 512, 340		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 2, 789, 719	0. 000000	
53. 00 05300 ANESTHESI OLOGY	0	0		0 16, 259, 836	0. 000000	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 31, 667, 955		
54. 01 03630 ULTRA SOUND	0	0		0 14, 979, 543	0.000000	
54. 02 05401 SPECIAL PROCEDURES	0	0		0 20, 222, 849	0.000000	
56. 00 05600 RADI OI SOTOPE	0	0		0 8, 573, 014	0.000000	
57. 00 05700 CT SCAN	0	0		0 88, 646, 187	0. 000000	
	0	0				
	0	-				
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	22, 524			0.001189	
	0	0		0 170, 087, 505	0.00000	
62. 30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0.00000	
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 7, 783, 197	0.00000	
65. 00 06500 RESPIRATORY THERAPY	0	22, 524			0.000916	
65. 01 03560 PULMONARY FUNCTION TESTING	0	0		0 801, 674	0.00000	
66. 00 06600 PHYSI CAL THERAPY	0	0		0 22, 499, 217	0.00000	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 8, 235, 985		
68.00 06800 SPEECH PATHOLOGY	0	0		0 3, 565, 405	0.00000	
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 23, 328, 371	0.00000	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 1, 171, 233		
70. 01 03280 SLEEP LAB	0	0		0 1, 604, 972	0. 000000	
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	2, 603	2,60		0. 000418	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 11, 902, 249	0. 000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 19, 680, 116	0. 000000	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	321, 021	321, 02	1 158, 031, 939	0. 002031	73.00
73.01 03190 INFUSION THERAPY	0	0		0 4, 646, 400	0.00000	73.01
73.03 07301 PHARMACY VACCINE	0	0	)	0 225, 662	0.00000	73.03
73.04 03480 FCC INFUSION THERAPY	0	0	)	0 9, 630, 918	0.00000	73.04
74.00 07400 RENAL DIALYSIS	0	0		0 4, 701, 890	0. 000000	74.00
76. 97 07697 CARDI AC REHABILI TATI ON	0	0		0 918, 001	0. 000000	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 7, 793, 961	0.00000	76.98
76. 99 07699 LI THOTRI PSY	0	0	)	0 0		
OUTPATIENT SERVICE COST CENTERS			·			
90. 02 09001 PSYCH ANCI LLARY	0	0		0 7, 136, 582	0.00000	90. 02
90. 03 09002 RETINAL VASCULAR	0	0		0 998, 612		
	0	633, 270	633, 27		0.005487	
91. 00 09100 EMERGENCY	0	033, 270	033,27			
91. 00 09100 EMERGENCY 91. 01 09101 I FCC	0	033, 270				
	0				0. 000000	91.01

73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.04         74.00       07400       RENAL DI ALYSIS       0.000000       0       0       0       74.00         76.97       07697       CARDIAC REHABILITATION       0.000000       0       0       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.000000       4,205       0       0       0       76.98         76.98       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <th>Health Financial Systems</th> <th>INGALLS MEMORIA</th> <th>L_HOSPI TAL</th> <th></th> <th>In Lie</th> <th>eu of Form CMS-:</th> <th>2552-10</th>	Health Financial Systems	INGALLS MEMORIA	L_HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
Instrume         Component CCN: 14 - 5191         To         06 / 30 / 2012         Bate Critice Prepared I1/23/2019         Cost Center Description         Dutpatient Ratio of Cost col. 6 + col.         Title XVIII         Subprovider - Program Charges         Dutpatient Program Pass-Through Costs (col. 8 + col. 10)         Dutpatient Pass-Through Costs (col. 9 + col. 12)           0         0.00000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		RVICE OTHER PASS	Provider C	CN: 14-0191			
Title X/III         Subprovider - IPF         PPS           Cost Center Description         Outpatient Ratio of Cost to Charges to Charges 00.6         Inpatient Program Charges         Outpatient Program Dass (rol. 0         Outpatient Program Dass (rol. 0)         Outpatient Progra	THROUGH COSTS		Component	CCN: 14-S191	To 06/30/2019	Date/Time Pre	pared:
Cost Center Description         Outpatient Ratio of Coharges (col. 6 + col. 7)         Inpatient Program Charges         Inpatient Program (col. 5 + col. 8         Inpatient Program Costs (col. 9         Program Charges           MCI LLARY SERVICE COST CENTERS         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<			Title	e XVIII	Subprovider -		02 pm
Ratio of Cost to Charges (col. 6 + col. 7)         Program (col. 7)							
Image: transmission of the second s	Cost Center Description						
Image: construction of the construction of			0		0		
T)         x col.         10)         t col.         12)           9.00         10.00         11.00         12.00         13.00           0.00         05000 PERATI KG ROOM         0.000000         0         0         0         05000           0.10.00         05100 RECOVERY ROOM         0.000000         0         0         0         0         0         0         0         50.00           0.10.00         05100 RECOVERY ROOM         0.000000         0         0         0         0         51.00         0         0         0         0         52.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         52.00         0         0         0         0         0         0         52.00         0         0         0         0         0         0         52.00         0         0         0         0         0         0         52.00         0         0         0         54.00         0         0         0         54.00         0         0         0         0         0         0         0         0         0			charges				
ANCILLARY SERVICE COST CENTERS         10.00         11.00         12.00         13.00           50.00         05000 [DEFAST NG. ROOM         0.000000         0         0         0         50.00         50.00         05000 [DEFAST NG. ROOM         0.000000         0         0         51.00         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         55.00         0         56.00         0         56.00         0         0         55.00         0         56.00         0         0         56.00         0         0         56.00         0         0 <td< td=""><td></td><td></td><td></td><td></td><td>8</td><td></td><td></td></td<>					8		
MCILLARY SERVICE COST CENTERS         Image: Center Cost         Image: Center Cent Center Center Center Center Center Center Cent Cente			10.00		12 00		
50:00         05000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	ANCILLARY SERVICE COST CENTERS	9.00	10.00	11.00	12.00	13.00	
51 00         65100         ECOVERY ROM         LABOR ROM         0.000000         0         0         0         51.00           52 00         65200         DELI VERY ROM & LABOR ROM         0.000000         0         0         0         53.00           54.00         05400         RADI OLGY-DI AGNOSTI C         0.000000         0         0         0         54.00           54.10         05300         NETRO EDINES         0.000000         0         0         0         54.00           54.00         05401 CITAL PROCEDURES         0.000000         0         0         0         55.00           50.00         05500 Rati DI STOPE         0.000000         0         0         0         57.00           50.00         05500 CT SCAN         0.000000         71.982         0         0         0         58.00           50.00         05600 CLADRAC CATHETERIZATI ON         0.01189         0         0         0         62.30           63.00         06200 CLADRIAC CATHETERIZATI ON         0.000000         478         0         0         63.00           63.00         06200 CLADRIAC ROPROCESIN & TRANS.         0.000000         2.710         0         65.00           63.00		0.00000	0		0 0	0	50 00
52:00         b52:00         b52:00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
53:00         05300         NESTHESI OLOGY         0.000000         0         0         0         53:00           54:00         05400         RADI OLGY-DI AGNOSTI C         0.000000         2,756         0         0         54:01           54:00         05401         SPECI AL PROCEDURES         0.000000         2,756         0         0         54:01           54:00         05600         RADI OLSTOPE         0.000000         0         0         0         55:00           50:00         05000         RADI OLSTOPE         0.000000         71:92         0         0         57:00           50:00         05900         CABDI AC CATHETERI ZATI ON         0.001189         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <						-	
54.00         054.00         No10 CLOCY-DI AGNOSTI C         0.000000         0.756         0         0         54.01           54.01         05601         UTRA SOUND         0.000000         0         0         0         54.02           54.02         05401         SPECIAL PROCEDURES         0.000000         0         0         0         54.02           56.00         05600         RAILOI SOTOPE         0.000000         0         0         0         57.00           57.00         05700         CTSCAN         0.000000         35.19         0         0         59.00           58.00         OCARDIAC CATHETERIZATION         0.01189         0         0         0         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         65.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         67.00         66.00         66.00         6						-	
54. 01       03630       ULTRA SOUND       0.000000       2.756       0       0       54. 01         54. 02       05401       SPECIAL PROCEDURES       0.000000       0       0       0       56. 00         56. 00       05500       CT SCAN       0.000000       0       0       0       0       57. 00       0       0       0       0       0       58. 00       58. 00       58. 00       58. 00       58. 00       58. 00       58. 00       59. 00       0.000000       1.0       0       58. 00       59. 00       0.00000       0       0       0       0       58. 00       50. 00       59. 00       0.00000       0       0       0       0       59. 00       0.00000       0       0       0       0       62. 30       06250       BLODD CLOTTIN FOR HEMPH.       0.000000       0       0       0       63. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       66. 00       65. 01       65. 00       66. 00       65. 01       65. 00       66. 00       65. 00       66. 00       67. 00       0       0       66. 00       67. 00       66. 00       67. 00       68. 00			0				
54.02       05401       SPECI AL PROCEDURES       0.00000       0       0       54.02         56.00       05600       RADI OSTOPE       0.000000       71,982       0       0       55.00         57.00       05700       CT SCAN       0.000000       71,982       0       0       55.00         58.00       05800       MRI       0.000000       33,519       0       0       59.00         50.00       05500       CARDI AC CATHETERI ZATI ON       0.001189       0       0       0       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       65.00       65.00       65.00       66.00       66.00       66.00       65.01       65.01       65.01       65.01       65.01       65.01       65.01       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       67.00       66.00       67.00       66.00       67.00       66.00       67.00				1			
56.00         056.00         RADIO I SOTOPE         0.000000         0         0         0         0         56.00           57.00         05700         CT SCAN         0.000000         71,982         0         0         57.00           58.00         05800         MRI         0.000000         33,519         0         0         59.00           59.00         05900         LABDAT CATHETERI ZATION         0.001189         0         0         0         60.00         60.00         60.00         60.00         60.00         60.00         60.00         60.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         63.00         65.00         65.00         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00         66.00						-	
57.00         05700         CT SCAN         0.000000         71,982         0         0         0         57.00           58.00         05800         MRI         0.000000         33,519         0         0         0         58.00           59.00         05900         CARDIA C CATHETERI ZATI ON         0.001189         0         0         0         59.00           62.30         06250         BLODD CLOTTING FOR HEMOPH.         0.000000         0         0         62.30           63.00         06300         RESPI RATORY THERAPY         0.00000         0         0         63.00           65.01         0550.0 PLIMONARY FUNCTI ON TESTI NG         0.00000         0         0         0         65.00           65.01         056.00         PLEYIS CAL THERAPY         0.000000         2,710         0         0         66.00           66.00         06600         PHYSI CAL THERAPY         0.000000         551         0         67.00         67.00           70.00         0         0         0         0         0         0         67.00           67.00         06700         0         0         0         0         0         70.01           7						-	
58. 00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00 <th< td=""><td></td><td></td><td>-</td><td></td><td>0</td><td>-</td><td></td></th<>			-		0	-	
59:00         0sp00         CARDI AC CATHETERI ZATI 0N         0.001189         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						-	
60.00         06000         LABORATORY         0.000000         363,685         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td></td><td>1</td><td>0</td><td></td><td></td></t<>				1	0		
62.30       06250       BLOOD CLOTTING FOR HEMOPH.       0.000000       0       0       0       62.30         63.00       06300       RESPI RATORY THERAPY       0.00000       478       0       0       63.00         65.00       06500       RESPI RATORY THERAPY       0.00000       0       0       0       65.01         65.01       03560       PLUMONARY FUNCTION TESTING       0.000000       2,710       0       0       65.01         66.00       06000       PHYSICAL THERAPY       0.000000       581       0       0       67.00       67.00       67.00       67.00       67.00       67.00       67.00       68.00       68.00       68.00       68.00       68.00       68.00       69.00       0       0       0       67.00       67.00       67.00       67.00       67.00       67.00       67.00       67.00       68.00       69.00       70.01       68.00       68.00       69.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00			-				1
63.00         blood Store NG, PROCESSING & TRANS.         0.000000         478         0         0         63.00           65.00         06500         RESPI RATORY THERAPY         0.000916         12.093         11         0         0         65.00           65.01         03560         PULMONARY FUNCTION TESTING         0.000000         0         0         0         65.00           66.00         06600         PHYSI CAL THERAPY         0.000000         2.710         0         0         66.00           67.00         06700         0CCUPATI ONAL THERAPY         0.000000         581         0         0         66.00           68.00         06600         SPEECH PATHOLOGY         0.000000         0         0         0         68.00           0.01         03280         SLEET ROCARDI OLOGY         0.000000         1.092         0         0         70.00           0.10         03280         SLEET NAB         0.000000         0         0         0         70.00           71.00         07100         MEDICA-LEXTROLOGICAL SERVICES         0.000100         0         0         70.02           72.00         7200         IMPL. DEV. CHARGED TO PATI ENTS         0.000200         0 <t< td=""><td></td><td></td><td></td><td>1</td><td></td><td>-</td><td></td></t<>				1		-	
65.00       06500       RESPI RATORY THERAPY       0.000916       12,093       11       0       65.00         65.01       03600       PULMONARY FUNCTION TESTING       0.000000       0       0       0       65.00         66.00       06000       PHYSI CAL THERAPY       0.000000       2,710       0       0       66.00         67.00       06700       OCCUPATI ONAL THERAPY       0.000000       581       0       0       66.00         68.00       06800       PEECH PATHOLOGY       0.000000       64.524       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       1,092       0       0       70.00         70.10       03285       DEEPE LAB       0.000000       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0.000000       0       0       71.00       71.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.01       73.01       73.01       73.01       73.01       73.01       <			-				
65.01       03560       PULMONARY FUNCTION TESTING       0.000000       0       0       0       65.01         66.00       06600       PHYSICAL THERAPY       0.000000       2,710       0       0       66.00         67.00       06700       0CCUPATIONAL THERAPY       0.000000       581       0       0       67.00         68.00       06800       SPEECH PATHOLOGY       0.000000       0       0       0       68.00         69.00       06900       ELECTROCARDIOLOGY       0.000000       1,092       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       <						-	
66.00       06600       PHYSI CAL THERAPY       0.000000       2,710       0       0       66.00         67.00       0CCUPATI ONAL THERAPY       0.000000       581       0       0       67.00         68.00       06800       SPEECT PATHOLOGY       0.000000       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       64,524       0       0       69.00         70.00       03280       SLEEP LAB       0.000000       0       0       0       70.00         71.00       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000010       1103       0       0       71.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0.000000       181       0       0       73.00         73.00       07300       DRUS CHARGED TO PATI ENTS       0.002031       103,551       210       0       73.01         73.01       03190       INFUSI ON THERAPY       0.000000       0       0       0       73.01         73.03       07301       PHARMACY VACI NE       0.000000       0       0       0       73.03         73.04       03480       FCC INFUSI ON THERAPY       0.0000			-				
67.00         06700         OCCUPATI ONAL THERAPY         0.000000         581         0         0         67.00           68.00         06800         SPECH         PATHOLOGY         0.000000         0         0         0         68.00           69.00         06900         ELECTROCARDI OLOGY         0.000000         64,524         0         0         68.00           70.00         07000         ELECTROENCEPHALOGRAPHY         0.000000         1.092         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			-			-	
68.00         06800         SPEECH PATHOLOGY         0.000000         0         0         0         68.00           69.00         LECTROCARDI OLOGY         0.000000         64,524         0         0         69.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						-	
69.00       06900       ELECTROCARDI OLOGY       0.000000       64,524       0       0       69.00         70.00       07000       ELECTROCEPHALOGRAPHY       0.000000       1,092       0       0       70.00         70.01       03280       SLEEP LAB       0.000000       0       0       0       70.00         70.02       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       181       0       0       70.02         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.000000       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.000000       0       0       0       72.00         73.01       03190       INFUSI ON THERAPY       0.000000       0       0       0       73.00         73.03       07301       PHARMACY VACCI NE       0.000000       0       0       0       73.03         76.97       ORADI A REHABI LI TATI ON       0.000000       0       0       0       76.98         76.98       0769       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       76.98         90.02       09701       PSYCH ANCI LLAR							1
70.00         07000         ELECTROENCEPHALOGRAPHY         0.000000         1,092         0         0         0         70.00           70.01         03280         SLEEP LAB         0.000000         0         0         0         70.01           70.02         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES         0.000418         641,074         268         0         0         71.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENT         0.000000         0         0         0         72.00           73.00         07300         DRUGS CHARGED TO PATI ENTS         0.000000         0         0         73.00           73.01         03190         INFUSI ON THERAPY         0.000000         0         0         0         73.01           73.04         03480         FCC INFUSI ON THERAPY         0.000000         0         0         0         73.03           74.00         07697         CARDI AC REHABI LI TATI ON         0.000000         0         0         0         74.00           76.97         07697         CARDI AC REHABI LI TATI ON         0.000000         0         0         0         76.97           76.98         07698         HYPERBARI C OXYGEN THERA			-				
70. 01         03280         SLEEP LAB         0.00000         0         0         0         70. 01           70. 02         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0.000418         641, 074         268         0         0         70. 02           71. 00         0700         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0.000000         181         0         0         0         71. 00           72. 00         07300         IMPL. DEV. CHARGED TO PATI ENTS         0.000000         0         0         0         73. 00           73. 01         03190         INFUSI ON THERAPY         0.000000         0         0         0         73. 01           73. 04         0340         FRAMACY VACCI NE         0.000000         0         0         0         73. 01           73. 04         03400         RENAL DI ALYSI S         0.000000         0         0         0         73. 04           74. 00         07697         CARDI AC REHABI LI TATI ON         0.000000         0         0         0         76. 97           76. 98         07698         HYPERBARI C OXYGEN THERAPY         0.000000         0         0         0         76. 98           76. 99         0140TRI TATI C/PS							
70.02         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0.000418         641,074         268         0         70.02           71.00         07100         MEDI CAL SUPPLI ES CHARGED TO PATI ENT         0.000000         181         0         0         71.00           72.00         07200         IMPL. DEV. CHARGED TO PATI ENTS         0.00000         0         0         0         72.00           73.00         07300         DRUGS CHARGED TO PATI ENTS         0.002031         103,561         210         0         73.00           73.01         03190         INFUSI ON THERAPY         0.000000         0         0         0         73.00           73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         73.03           73.04         03480         FCC INFUSION THERAPY         0.000000         0         0         0         73.04           74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         76.97           76.98         07697         CARDI AC REHABI LI TATI ON         0.000000         4,205         0         0         0         76.97           76.99         07697         CARDI AC							
71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.000000       181       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.000000       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.002031       103,561       210       0       73.00         73.01       03190       INFUSI ON THERAPY       0.000000       0       0       0       73.01         73.03       07301       PHARMACY VACCI NE       0.000000       0       0       0       73.03         73.04       03480       FCC INFUSI ON THERAPY       0.000000       0       0       0       73.04         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         76.98       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76.98         76.99       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76.98         76.99       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76.99         0TUPATIENT SERVICE COST CENTERS			-				
72.00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0.000000         0         0         0         72.00         73.00         07300         DRUGS CHARGED TO PATIENTS         0.002031         103,561         210         0         73.00         73.00           73.01         03190         INFUSION THERAPY         0.000000         0         0         0         0         73.01           73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         73.03           73.04         03480         FCC INFUSION THERAPY         0.000000         0         0         0         73.03           74.00         07400         RENAL DI ALYSIS         0.000000         0         0         0         74.00           76.97         CARDI AC REHABILITATION         0.000000         0         0         0         76.97           76.98         MYPERBARI C OXYGEN THERAPY         0.000000         4,205         0         0         0         76.98           76.99         DITPATI ENT SERVICE COST CENTERS         0.000000         1,374         0         0         90.02           90.02         REINAL VASCULAR         0.000000         0						-	
73.00         07300         DRUGS CHARGED TO PATIENTS         0.002031         103,561         210         0         73.00         73.00           73.01         03190         INFUSION THERAPY         0.000000         0         0         0         73.01           73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         73.03           73.04         03480         FCC INFUSION THERAPY         0.000000         0         0         0         73.03           74.00         07400         RENAL DI ALYSIS         0.000000         0         0         0         74.00           76.97         CARDI AC REHABILITATION         0.000000         0         0         0         74.00           76.98         07698         HYPERBARI C OXYGEN THERAPY         0.000000         0         0         0         76.97           76.99         07699         LI THOTRI PSY         0.000000         0         0         0         0         76.98           70.90         PSYCH ANCI LLARY         0.000000         1, 374         0         0         90.03           90.02         PSYCH ANCI LLARY         0.000000         1, 374         0         0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>						-	
73.01         03190         INFUSION THERAPY         0.000000         0         0         0         73.01           73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         73.03           73.04         03480         FCC INFUSION THERAPY         0.000000         0         0         0         73.04           74.00         RENAL DI ALYSI S         0.000000         0         0         0         74.00           76.97         O7697         CARDI AC REHABI LI TATI ON         0.000000         0         0         0         76.97           76.98         07699         LI THOTRI PSY         0.000000         0         0         0         76.97           76.99         D14VSI ERBARI C 0XYGEN THERAPY         0.000000         4, 205         0         0         0         76.97           76.99         LI THOTRI PSY         0.000000         0         0         0         0         76.97           0402         09001         PSYCH ANCI LLARY         0.000000         0         0         0         0         0         90.02           90.02         09001         PSYCH ANCI LLARY         0.000000         0         0         0			-			-	
73.03       07301       PHARMACY VACCINE       0.00000       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.04         74.00       07400       RENAL DI ALYSIS       0.000000       0       0       0       0       74.00         76.97       07697       CARDI AC REHABILI TATI ON       0.000000       0       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.000000       4,205       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       4,205       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       90.02         76.99       07699       RETI NACILLARY       0.000000       1,374       0       0       90.02         90.02       RETI NAL VASCULAR       0.005487       196,804       1,080       0       0       91.00         91.01       IFCC       0.000000       <			103, 561	2			
73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.04         74.00       07400       RENAL DI ALYSIS       0.000000       0       0       0       0       74.00         76.97       07697       CARDI AC REHABILI TATI ON       0.000000       0       0       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.000000       4,205       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       90.02         90.02       09001       PSYCH ANCI LLARY       0.000000       0       0       0       90.03       9000       91.00       91.00         91.00       09100       EMERGENCY       0.005487       196, 804       1, 080       0       0 <td< td=""><td></td><td></td><td>0</td><td></td><td>0</td><td></td><td></td></td<>			0		0		
74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         74.00         74.00           76.97         07697         CARDI AC REHABI LI TATI ON         0.000000         0         0         0         0         76.97           76.98         07698         HYPERBARI C 0XYGEN THERAPY         0.000000         4,205         0         0         0         76.98           76.99         07699         LI THOTRI PSY         0.000000         0         0         0         0         76.98           07699         LI THOTRI PSY         0.000000         0         0         0         0         76.98           0.0000         1,374         0         0         0         90.02           09001         PSYCH ANCI LLARY         0.000000         0         0         90.02           91.00         09002         RETI NAL VASCULAR         0.005487         196,804         1,080         0         90.00           91.01         IFCC         0.000000         7,071         0         0         91.01         92.00           92.00         0BSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         92.00		0. 000000	0		0 0	0	73.03
76.97       07697       CARDIAC REHABILITATION       0.00000       0       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.00000       4,205       0       0       76.98         76.99       07699       LI THOTRI PSY       0.00000       0       0       0       76.98         07699       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.98         0000       09001       PSYCH ANCI LLARY       0.00000       1,374       0       0       90.02         90.02       09002       RETI NAL VASCULAR       0.000000       0       0       90.02       90.02       0010       EMERGENCY       90.005487       196,804       1,080       0       91.00       91.00       91.00       91.01       1FCC       0.000000       7,071       0       0       92.00         91.01       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART       0.000000       7,071       0       0       92.00	73.04 03480 FCC INFUSION THERAPY	0. 000000	C		0 0	0	73.04
76.98         07698         HYPERBARI C 0XYGEN THERAPY         0.00000         4,205         0         0         76.98         76.98           76.99         07699         LI THOTRI PSY         0.00000         0         0         0         76.98         76.98           00000         000000         0         0         0         0         0         76.98           00000         00000         0         0         0         0         0         0         76.98           00000         00000         0         0         0         0         0         0         0         76.98           00000         00000         0         0         0         0         0         0         0         90.02           90.01         PSYCH ANCI LLARY         0.000000         0         0         0         90.02         90.02         RETI NAL VASCULAR         0.000000         0         90.02         90.02         90.02         90.02         90.00         91.00         91.00         91.00         91.00         91.00         91.00         91.01         91.01         1FCC         0.000000         7,071         0         0         0         91.01         92.00	74.00 07400 RENAL DIALYSIS	0. 000000	C		0 0	0	74.00
76.99         07699         L1 THOTRI PSY         0.00000         0         0         0         76.99           OUTPATI ENT SERVICE COST CENTERS         0         0         0         0         90.02         09001         PSYCH ANCI LLARY         0.000000         1,374         0         0         90.03         90.02         RETINAL VASCULAR         0.000000         0         0         0         90.03         91.00         91.00         91.00         0         0         91.00         91.01         91.01         91.01         91.01         91.01         91.01         91.01         91.01         91.01         91.01         92.00         058ERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         91.01         92.00	76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0		0 0	0	76.97
OUTPATIENT SERVICE COST CENTERS           90.02         09001         PSYCH ANCILLARY         0.000000         1,374         0         0         0         90.02           90.03         09002         RETINAL VASCULAR         0.000000         0         0         0         90.03           91.00         09100         EMERGENCY         0.005487         196,804         1,080         0         0         91.00           91.01         OP101         I FCC         0.000000         7,071         0         0         91.01           92.00         09200         OBSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         92.00	76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	4, 205		0 0	0	76.98
90. 02         09001         PSYCH ANCI LLARY         0. 00000         1, 374         0         0         0         90. 02           90. 03         09002         RETI NAL VASCULAR         0. 000000         0         0         0         0         90. 03           91. 00         09100         EMERGENCY         0. 005487         196, 804         1, 080         0         0         91. 00           91. 01         OP101         I FCC         0. 000000         7, 071         0         0         91. 01           92. 00         09SERVATI ON BEDS (NON-DI STI NCT PART         0. 000000         0         0         0         92. 00	76. 99 07699 LI THOTRI PSY	0. 000000	0		0 0	0	76.99
90.03         09002         RETINAL VASCULAR         0.00000         0         0         0         90.03           91.00         09100         EMERGENCY         0.005487         196,804         1,080         0         91.00           91.01         09101         I FCC         0.000000         7,071         0         0         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         0.000000         0         0         0         92.00							
90.03         09002         RETINAL VASCULAR         0.00000         0         0         0         90.03           91.00         09100         EMERGENCY         0.005487         196,804         1,080         0         91.00           91.01         09101         I FCC         0.000000         7,071         0         0         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         0.000000         0         0         0         92.00	90. 02 09001 PSYCH ANCILLARY	0.000000	1, 374		0 0	0	90.02
91. 01         09101         I FCC         0. 000000         7, 071         0         0         91. 01           92. 00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0. 000000         0         0         0         0         92. 00		0. 000000	C		0 0	0	90.03
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0. 000000 0 0 0 0 92. 00	91.00 09100 EMERGENCY	0. 005487	196, 804	1, 08	30 0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.000000 0 0 0 92.00	91. 01 09101 I FCC	0. 000000	7, 071		0 0	0	91.01
200.00 Total (lines 50 through 199) 1,518,276 1,569 0 0 200.00	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000		)	0 0	0	92.00
	200.00 Total (lines 50 through 199)		1, 518, 276	1, 56	59 0	0	200.00

Health Financial Systems	INGALLS MEMOR	I AL_HOSPI TAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT	AL COSTS	Provi der C		Peri od:	Worksheet D	
		Component		From 07/01/2018 To 06/30/2019	Part II	narod
		component	CCN. 14-1191	10 00/30/2019	Date/Time Pre 11/25/2019 4:	02 pm
		Title	e XVIII	Subprovider -	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	IRF t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.		. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	2, 909, 952				2, 354	50.00
51.00 05100 RECOVERY ROOM	137, 788				156	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	28, 245				0	52.00
53. 00 05300 ANESTHESI OLOGY	75, 637				76	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 264, 013					54.00
54. 01 03630 ULTRA SOUND	152, 267					54.01
54. 02 05401 SPECIAL PROCEDURES	216, 251					54.02
56. 00 05600 RADI OI SOTOPE	98, 648				247	56.00
57.00 05700 CT SCAN	166, 070					
58. 00 05800 MRI	156, 502				219	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	397, 313				0	59.00
60. 00 06000 LABORATORY	824, 174					60.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPH.	0	-	0.00000		0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	46, 212				557	63.00
65. 00 06500 RESPI RATORY THERAPY	169, 804				6, 426	65.00
65.01 03560 PULMONARY FUNCTION TESTING	22, 392					65.01
66. 00 06600 PHYSI CAL THERAPY	281, 681					66.00
67.00 06700 OCCUPATI ONAL THERAPY	77, 377				38, 106	67.00
68. 00 06800 SPEECH PATHOLOGY	40, 637		1		15, 193	68.00
69. 00 06900 ELECTROCARDI OLOGY	244, 732				428	
70. 00 07000 ELECTROENCEPHALOGRAPHY	66, 516					70.00
70. 01 03280 SLEEP LAB	14, 151				0	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	48, 253				0	70.02
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	547, 165					71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	276, 924				106	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	557, 226				7, 261	73.00
73. 01 03190 INFUSION THERAPY	555, 106				0	73.01
73. 03 07301 PHARMACY VACCINE	779				0	73.03
73. 04 03480 FCC INFUSION THERAPY	36, 891				2	73.04
74. 00 07400 RENAL DI ALYSI S	76, 717					74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	105, 690				0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	34, 316					
76. 99 07699 LI THOTRI PSY	0	0	0.00000	0 0	0	76.99
	220.077	7 104 500	0.04740	7		00.00
90. 02 09001 PSYCH ANCI LLARY	338, 966				0	90.02
90. 03 09002 RETINAL VASCULAR 91. 00 09100 EMERGENCY	306, 589				0	90.03
91. 00 09100 EMERGENCY 91. 01 09101 I FCC	645, 656 2, 684, 118				187	91.00 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	2, 684, 118					91.01
200.00 Total (lines 50 through 199)	-	1, 247, 539, 105		16, 328, 496		
	15,004,730	1, 247, 007, 100	1	10, 320, 490	1 101, 204	200.00

PPORTI ON	NMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	5 Provider C	CN: 14-0191	In Lie Period:	Worksheet D	
HROUGH				CCN: 14-T191	From 07/01/2018 To 06/30/2019	Part IV	
			Title	e XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Non Physician	Nursing School	Nursing Scho	ol Allied Health	Allied Health	
	·		Post-Stepdown		Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3.00	
	ICI LLARY SERVI CE COST CENTERS			1	1	r	
	5000 OPERATING ROOM	0	0		0 0	-	
	5100 RECOVERY ROOM	0	0		0 0		
	200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	-	
	5300 ANESTHESI OLOGY	0	0		0 0	0	
	5400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	-	
	3630 ULTRA SOUND	0	0		0 0	0	
	5401 SPECIAL PROCEDURES	0	0		0 0	0	54.
	5600 RADI OI SOTOPE	0	0		0 0	0	
	5700 CT SCAN	0	0		0 0	0	
	5800 MRI	0	0		0 0	-	
9.00 05	5900 CARDI AC CATHETERI ZATI ON	0	0		0 0	22, 524	59.
0. 00 06	5000 LABORATORY	0	0		0 0	0	60.
2.30 06	5250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0	62.
3.00 06	300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0	0	63
5.00 06	500 RESPI RATORY THERAPY	0	0		0 0	22, 524	65
5.01 03	3560 PULMONARY FUNCTION TESTING	0	0		0 0	0	65
5.00 06	600 PHYSI CAL THERAPY	0	0		0 0	0	66
7.00 06	5700 OCCUPATIONAL THERAPY	0	0		0 0	0	67.
3.00 06	5800 SPEECH PATHOLOGY	0	0		0 0	0	68.
9. 00 06	900 ELECTROCARDI OLOGY	0	0		0 0	0	69.
	2000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	70.
0. 01 03	3280 SLEEP LAB	0	0		0 0	0	70.
0. 02 03	3550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	2, 603	70.
1.00 07	100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	71
2. 00 07	200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	72
3. 00 07	300 DRUGS CHARGED TO PATIENTS	0	0		0 0	321, 021	73
3. 01 03	3190 INFUSION THERAPY	0	0		0 0	0	73
3. 03 07	7301 PHARMACY VACCI NE	0	0		0 0	0	73
3. 04 03	3480 FCC INFUSION THERAPY	0	0		0 0	0	73
4. 00 07	400 RENAL DIALYSIS	0	0		0 0	0	74
6. 97 07	7697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	76.
6. 98 07	7698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.
	7699 LI THOTRI PSY	0	0		0 0	0	76.
	ITPATIENT SERVICE COST CENTERS						1
	2001 PSYCH ANCI LLARY	0	0		0 0	0	90.
	2002 RETINAL VASCULAR	0	0		0 0		
	P100 EMERGENCY	0	0		0 0		
	2101   FCC	0	0		0 0		
	2200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0	0	
00.00	Total (lines 50 through 199)	0	0		0 0	-	1

Health Financial Systems	INGALLS MEMORI				eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI	ERVICE OTHER PASS	S Provider C		Peri od:	Worksheet D	
THROUGH COSTS		Component		From 07/01/2018 To 06/30/2019	Part IV Date/Time Pre	narod
		component	CCN. 14-1191	10 00/30/2019	11/25/2019 4:	02 pm
		Title	e XVIII	Subprovider -	PPS	
Cost Center Description	All Other	Total Cost	Total	IRF Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)			
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS						_
50. 00 05000 OPERATI NG ROOM	0			0 101, 136, 969		
51.00 05100 RECOVERY ROOM	0	0		0 14, 512, 340	0. 000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 2, 789, 719		
53. 00 05300 ANESTHESI OLOGY	0	0		0 16, 259, 836		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 31, 667, 955	0. 000000	54.00
54. 01 03630 ULTRA SOUND	0	C		0 14, 979, 543	0.00000	54.01
54. 02 05401 SPECIAL PROCEDURES	0	C		0 20, 222, 849	0.00000	54.02
56. 00 05600 RADI OI SOTOPE	0	C		0 8, 573, 014	0.00000	56.00
57.00 05700 CT SCAN	0	C		0 88, 646, 187	0.00000	57.00
58. 00 05800 MRI	0	C	)	0 17, 839, 135	0.00000	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	22, 524	22, 52	4 18, 936, 676	0. 001189	59.00
60. 00 06000 LABORATORY	0	0		0 170, 087, 505	0. 000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0. 000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	C	)	0 7, 783, 197	0.00000	63.00
65. 00 06500 RESPI RATORY THERAPY	0	22, 524	22, 52	4 24, 594, 765	0.000916	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	C		0 801, 674	0.00000	65.01
66. 00 06600 PHYSI CAL THERAPY	0	C		0 22, 499, 217		
67.00 06700 OCCUPATIONAL THERAPY	0	C		0 8, 235, 985		67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0 3, 565, 405	0. 000000	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0 23, 328, 371		
70.00 07000 ELECTROENCEPHALOGRAPHY	0	C		0 1, 171, 233		
70. 01 03280 SLEEP LAB	0	C		0 1, 604, 972		
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	2,603	2,60			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 11, 902, 249		
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	C		0 19, 680, 116		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	321, 021	321, 02			
73.01 03190 INFUSION THERAPY	0	0		0 4, 646, 400		
73. 03 07301 PHARMACY VACCI NE	0	0		0 225, 662		
73. 04 03480 FCC INFUSION THERAPY	0	0		0 9, 630, 918		
74. 00 07400 RENAL DIALYSIS	0	0		0 4, 701, 890		
76. 97 07697 CARDI AC REHABI LI TATI ON	0			0 918, 001		
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0			0 7, 793, 961		
76. 99 07699 LI THOTRI PSY	0	C C		0 7,773,701		
OUTPATIENT SERVICE COST CENTERS	0		1	ч <u></u>	0.00000	1 '0. ''
90. 02 09001 PSYCH ANCI LLARY	0	C		0 7, 136, 582	0.00000	90.02
90. 03 09002 RETINAL VASCULAR	0	0		0 7, 130, 302		
91. 00 09100 EMERGENCY	0	633, 270				
91. 01 09101 I FCC	0	033, 270		0 284, 132, 538		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0 16, 869, 683		
$200.00 \qquad \text{Total (lines 50 through 199)}$	0	, i i i i i i i i i i i i i i i i i i i		2 1, 247, 539, 105		200.00
200.00 110tal (11163 30 till 00gli 177)	1 0	1,001,942	1 1,001,94	2 1, 247, 337, 103	1	1200.00

Health Financial Systems	INGALLS MEMORIA	L HOSPITAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C		Peri od:	Worksheet D	
THROUGH COSTS		Component		From 07/01/2018 To 06/30/2019	Part IV Date/Time Pre	norod.
		component	CCN: 14-T191	To 06/30/2019	11/25/2019 4:	
		Title	e XVIII	Subprovider -	PPS	
				I RF		
Cost Center Description	Outpati ent	Inpati ent	Inpati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.		Costs (col. 8	3	Costs (col. 9	
	7) 9.00	10.00	x col. 10) 11.00	12.00	x col. 12) 13.00	
ANCI LLARY SERVI CE COST CENTERS	9.00	10.00	11.00	12.00	13.00	-
50. 00 05000 OPERATI NG ROOM	0.000000	81, 811		0 0	0	50.00
51. 00 05100 RECOVERY ROOM	0. 000000	16, 414	1	0 0	0	
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	10, 414		0 0	0	•
53. 00 05300 ANESTHESI OLOGY	0. 000000	16, 442	1	0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	225, 199		0 0	0	
54. 01 03630 ULTRA SOUND	0. 000000	150, 590	1	0 0	0	54.01
54. 02 05401 SPECIAL PROCEDURES	0. 000000	126, 568		0 0	0	54.02
56. 00 05600 RADI OI SOTOPE	0. 000000	21, 431	1	0 0	0	56.00
57. 00 05700 CT SCAN	0. 000000	312, 613		0 0	0	
58. 00 05800 MRI	0.000000	24, 942		0 0	0	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0.001189	,		0 0	0	59.00
60. 00 06000 LABORATORY	0.000000	1, 816, 718	1	0 0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	C		0 0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	93, 794		0 0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0.000916	930, 781		3 0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0. 000000	118		0 0	0	65.01
66. 00 06600 PHYSI CAL THERAPY	0. 000000	4, 116, 898		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0. 000000	4, 056, 007		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	1, 332, 994		0 0	0	68.00
69.00 06900 ELECTROCARDI OLOGY	0. 000000	40, 765		0 0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	8, 846	,	0 0	0	70.00
70. 01 03280 SLEEP LAB	0. 000000	C		0 0	0	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000418	C		0 0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	163, 778		0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	7, 546		0 0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 002031	2, 059, 351			0	
73.01 03190 INFUSION THERAPY	0. 000000	C		0 0	0	73.01
73.03 07301 PHARMACY VACCINE	0.000000	C		0 0	0	73.03
73.04 03480 FCC INFUSION THERAPY	0.000000	529		0 0	0	
74.00 07400 RENAL DIALYSIS	0. 000000	513, 078		0 0	0	
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	C		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	161, 862		0 0	0	
76. 99 07699 LI THOTRI PSY	0. 000000	C	l	0 0	0	76.99
	0.000000	~	1		^	00.00
90. 02 09001 PSYCH ANCI LLARY	0. 000000	0		0 0	0	
90. 03 09002 RETINAL VASCULAR	0.000000	0		0 0	0	
91. 00 09100 EMERGENCY 91. 01 09101   FCC	0. 005487 0. 000000	33, 392 1, 173		3 0 0 0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	14, 856	1	0 0	0	
200.00 Total (lines 50 through 199)	0.00000	16, 328, 496		-	-	200.00
	I I	10, 520, 490	J 3, 21	1 0	0	1200.00

	ncial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-	2552-10
APPORTI ONME	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 14-0191	Period:	Worksheet D	
			Component	CCN: 14-T191	From 07/01/2018 To 06/30/2019		epared: O2 pm
			Title	e XVIII	Subprovider - IRF	PPS	
				Charges	· .	Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
		Ratio From	Services (see	Reimbursed		(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To			
				Ded. & Coins			
		1.00	2.00	(see inst.) 3.00	(see inst.) 4.00	5.00	
ANCLI	LLARY SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	O OPERATI NG ROOM	0. 182261	C		0 0	0	50.00
	O RECOVERY ROOM	0. 099718	C		0 0		
	O DELIVERY ROOM & LABOR ROOM	0. 448177	Ő		0 0	-	
	O ANESTHESI OLOGY	0. 027793	0		0 0	-	
	0 RADI OLOGY-DI AGNOSTI C	0. 351340	0	1	0 0	-	
	ULTRA SOUND	0. 136723	0		0 0	-	
	1 SPECIAL PROCEDURES	0. 107605	0		0 0	0	54.02
	0 RADI OI SOTOPE	0. 122735	Ő		0 0	-	1
	O CT SCAN	0. 024634	0		0 0	-	
58.00 05800		0. 076369	Ő		0 0	-	1
	O CARDI AC CATHETERI ZATI ON	0. 122488	Ő		0 0	-	
	0 LABORATORY	0. 099665	Ő		0 0	-	
	O BLOOD CLOTTING FOR HEMOPH.	0. 000000	0		0 0	-	
	O BLOOD STORING, PROCESSING & TRANS.	0. 196077	0		0 0		
	0 RESPI RATORY THERAPY	0. 133918	0		0 0		
	O PULMONARY FUNCTION TESTING	0. 158208	C	)	0 0	0	65.01
	0 PHYSI CAL THERAPY	0. 220037	C	)	0 0	0	66.00
67.00 06700	O OCCUPATIONAL THERAPY	0. 291290	C		0 0	0	
	SPEECH PATHOLOGY	0. 234076	C		0 0	0	68.00
	0 ELECTROCARDI OLOGY	0. 112761	C		0 0	0	69.00
	OELECTROENCEPHALOGRAPHY	0. 371212	C		0 0	0	70.00
70.01 03280	O SLEEP LAB	0. 112264	C		0 0	0	70.01
70.02 03550	O PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 351397	C	)	0 0	0	70.02
71.00 07100	O MEDICAL SUPPLIES CHARGED TO PATIENT	1. 722319	C		0 0	0	71.00
72.00 07200	OIMPL. DEV. CHARGED TO PATIENTS	0. 534383	C		0 0	0	72.00
73.00 07300	O DRUGS CHARGED TO PATIENTS	0. 161106	C	)	0 0	0	73.00
	O INFUSION THERAPY	1. 654528	C	)	0 0	0	73.01
73.03 0730	1 PHARMACY VACCINE	0. 155463	C	)	0 0	0	73.03
73.04 03480	0 FCC INFUSION THERAPY	0. 106362	C		0 0	0	73.04
74.00 07400	O RENAL DIALYSIS	0. 216648	C		0 0	0	74.00
76.97 0769	7 CARDIAC REHABILITATION	0. 900599	C		0 0	0	76.97
76. 98 07698	8 HYPERBARI C OXYGEN THERAPY	0. 182701	0		0 0	0	76.98
	9 LI THOTRI PSY	0. 000000	0	)	0 0	0	76.99
	ATIENT SERVICE COST CENTERS			-	- 1		
	1 PSYCH ANCI LLARY	0. 412731	0		0 0		
	2 RETINAL VASCULAR	1. 349564	C		0 0		
	0 EMERGENCY	0. 085687	0		0 0		
	1   I FCC	0. 111839	C		0 0		1
	O OBSERVATION BEDS (NON-DISTINCT PART	0. 314498	0		0 0		
200.00	Subtotal (see instructions)		C		0 0		200.00
201.00	Less PBP Clinic Lab. Services-Program				0 0		201.00
202.02	Only Charges		_			_	202 00
202.00	Net Charges (line 200 - line 201)	1	C	1	0 0	1 0	202.00

Health Financial Systems	INGALLS MEMORIAL	L HOSPI TAL	In Lie	u of Form CMS-255	52-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SER	VICES AND VACCINE COST	Provider CCN: 14-0191	Peri od:	Worksheet D	
		Component CCN: 14-T191	From 07/01/2018 To 06/30/2019	Part V Date/Time Prepar	red:
		T: +1 - \0/111	Culture and share	11/25/2019 4:02	pm
		Title XVIII	Subprovider - IRF	PPS	
	Costs	6			
Cost Center Description	Cost	Cost			
		Reimbursed Services Not			
		Subject To			
		ed. & Coins.			
		(see inst.)			
ANCI LLARY SERVI CE COST CENTERS	6.00	7.00			
50. 00 05000 OPERATING ROOM	0	0		5	50.00
51.00 05100 RECOVERY ROOM	0	o			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		5	52.00
53. 00 05300 ANESTHESI OLOGY	0	0			53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0			54.00
54. 01 03630 ULTRA SOUND 54. 02 05401 SPECIAL PROCEDURES	0	0			54.01 54.02
56. 00 05600 RADI OI SOTOPE	0	0			56.00
57. 00 05700 CT SCAN	o	o			57.00
58. 00 05800 MRI	0	o			58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0	0			59.00
	0	0			50.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPH. 63. 00 06300 BLOOD STORING, PROCESSING & TF	-	0			52.30 53.00
65. 00 06500 RESPI RATORY THERAPY	0	o			55. 00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		6	55. 01
66. 00 06600 PHYSI CAL THERAPY	0	0			56.00
67. 00 06700 OCCUPATIONAL THERAPY	0	0			57.00
68. 00 06800 SPEECH PATHOLOGY 69. 00 06900 ELECTROCARDI OLOGY	0	0			58.00 59.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	o			70.00
70.01 03280 SLEEP LAB	0	0			70. 01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERV		0			70. 02
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PA		0			71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS 73. 00 07300 DRUGS CHARGED TO PATI ENTS	S 0 0	0			72.00 73.00
73. 01 03190 I NFUSI ON THERAPY	0	o			73.01
73. 03 07301 PHARMACY VACCI NE	0	0		7	73.03
73.04 03480 FCC INFUSION THERAPY	0	0			73.04
74.00 07400 RENAL DIALYSIS	0	0			74.00
76. 97 07697 CARDI AC REHABI LI TATI ON 76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0			76.97 76.98
76. 99 07699 LI THOTRI PSY	0	o			76.99
OUTPATIENT SERVICE COST CENTERS					
90. 02 09001 PSYCH ANCI LLARY	0	0			90. 02
90. 03 09002 RETINAL VASCULAR	0	0			90.03
91. 00 09100 EMERGENCY 91. 01 09101 I FCC	0	0			91.00 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT		0			92.00
200.00 Subtotal (see instructions)	0	Ö			00.00
201.00 Less PBP Clinic Lab. Services-	Program 0			20	01.00
Only Charges	201) 0				12 00
202.00  Net Charges (line 200 - line 2		0		20	02.00

Health Financial Systems	INGALLS MEMOR	IAL HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS		F	Period: From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	pared: 02 pm
			e XIX	Hospi tal	Cost	
Cost Center Description		Nursing School		Allied Health	All Other	
	Post-Stepdown		Post-Stepdown		Medi cal	
	Adjustments		Adjustments		Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS				1		
30. 00 03000 ADULTS & PEDI ATRI CS	0	0	) (	468, 021	0	
31. 00 03100 I NTENSI VE CARE UNI T	0	0	) (	122, 636	0	
40. 00 04000 SUBPROVIDER – IPF	0	0	) (	) 19, 525	0	40.00
41. 00 04100 SUBPROVI DER – I RF	0	0	) (	57, 272	0	
43. 00 04300 NURSERY	0	0	) (	0 0	0	1 101 00
200.00 Total (lines 30 through 199)	0	0	) (	667, 454		200.00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see	1 through 3,				
		minus col. 4)				
	4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS			1	1		
30. 00 03000 ADULTS & PEDI ATRI CS	0	100/021				•
31.00 03100 INTENSIVE CARE UNIT		122, 636			153	
40. 00 04000 SUBPROVI DER – I PF	0	19, 525			318	
41. 00 04100 SUBPROVI DER – I RF	0	57, 272			355	
43.00 04300 NURSERY		0				
200.00 Total (lines 30 through 199)		667, 454	73, 484	ŀ	5, 758	200.00
Cost Center Description	Inpati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x					
	col . 8)	-				
	9.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS	20, 373					30.00
31. 00 03100 I NTENSI VE CARE UNI T	4, 963					31.00
40. 00 04000 SUBPROVI DER - I PF	2, 026					40.00
41.00 04100 SUBPROVIDER - IRF	2, 169					41.00
43. 00 04300 NURSERY	0					43.00
200.00  Total (lines 30 through 199)	29, 531					200.00

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PASS	S Provider C		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV	pared:
			e XIX	Hospi tal	Cost	
Cost Center Description		Nursing School Post-Stepdown	Nursing Schoo	I Allied Health Post-Stepdown	Allied Health	
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	C		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	C		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0 0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0	C		0 0	0	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	C		o o	0	54.00
54.01 03630 ULTRA SOUND	0	C		0 0	0	54.01
54. 02 05401 SPECIAL PROCEDURES	0	0		0 0	0	54.02
56. 00 05600 RADI OI SOTOPE	0	0		0 0	0	56.00
57. 00 05700 CT SCAN	0	C C		0 0	0	57.00
58. 00 05800 MRI	0	C C		0 0		58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0	C C		0 0		59.00
60. 00 06000 LABORATORY	0	C C		0 0	0	60.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPH.	0	C C		0 0	0	62.30
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0			0 0	0	63.00
65. 00 06500 RESPI RATORY THERAPY	0			0 0		65.00
65. 01 03560 PULMONARY FUNCTION TESTING	0			0 0		65.00
66. 00 06600 PHYSI CAL THERAPY	0			0 0	-	66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0			0 0		67.00
68. 00 06800 SPEECH PATHOLOGY	0			0 0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0			0 0	0	69.00
	0				0	70.00
	0			0 0	0	70.00
	0			0 0	-	
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0				2, 603	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0			0 0		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0			0 0	-	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0			0 0		73.00
73. 01 03190 I NFUSI ON THERAPY	0	-		0 0	-	73.01
73.03 07301 PHARMACY VACCINE	0	0		0 0	-	73.03
73.04 03480 FCC INFUSION THERAPY	0	0		0 0	-	73.04
74.00 07400 RENAL DIALYSIS	0	C		0 0	0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON	0	C		0 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	C		0 0	-	76.98
76. 99 07699 LI THOTRI PSY	0	0		0 0	0	76.99
OUTPATIENT SERVICE COST CENTERS	1		1	T	I	
90. 02 09001 PSYCH ANCI LLARY	0	0		0 0		90.02
90. 03 09002 RETINAL VASCULAR	0	C		0 0	-	90.03
91.00 09100 EMERGENCY	0	C		0 0		•
91. 01 09101 I FCC	0	C		0 0	-	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	
200.00   Total (lines 50 through 199)	0	0	1	0 0	1, 001, 942	200. 00

Health Financial Systems	I NGALLS MEMOR		CN 14 0101		u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY S THROUGH COSTS	ERVICE OTHER PAS	S Provider C	1	Period: From 07/01/2018 Fo 06/30/2019	Date/Time Pre	
					11/25/2019 4:	02 pm
			e XIX	Hospi tal	Cost	
Cost Center Description	All Other	Total Cost	Total	Total Charges		
	Medical Education Cost	(sum of cols.	Outpatient Cost (sum of	(from Wkst. C,	to Charges (col. 5 ÷ col.	
		1, 2, 3, and 4)	col s. 2, 3,	8)	7)	
		4)	and 4)	0)	()	
	4,00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	0.00	0.00	7.00	0.00	
50. 00 05000 0PERATI NG ROOM	0	0		101, 136, 969	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0		14, 512, 340		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		2, 789, 719		52.00
53. 00 05300 ANESTHESI OLOGY	0	0		16, 259, 836	0. 000000	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		31, 667, 955	0.000000	54.00
54.01 03630 ULTRA SOUND	0	0		14, 979, 543	0.000000	54.01
54. 02 05401 SPECIAL PROCEDURES	0	0		20, 222, 849	0. 000000	54.02
56. 00 05600 RADI OI SOTOPE	0	0		8, 573, 014	0. 000000	56.00
57.00 05700 CT SCAN	0	0		88, 646, 187	0. 000000	57.00
58. 00 05800 MRI	0	0		17, 839, 135	0.000000	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	22, 524	22, 524	18, 936, 676	0. 001189	59.00
60. 00 06000 LABORATORY	0	0		170, 087, 505	0. 000000	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0. 000000	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		7, 783, 197	0.000000	63.00
65. 00 06500 RESPI RATORY THERAPY	0	22, 524	22, 52	4 24, 594, 765	0.000916	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		801, 674	0. 000000	65.01
66. 00 06600 PHYSI CAL THERAPY	0	0		22, 499, 217	0. 000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		8, 235, 985	0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	(	3, 565, 405	0. 000000	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0	(	23, 328, 371	0. 000000	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0	(	1, 171, 233	0.000000	70.00
70. 01 03280 SLEEP LAB	0	0	(	1, 604, 972	0.000000	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	2, 603	2, 603	6, 222, 830	0.000418	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	(	11, 902, 249	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	(	19, 680, 116	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	321, 021	321, 02	1 158, 031, 939	0. 002031	73.00
73.01 03190 INFUSION THERAPY	0	0	(	4, 646, 400	0. 000000	
73. 03 07301 PHARMACY VACCINE	0	0	(	,	0. 000000	
73.04 03480 FCC INFUSION THERAPY	0	0	(	9, 630, 918	0. 000000	
74.00 07400 RENAL DIALYSIS	0	0		4, 701, 890	0. 000000	
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		918, 001	0. 000000	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	-		7, 793, 961	0. 000000	76.98
76. 99 07699 LI THOTRI PSY	0	0	(	0 0	0.00000	76.99
OUTPATIENT SERVICE COST CENTERS		1				
90. 02 09001 PSYCH ANCI LLARY	0			7, 136, 582	0.000000	
90. 03 09002 RETINAL VASCULAR	0	-		998, 612	0.000000	
91.00 09100 EMERGENCY	0					91.00
91. 01 09101 I FCC	0	-	(			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			16, 869, 683		
200.00   Total (lines 50 through 199)	0	1, 001, 942	1, 001, 942	2 1, 247, 539, 105		200.00

Health Financial Sy		I NGALLS MEMORIAL		01 44 0404		u of Form CMS-2	2552-10
APPORITONMENT OF IN THROUGH COSTS	IPATI ENT/OUTPATI ENT ANCI LLARY SE	ERVICE OTHER PASS	Provider C	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Pre 11/25/2019 4:	pared:
			Ti †I	e XIX	Hospi tal	Cost	02 pili
Cost Ce	enter Description	Outpati ent	Inpatient	Inpati ent	Outpati ent	Outpati ent	
	·····	Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Throug		Pass-Through	
		(col. 6 ÷ col.	5	Costs (col.		Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
	RVICE COST CENTERS			1			
50. 00 05000 OPERATI		0. 000000	0		0 0	0	50.00
51.00 05100 RECOVER		0. 000000	0		0 0	0	51.00
	RY ROOM & LABOR ROOM	0. 000000	0		0 0	0	
53.00 05300 ANESTHE	SIOLOGY	0. 000000	0		0 0	0	53.00
	)GY-DI AGNOSTI C	0. 000000	0		0 0	0	54.00
54.01 03630 ULTRA S		0. 000000	0		0 0	0	54.01
54. 02 05401 SPECI AL	PROCEDURES	0. 000000	0		0 0	0	54.02
56. 00 05600 RADI 0I S	SOTOPE	0. 000000	0		0 0	0	56.00
57.00 05700 CT SCAN	1	0. 000000	0		0 0	0	57.00
58.00 05800 MRI		0. 000000	0		0 0	0	58.00
59. 00 05900 CARDI AC	CATHETERI ZATI ON	0. 001189	0		0 0	0	59.00
60. 00 06000 LABORAT	ORY	0. 000000	0		0 0	0	60.00
62.30 06250 BLOOD (	CLOTTING FOR HEMOPH.	0. 000000	0		0 0	0	62.30
63.00 06300 BLOOD S	STORING, PROCESSING & TRANS.	0. 000000	0		0 0	0	63.00
65. 00 06500 RESPI RA	TORY THERAPY	0. 000916	0		0 0	0	65.00
65.01 03560 PULMONA	ARY FUNCTION TESTING	0. 000000	0		0 0	0	65.01
66. 00 06600 PHYSI CA	AL THERAPY	0. 000000	0		0 0	0	66.00
67.00 06700 0CCUPAT	I ONAL THERAPY	0. 000000	0		0 0	0	67.00
68.00 06800 SPEECH	PATHOLOGY	0. 000000	0		0 0	0	68.00
69.00 06900 ELECTRO	CARDI OLOGY	0. 000000	0		0 0	0	69.00
	DENCEPHALOGRAPHY	0. 000000	0		0 0	0	70.00
70.01 03280 SLEEP L	AB	0. 000000	0		0 0	0	70.01
70. 02 03550 PSYCHI A	TRI C/PSYCHOLOGI CAL SERVI CES	0. 000418	0		0 0	0	70.02
71. 00 07100 MEDI CAL	SUPPLIES CHARGED TO PATIENT	0. 000000	0		0 0	0	71.00
	DEV. CHARGED TO PATIENTS	0. 000000	0		0 0	0	72.00
73.00 07300 DRUGS (	CHARGED TO PATIENTS	0. 002031	0		0 0	0	73.00
73.01 03190 INFUSIC	N THERAPY	0. 000000	0		0 0	0	73.01
73. 03 07301 PHARMAG		0. 000000	0		0 0	0	73.03
73.04 03480 FCC INF	USION THERAPY	0. 000000	0		0 0	0	73.04
74.00 07400 RENAL E		0. 000000	0		0 0	0	
	C REHABILITATION	0. 000000	0		0 0	0	76.97
	ARIC OXYGEN THERAPY	0. 000000	0		0 0	0	76.98
76. 99 07699 LI THOTE		0. 000000	0		0 0	0	
	ERVICE COST CENTERS	· · ·					1
90. 02 09001 PSYCH A	NCI LLARY	0. 000000	0		0 0	0	90. 02
90. 03 09002 RETI NAL	VASCULAR	0. 000000	0		0 0	0	
91.00 09100 EMERGEN		0. 005487	0		0 0	0	91.00
91.01 09101   FCC		0. 000000	0		0 0	0	
92. 00 09200 OBSERVA	TION BEDS (NON-DISTINCT PART	0. 000000	0		0 0	0	92.00
92.00  09200 0BSERVA							

PPORTIC	DNMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	S Provider C	CN· 14-0191	Peri od:	Worksheet D	
HROUGH				CCN: 14-S191	From 07/01/2018 To 06/30/2019	Part IV	
			Titl	e XIX	Subprovider -	Cost	<u>02 pi</u>
	Cost Center Description	Non Physician	Nursing School	Nursina Scho	ol Allied Health	Allied Health	
			Post-Stepdown	J	Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3.00	
AI	NCILLARY SERVICE COST CENTERS			•		-	
0.00 0	5000 OPERATING ROOM	0	0	I	0 0	0	50.
1.00 0	5100 RECOVERY ROOM	0	0		0 0	0	51.
2.00 0	5200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.
	5300 ANESTHESI OLOGY	0	0		0 0	0	53.
4.00 0	5400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.
4.01 0	3630 ULTRA SOUND	0	0		0 0	0	54.
4.02 0	5401 SPECIAL PROCEDURES	0	0		0 0	0	54.
6.00 0	5600 RADI OI SOTOPE	0	0		0 0	0	56.
7.00 0	5700 CT SCAN	0	0		0 0	0	57.
3. 00 0	5800 MRI	0	0		0 0	0	58.
9.00 0	5900 CARDI AC CATHETERI ZATI ON	0	0		0 0	22, 524	59.
	6000 LABORATORY	0	0		0 0		
2.30 0	6250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0	62
	6300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0		
	6500 RESPI RATORY THERAPY	0	0		0 0	22, 524	65
	3560 PULMONARY FUNCTION TESTING	0	0		0 0		
	6600 PHYSI CAL THERAPY	0	0		0 0	0	
	6700 OCCUPATIONAL THERAPY	0	0		0 0	0	
	6800 SPEECH PATHOLOGY	0	0		0 0		
	6900 ELECTROCARDI OLOGY	0	0		0 0	0	
	7000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
	3280 SLEEP LAB	0	0		0 0		
	3550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0		
	7100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0		
	7200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 0	0	
	7300 DRUGS CHARGED TO PATIENTS	0	0		0 0	321, 021	
	3190 INFUSION THERAPY	0	0		0 0		
	7301 PHARMACY VACCI NE	0	0		0 0		
	3480 FCC INFUSION THERAPY	0	0		0 0	0	
	7400 RENAL DIALYSIS	0	0		0 0		
	7697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	
	7698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76.
	7699 LI THOTRI PSY	0	0		0 0	0	
	UTPATIENT SERVICE COST CENTERS		`				
	9001 PSYCH ANCI LLARY	0	0		0 0	0	90.
	9002 RETINAL VASCULAR	0	0		0 0		
	9100 EMERGENCY	0	0		0 0		
	9101   FCC	0	0		0 0		
	9200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	
				1	-1	U U	1

Health Financial Systems	INGALLS MEMORI			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C		Period:	Worksheet D	
THROUGH COSTS		Component (		From 07/01/2018 To 06/30/2019	Part IV	nared
		component	CCN. 14-3191	10 00/ 30/ 2019	Date/Time Pre 11/25/2019 4:	02 pm
		Ti tl	e XIX	Subprovider -	Cost	
Cost Center Description	AII Other	Total Cost	Total	I PF Total Charges	Ratio of Cost	
bost benter beschiption	Medi cal	(sum of cols.	Outpatient	(from Wkst. C,	to Charges	
	Education Cost	•	Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)		,	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0		0 101, 136, 969	0. 000000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 14, 512, 340	0. 000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 2, 789, 719	0. 000000	52.00
53. 00 05300 ANESTHESI OLOGY	0	0		0 16, 259, 836	0. 000000	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 31, 667, 955	0. 000000	54.00
54.01 03630 ULTRA SOUND	0	0		0 14, 979, 543	0.00000	54.01
54. 02 05401 SPECIAL PROCEDURES	0	0		0 20, 222, 849	0. 000000	54.02
56. 00 05600 RADI OI SOTOPE	0	0		0 8, 573, 014	0. 000000	56.00
57.00 05700 CT SCAN	0	0		0 88, 646, 187	0. 000000	57.00
58. 00 05800 MRI	0	0		0 17, 839, 135		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	22, 524	22, 52		0. 001189	
60. 00 06000 LABORATORY	0	0		0 170, 087, 505	0. 000000	
62.30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	0.000000	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 7, 783, 197	0. 000000	
65. 00 06500 RESPI RATORY THERAPY	0	22, 524	22, 52		0.000916	
65.01 03560 PULMONARY FUNCTION TESTING	0	0		0 801, 674	0.000000	
66. 00 06600 PHYSI CAL THERAPY	0	0		0 22, 499, 217	0. 000000	
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 8, 235, 985	0. 000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 3, 565, 405	0.000000	
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 23, 328, 371	0. 000000	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 1, 171, 233		
70. 01 03280 SLEEP LAB	0	0		0 1, 604, 972	0.000000	
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	2, 603	2,60		0.000418	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 11, 902, 249	0. 000000	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 19, 680, 116	0. 000000	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	321, 021	321, 02	1 158, 031, 939	0.002031	73.00
73.01 03190 INFUSION THERAPY	0	0		0 4, 646, 400	0. 000000	
73. 03 07301 PHARMACY VACCINE	0	0		0 225, 662	0.000000	
73.04 03480 FCC INFUSION THERAPY	0	0		0 9, 630, 918	0. 000000	73.04
74.00 07400 RENAL DIALYSIS	0	0		0 4, 701, 890		
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 918,001	0.000000	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 7, 793, 961	0.000000	
76. 99 07699 LI THOTRI PSY	0	0		0 0		
OUTPATIENT SERVICE COST CENTERS						1
90. 02 09001 PSYCH ANCI LLARY	0	0		0 7, 136, 582	0. 000000	90.02
90. 03 09002 RETINAL VASCULAR	0	0		0 998, 612		
70. 03 107002 KETTINAL VASCULAR						
91. 00 09100 EMERGENCY	0	633, 270	633, 27	0 115, 411, 177	0.005487	91.00
	0	633, 270 0		0 115, 411, 177 0 284, 132, 538		
91. 00 09100 EMERGENCY	000000000000000000000000000000000000000				0. 000000	91.01

51.00         65100         PECOVERY ROOM         ALBOR ROOM         0.000000         0         0         51.00           52.00         05300         ANESTHESI OLOGY         0.000000         0         0         0         53.00           54.00         05400         RAII OLOGY-DI AGNOSTI C         0.000000         0         0         0         54.00           54.00         05400         RAII OLOGY-DI AGNOSTI C         0.000000         0         0         0         54.00           54.00         05400         RAII OLOGY-DI AGNOSTI C         0.000000         0         0         0         54.00           54.00         05400         RAII OLISTOPE         0.000000         0         0         0         55.00           50.00         05500 C ARDI ALS CATHETERI ZATI ON         0.001189         0         0         0         0         59.00           60.00         06000 C LABORATORY         0.000000         0         0         0         63.00         63600 RESON RAI OLISTORY FRANS.         0.000000         0         0         63.00         63600 RESON RAI OLISTORY THERAPY         0.000000         0         0         65.00         65.00         65.00         65.00         65.00         65.00 <t< th=""><th>Health Financial Systems</th><th>INGALLS MEMORIA</th><th>L HOSPI TAL</th><th></th><th></th><th>In Lie</th><th>u of Form CMS-2</th><th>2552-10</th></t<>	Health Financial Systems	INGALLS MEMORIA	L HOSPI TAL			In Lie	u of Form CMS-2	2552-10
Annumber Construct         Component CON: 14:S191         To         06:07:07:07:07:07:07:07:07:07:07:07:07:07:		ERVICE OTHER PASS	Provider C	CN: 14-0191				
Instrument         Instrum	THROUGH COSTS		Component	CCN: 14-S101				narod
Title XIX         Subprovider - IPF         Cost           Cost Center Description         Autpatient Ratio of Cost to Charges (col. 6 - col			component	CCN. 14-5171	10	00/ 30/ 2017	11/25/2019 4:	02 pm
Cost Center Description         Outpatient Ratio of Coharges (col. 6 + col. 7)         Inpatient Program Charges (col. 6 + col. 7)         Inpatient Program (costs (col. 9)         Outpatient Program (costs (col. 9)         Outpatient Program (costs (col. 9)         Outpatient Program (costs (col. 9)         Program (costs (col. 9)           0.00         0.00000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td>Titl</td> <td>e XIX</td> <td>Sı</td> <td></td> <td></td> <td></td>			Titl	e XIX	Sı			
Ratio of Cost to Charges (col. 6 + col. -7)         Program (col. 6 + col. -7)	Cost Center Description	Outpatient	Inpatient	Inpatient			Outpatient	
Intervent         Intervent         Charges (col.         Charges 7, col.         Charges (col.         Pass-Through (cotsts (col.))         Charges x col.         Pass-Through (cotsts (col.))           MCI LLARY SERVICE COST CENTERS								
Image: transmission of the second s					h			
T)         x col. 10)         x col. 12)           9.0         10.00         11.00         12.00         13.00           NCI LLARY SERVICE COST CENTERS         0         10.00         12.00         13.00           0.0         05000 PERATI NG ROOM         0.000000         0         0         0         0         50.00           20.0         05200 PERATI NG ROOM         0.000000         0         0         0         0         51.00         52.00           53.00         05300 AHESTHESI OLGW & LABOR ROOM         0.000000         0         0         0         52.00           54.01         03330 ULTRA SOUND         0.000000         0         0         0         54.01           54.01         03401 LORY-DI AGNOSTI C         0.000000         0         0         0         54.01           54.01         03401 LORY-DI AGNOSTI C         0.000000         0         0         0         54.02           54.01         035401 LORY-DI AGNOSTI C         0.000000         0         0         0         54.02           54.01         035401 LORY-DI AGNOSTI C         0.000000         0         0         0         54.02           50.00 GSEGO RAIL INSTOPE         0.000000         0 </td <td></td> <td></td> <td> g</td> <td></td> <td></td> <td>51121 g 5 5</td> <td></td> <td></td>			g			51121 g 5 5		
ANCILLARY SERVICE COST CENTERS         11.00         12.00         13.00           50.00         05000 (DERATING ROOM         0.000000         0         0         0.51.00           51.00         05100 (DERATING ROOM         0.000000         0         0         0.52.00           52.00         05200 (DELUTRY ROOM & LABOR ROOM         0.000000         0         0         0.53.00           53.00         05300 (DS300 ARESTHES) (DGY         0.000000         0         0         0.53.00           54.00         05400 RADI 0LGY-DLARNOSTI C         0.000000         0         0         0.54.00           54.00         05400 RADI 0LGY-DLARNOSTI C         0.000000         0         0         0.55.00           54.00         05400 RADI 0LGY-DLARNOSTI C         0.000000         0         0         0.55.00           56.00         05600 RADI 0LTRA SOUMES         0.000000         0         0         0.56.00           57.00         05700 CT SCAN         0.0000000         0         0         0         0.58.00           59.00         05900 CARDI AC CATHETERI ZATI ON         0.001389         0.000000         0         0         0.63.00           65.01         06500 RESPI RATORY THERAPY         0.000000         0					-			
50. 00         05000 (DEFRATINE ROM         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <			10.00			12.00		
51.00         65100         PECOVERY ROOM         LABOR ROOM         0.000000         0         0         51.00           52.00         65200         PELIVERY ROOM & LABOR ROOM         0.000000         0         0         0         53.00           53.00         05300         ANESTHESI OLOGY         0.000000         0         0         0         53.00           54.00         05400         RADI OLGSY-DI AGNOSTI C         0.000000         0         0         0         54.00           54.00         05400         RADI OLGSY-DI AGNOSTI C         0.000000         0         0         0         54.00           54.00         05400         RADI OLGSY-DI AENOSTI E         0.000000         0         0         0         54.00           56.00         05600         CATA TOPE         0.000000         0         0         0         57.00           59.00         05900         CARDI AC CATHETERI ZATI ON         0.001189         0         0         0         0         62.33           63.00         06500         LABOR TIG, PROCESSI NG & TRANS.         0.000001         0         0         63.00         65.00         65.00         65.00         66.00         66.00         66.00         66.00	ANCI LLARY SERVI CE COST CENTERS							
52:00         052:00         PELIVERY ROM & LABOR ROM         0.000000         0         0         0         52:00           53:00         053:00         RSTHESILOGY         0.000000         0         0         0         53:00           54:00         OS4:00         RADI OLGCY-DI AGNOSTIC         0.000000         0         0         0         54:00           54:00         OS4:00         RADI OLGCY-DI AGNOSTIC         0.000000         0         0         0         54:00           54:00         OS4:00         ULTRA SOLUTA         0.000000         0         0         0         54:00           56:00         OS600         CT <scan< td="">         0.000000         0         0         0         0         57:00         57:00         0.57:00         0         0         0         0         58:00         0         0         0         0         0         0         0         0         58:00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0</scan<>	50. 00 05000 OPERATING ROOM	0. 000000	(	)	0	0	0	50.00
53.00         053.00         ANESTHESI OLOGY         0.000000         0         0         0         53.00           54.00         54.01         03630         LTRA SOUND         0.000000         0         0         0         54.01           54.01         03630         LTRA SOUND         0.000000         0         0         0         54.02           54.01         03630         LTRA SOUND         0.000000         0         0         0         54.02           50.00         05600         RADI OI SOTOPE         0.000000         0         0         0         57.00           50.00         05900         CARDI AC CATHETERI ZATI ON         0.01189         0         0         0         59.00           0.00         06000         CARDI AC CATHETERI ZATI ON         0.01189         0         0         0         62.33           0.00         06000         CARDI AC CATHETERI ZATI ON         0.001480         0         0         0         62.33           0.00         06000         CLARDARTRY         0.000000         0         0         0         63.00           06300         READRY THERAPY         0.000000         0         0         63.00         63.00	51.00 05100 RECOVERY ROOM	0. 000000	(		0	0	0	51.00
54.00       054.00       RADI DLOGY-DI AGNOSTI C       0.000000       0       0       54.00         54.10       03630       ULTRA SOUND       0.000000       0       0       0       54.00         54.02       05401       SPECI AL PROCEDURES       0.000000       0       0       0       54.00         56.00       05600       RADI OL SOTOPE       0.000000       0       0       0       57.00         57.00       05700       CTSCAN       0.000000       0       0       0       57.00         58.00       OS600       CARDI AC CATHETERI ZATI ON       0.001189       0       0       0       59.00         60.00       CARDI AC CATHETERI ZATI ON       0.001189       0       0       0       62.30         63.00       D6500       LABORATORY       NEDORITING FOR HEMOPH.       0.000000       0       0       63.00         65.10       D6500       RESPI RATORY THERAPY       0.000000       0       0       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00       65.00 <t< td=""><td>52.00 05200 DELIVERY ROOM &amp; LABOR ROOM</td><td>0. 000000</td><td>(</td><td></td><td>0</td><td>0</td><td>0</td><td>52.00</td></t<>	52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	(		0	0	0	52.00
54.01       03630       ULTRA SOUND       0.000000       0       0       0       54.02         54.02       05640       RADIO I SPECIAL PROCEDURES       0.000000       0       0       0       56.00         57.00       05700 CT SCAN       0.000000       0       0       0       57.00       0       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00       58.00 <td< td=""><td>53. 00 05300 ANESTHESI OLOGY</td><td>0. 000000</td><td>(</td><td></td><td>0</td><td>0</td><td>0</td><td>53.00</td></td<>	53. 00 05300 ANESTHESI OLOGY	0. 000000	(		0	0	0	53.00
54. 02       05401 SPECIAL PROCEDURES       0.00000       0       0       56. 00         56. 00       05600 RADI 01 SOTOPE       0.000000       0       0       0       57. 00         57. 00       05700 CT SCAN       0.000000       0       0       0       57. 00         58. 00       05800 MRI       0.000140       0       0       0       59. 00         59. 00       05900 CARDI 4C CATHETERI ZATI 0N       0.001199       0       0       0       0       59. 00         60. 00       06000 LABORATORY       0.00000       0       0       0       62. 30       62.00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       66. 00       0       0       0       63. 00       65. 00       65. 00       66. 00       0       0       64. 00       65. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       67. 00       67. 00       68. 00       67. 00       68. 00       69. 00       69. 00       69. 00       69. 00       69. 00       69. 00	54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	(		0	0	0	54.00
54. 02       05401 SPECIAL PROCEDURES       0.00000       0       0       56. 00         56. 00       05600 RADI 01 SOTOPE       0.000000       0       0       0       57. 00         57. 00       05700 CT SCAN       0.000000       0       0       0       57. 00         58. 00       05800 MRI       0.000140       0       0       0       59. 00         59. 00       05900 CARDI 4C CATHETERI ZATI 0N       0.001199       0       0       0       0       59. 00         60. 00       06000 LABORATORY       0.00000       0       0       0       62. 30       62.00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       65. 00       66. 00       0       0       0       63. 00       65. 00       65. 00       66. 00       0       0       64. 00       65. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       66. 00       67. 00       67. 00       68. 00       67. 00       68. 00       69. 00       69. 00       69. 00       69. 00       69. 00       69. 00	54.01 03630 ULTRA SOUND	0. 000000	(		0	0	0	54.01
56.00         05600         RADIOLISOTOPE         0.000000         0         0         0         0         0         56.00           57.00         05700         CT SCAN         0.000000         0         0         0         57.00           58.00         DS800         MRI         0.000000         0         0         0         57.00           59.00         CS800         MRI         0.000000         0         0         0         0         57.00           50.00         DS900         CARDIA C CATHETERI ZATION         0.01189         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		1	(		0	0	0	54.02
57.00         05700         CT SCAN         0.000000         0         0         0         57.00           58.00         05800         NRI         0.000000         0         0         0         58.00           59.00         05900         CARDI AC CATHETERI ZATI ON         0.001189         0         0         0         60.00           62.30         06250         BLODD CLOTTING FOR HEMOPH.         0.000000         0         0         62.30           63.00         06500         RESPI RATORY THERAPY         0.000016         0         0         65.00           65.01         03560         PLUMONARY FUNCTI ON TESTING         0.00000         0         0         0         65.00           65.00         06500         RESPI RATORY THERAPY         0.000000         0         0         0         65.00           65.01         03560         PLUMONARY FUNCTI ON TESTING         0.000000         0         0         0         65.00           06400         PSECH PATHOLOGY         0.000000         0         0         0         67.00           06700         ELCTROCARDI OLOGY         0.000000         0         0         0         70.00           0.00         06900 <td></td> <td></td> <td>(</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>56.00</td>			(		0	0	0	56.00
58.00         OS800         MRI         0.000000         0         0         0         58.00           59.00         05900         CARDIA C CATHETERIZATION         0.001189         0         0         0         0         59.00           60.00         06000         LABORATORY         0.000000         0         0         0         66.00           62.30         06250         BLODD CLOTTING FOR HEMOPH.         0.000000         0         0         0         66.00           63.00         06300         BLODD STORING, PROCESSING & TRANS.         0.000000         0         0         0         65.00           65.01         03560         PULMONARY FUNCTION TESTING         0.000000         0         0         0         65.00           66.00         06600         PHYSICAL THERAPY         0.000000         0         0         0         66.00           67.00         05700         CCUPATIONAL THERAPY         0.000000         0         0         0         66.00           68.00         068000         SEECT ROCARDIAGRAPHY         0.000000         0         0         0         0         0         70.00           70.01         02805         SLEP LAB         0.000000			C		0	0	0	57.00
59:00         059:00         CARDI AC. CATHETERI ZATI ON         0.001189         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td>1</td> <td>C</td> <td></td> <td>0</td> <td>0</td> <td></td> <td>1</td>		1	C		0	0		1
60.00         \mathrm{6000}{M200}         \mathrm{0}{M2000}         \ma					0	0		
62.30       06250       BLOOD CLOTTING FOR HEMOPH.       0.000000       0       0       0       62.30         63.00       06300       RESPI RATORY THERAPY       0.000000       0       0       0       65.00         06500       RESPI RATORY THERAPY       0.000000       0       0       0       65.00         65.01       03560       PULMONARY FUNCTION TESTING       0.000000       0       0       0       66.00         65.01       0560       RESPI RATORY THERAPY       0.000000       0       0       0       66.00         66.00       06000       PULMONARY FUNCTION TESTING       0.000000       0       0       0       67.00       67.00       67.00       67.00       67.00       67.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       68.00       69.00       0       0       0       67.00       67.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00       70.00					0	0	0	60.00
63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0.000000       0       0       0       63.00         65.00       0500       RESPIRATORY THERAPY       0.00000       0       0       0       65.00         65.01       03560       PULMONARY FUNCTION TESTING       0.000000       0       0       0       65.00         66.00       06000       PVSICAL THERAPY       0.000000       0       0       0       66.00         67.00       06000       SPEECH PATHOLOCY       0.000000       0       0       0       67.00         68.00       06800       SPEECH PATHOLOCY       0.000000       0       0       0       68.0       69.00         69.00       06900       ELECTROCARDIOLOGY       0.000000       0       0       0       70.00         70.01       03280       SLEEP LAB       0.000000       0       0       0       70.00         71.00       07100       MEICAL SPEYCHATORY       0.000000       0       0       70.00       70.00         72.00       07200       IMPL-ALSUPPLIES CHARGED TO PATIENTS       0.000000       0       0       73.00         73.01       0310       INGUS CHARGED TO PATIENTS			(		0	0		62.30
65.00         06500         RESPI RATORY THERAPY         0.000916         0         0         0         65.00           66.00         06600         PHYSI CAL THERAPY         0.000000         0         0         0         66.00           67.00         06700         0CUPATI ONAL THERAPY         0.000000         0         0         0         67.00           67.00         06600         PHYSI CAL THERAPY         0.000000         0         0         0         67.00           68.00         06800         SPECH PATHOLOGY         0.000000         0         0         68.00         68.00           69.00         6900         ELECTROENCEPHALOGRAPHY         0.000000         0         0         68.00         70.00           70.01         03280         SLEEP LAB         0.000000         0         0         0         70.00         70.00           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENT         0.000000         0         0         71.00         73.00           73.01         03190         INFUSI ON THERAPY         0.000000         0         0         73.00           73.04         0340         OSA0         0         0         0         73.00 <td></td> <td></td> <td>(</td> <td></td> <td>0</td> <td>0</td> <td></td> <td>63.00</td>			(		0	0		63.00
65. 01       03560       PULMONARY FUNCTION TESTING       0.00000       0       0       0       65. 07         66. 00       06600       PHYSICAL THERAPY       0.000000       0       0       0       66. 00         67. 00       67.00       67.00       0       0       0       0       67. 00         68. 00       06800       SPEECH PATHOLOGY       0.000000       0       0       0       68. 00         69. 00       06900       ELECTROCARDIOLOGY       0.000000       0       0       0       69. 00         70. 00       07000       ELECTROCARDIOLOGY       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 <td< td=""><td></td><td>1</td><td></td><td></td><td>0</td><td>0</td><td></td><td>1</td></td<>		1			0	0		1
66.00       06600       PHYSI CAL THERAPY       0.000000       0       0       0       66.00         67.00       0CCUPATI ONAL THERAPY       0.000000       0       0       0       67.00         68.00       06800       SPEECTROCARDI OLOGY       0.000000       0       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       0       0       0       69.00         70.00       DECTROENCEPHALOGRAPHY       0.000000       0       0       0       70.00         70.01       03260       SLEEP LAB       0.000000       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0.000000       0       0       71.00         71.00       07100       DRUCA CHARGED TO PATI ENTS       0.000000       0       0       73.00         73.01       03190       INFUSI ON THERAPY       0.000000       0       0       73.00         73.03       07301       PHARMACY VACI NE       0.000000       0       0       73.01         73.04       03480       FCC INFUSI ON THERAPY       0.000000       0       0       74.00         76.99		1						1
67.00         06700         0CCUPATI ONAL THERAPY         0.000000         0         0         0         67.00           68.00         06800         SPEECH PATHOLOGY         0.000000         0         0         0         68.00           69.00         06900         ELECTROCARDI OLOGY         0.000000         0         0         0         69.00           0.01         07000         ELECTROENCEPHALOGRAPHY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <t< td=""><td></td><td></td><td>(</td><td></td><td>0</td><td>0</td><td></td><td>66.00</td></t<>			(		0	0		66.00
68.00       06800       SPEECH PATHOLOGY       0.000000       0       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       0       0       0       69.00         70.00       070.00       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       0       70.00         70.10       03280       SLEEP LAB       0.000000       0       0       0       0       70.00         70.02       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.00000       0       0       0       70.02         71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0.000000       0       0       71.00       72.00       72.00       72.00       00       0       0       72.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00       73.00					0	0		1
69.00       06900       ELECTROCARDI OLOGY       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0						-		
70.00         07000         ELECTROENCEPHALOGRAPHY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					0	0		69.00
70.01         03280         SLEEP LAB         0.00000         0         0         0         70.07           70.02         03550         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0.000418         0         0         0         70.02           71.00         07100         MEDI CAL SUPPLIES CHARGED TO PATI ENT         0.000000         0         0         0         71.00           72.00         77200         IMPL. DEV. CHARGED TO PATI ENTS         0.000000         0         0         0         73.00           73.00         07300         DRUGS CHARGED TO PATI ENTS         0.002031         0         0         0         73.00           73.01         03190         INFUSION THERAPY         0.000000         0         0         0         73.00           73.03         07301         PHARMACY VACCI NE         0.000000         0         0         0         73.00           74.00         07400         RENAL DI ALYSI S         0.000000         0         0         0         74.00           76.97         CARDI AC REHABI LI TATI ON         0.000000         0         0         0         76.97           76.98         07692         LI HOTRI ENSEY         0.000000         0         0					0	0		70.00
70.02       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000418       0       0       0       70.02         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.000000       0       0       0       71.00         72.00       07200       IMPL.       DEV. CHARGED TO PATI ENTS       0.000000       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATI ENTS       0.002031       0       0       0       73.00         73.01       03190       INFUSI ON THERAPY       0.000000       0       0       0       73.00         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.02         73.04       03480       FCC INFUSI ON THERAPY       0.000000       0       0       0       73.02         74.00       07404       RENAL DI ALYSI S       0.000000       0       0       0       74.00         76.97       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76.92         76.98       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       0       0       0         90.02       09001<					0	0		1
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0.000000       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.000000       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.002031       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0.000000       0       0       0       73.00         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.00         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.00         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         76.97       OR698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       76.97         76.98       07699       LI THOTRI PSY       0.000000       0       0       0       76.97         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       90.02         70.03       09002       RETI NAL VASCULAR <td< td=""><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td></td><td></td></td<>					0	0		
72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.000000       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.002031       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0.000000       0       0       0       73.00         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.00         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.00         74.00       07400       RENAL DI ALYSIS       0.000000       0       0       0       74.00         76.97       CARDI AC REHABILITATION       0.000000       0       0       0       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       76.97         76.99       07699       LITHOTRI PSY       0.000000       0       0       0       76.97         76.99       07699       UTPATI ENT SERVICE COST CENTERS       0.000000       0       0       0       90.00         90.02       09001       PSYCH ANCI LLARY       0.000000						-		71.00
73.00       07300       DRUGS CHARGED TO PATIENTS       0.002031       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0.000000       0       0       0       73.00         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.00         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.00         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.00         74.00       07400       RENAL DI ALYSIS       0.000000       0       0       0       74.00         76.97       7677       CARDI AC REHABILITATION       0.000000       0       0       0       76.97         76.98       07699       LITHOTRI PSY       0.000000       0       0       0       76.97         76.99       07699       LITHOTRI PSY       0.000000       0       0       0       76.97         76.99       07699       LITHOTRI PSY       0.000000       0       0       0       0       76.97         70.02       09001       PSYCH ANCI LLARY       0.0000000       0 </td <td></td> <td></td> <td>(</td> <td></td> <td>0</td> <td>0</td> <td></td> <td>72.00</td>			(		0	0		72.00
73.01       03190       INFUSION THERAPY       0.000000       0       0       0       73.03         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.04         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         76.97       07697       CARDI AC REHABILITATION       0.000000       0       0       0       74.00         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.000000       0       0       0       76.97         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.97         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.97         76.91       CRENTERAPY       0.000000       0       0       0       0       76.97         76.92       UTPATI ENT SERVICE COST CENTERS       0.000000       0       0       0       90.02         90.02       09001       PSYCH ANCI LLARY       0.0000000       0       0					0	0		
73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       0       73.04         74.00       07400       RENAL DI ALYSIS       0.000000       0       0       0       0       74.00         76.97       07697       CARDI AC REHABILITATION       0.000000       0       0       0       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.99         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.99         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.99         70.02       09001       PSYCH ANCI LLARY       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td>					0	0		
73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.04         74.00       07400       RENAL DIALYSIS       0.000000       0       0       0       0       74.00         76.97       07697       CARDIAC REHABILITATION       0.000000       0       0       0       0       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRIPSY       0.000000       0       0       0       76.99         76.99       07699       LI THOTRIPSY       0.000000       0       0       0       76.99         76.99       07699       LI THOTRIPSY       0.000000       0       0       0       76.99         76.99       07699       LI THOTRIPSY       0.000000       0       0       0       76.99         70.02       09001       PSYCH ANCI LLARY       0.000000       0       0       90.00       90.00         90.03       09002       RETINAL VASCULAR       0.000000       0       0       0       90.00         91.01       OFC       0.000000       0       0 <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td>			-		-	-		
74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00       74.00         76.97       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       0       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       0       76.98         07699       LI THOTI PSY       0.000000       0       0       0       0       76.98         07699       LI THOTI PSY       0.000000       0       0       0       0       76.98         070901       PSYCH ANCI LLARY       0.000000       0       0       0       90.02         90012       PSYCH ANCI LLARY       0.000000       0       0       90.02         90.02       RETI NAL VASCULAR       0.000000       0       0       90.02         91.00       O9100       EMERGENCY       0.005487       0       0       0       91.00         91.01       I FC       0.000000       0       0       0       0       91.07         92.00       09200       DSERVATI ON BEDS (NON-DI STI NCT PART       0.000000       0       0       0       92.00						0		
76.97       07697       CARDI AC REHABI LI TATI ON       0.00000       0       0       0       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.98         00000       01090       0       0       0       0       0       0       76.98         00000       01090       0       0       0       0       0       0       76.98         00000       01000       0       0       0       0       0       0       76.98         00000       09001       PSCH ANCI LLARY       0.000000       0       0       0       90.02         90.03       09002       RETI NAL VASCULAR       0.000000       0       0       0       90.02         91.00       OPHOD EMERGENCY       0.005487       0       0       0       91.00         91.01       IFC       0.000000       0       0       0       0       91.00         92.00       08SERVATI ON BEDS (NON-DI STINCT PART       0.000000       0       0       <			-		-	0		
76.98         07698         HYPERBARI C 0XYGEN THERAPY         0.00000         0         0         0         76.98           76.99         07699         LI THOTRI PSY         0.00000         0         0         0         0         76.98           0010000000000000000000000000000000000			(		0	0		
76.99         07699         L1 THOTRI PSY         0.00000         0         0         0         76.92           OUTPATI ENT SERVICE COST CENTERS         0.00000         0         0         0         0         90.02           90.02         09001         PSYCH ANCI LLARY         0.000000         0         0         0         90.02           90.02         09002         RETI NAL VASCULAR         0.000000         0         0         0         90.02           91.00         09100         EMERGENCY         0.005487         0         0         0         91.00           91.01         1FC         0.00000         0         0         0         91.00         92.00         0BSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         92.00			(		0	0		
OUTPATIENT SERVICE COST CENTERS           90.02         09001         PSYCH ANCILLARY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					-	-		
90. 02       09001       PSYCH ANCI LLARY       0. 00000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0					- 1			1
90.03       09002       RETI NAL VASCULAR       0.00000       0       0       0       90.03         91.00       09100       EMERGENCY       0.005487       0       0       0       91.00         91.01       09101       I FCC       0.00000       0       0       0       91.00         92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       0.000000       0       0       0       92.00		0. 000000	(		0	0	0	90.02
91.00       09100       EMERGENCY       0.005487       0       0       0       91.00         91.01       09101       I FCC       0.000000       0       0       0       91.00         92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       0.000000       0       0       0       0       92.00						-		
91.01         09101         I FCC         0.00000         0         0         0         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STINCT PART         0.000000         0         0         0         0         92.00         0         0         0         92.00         0         0         0         92.00         0         0         0         92.00         0         0         0         0         92.00         0         0         0         0         0         0         92.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0. 000000 0 0 0 0 92. 00					0	-		
		1	C	þ	0	0	0	1
	200.00 Total (lines 50 through 199)				0	0	0	

PPORTION	nancial Systems WENT OF INPATIENT/OUTPATIENT ANCILLARY SE		AL HOSPITAL S Provider C	CN: 14-0191	Peri od:	eu of Form CMS-: Worksheet D	2002
HROUGH C				CCN: 14-T191	From 07/01/2018 To 06/30/2019	Part IV	
			Titl	e XIX	Subprovider - IRF	Cost	<u>02 p</u>
	Cost Center Description	Non Physician	Nursing School	Nursina Scho	ol Allied Health	Allied Health	
			Post-Stepdown	J	Post-Stepdown		
		Cost	Adjustments		Adjustments		
		1.00	2A	2.00	3A	3.00	
AN	CILLARY SERVICE COST CENTERS			•		•	
0.00 05	000 OPERATING ROOM	0	0	I	0 0	0	50.
1.00 05	100 RECOVERY ROOM	0	0		0 0	0	51.
2.00 05	200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.
	300 ANESTHESI OLOGY	0	0		0 0	0	53.
4.00 05	400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.
	630 ULTRA SOUND	0	0		0 0	0	54.
4. 02 05	401 SPECIAL PROCEDURES	0	0		0 0	0	54.
	600 RADI OI SOTOPE	0	0		0 0	0	
	700 CT SCAN	0	0		0 0	0	
	800 MRI	0	0		0 0		
	900 CARDI AC CATHETERI ZATI ON	0	0		0 0		
	000 LABORATORY	0	0		0 0		
	250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0	-	
	300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 0		
	500 RESPIRATORY THERAPY	0	0		0 0	-	
	560 PULMONARY FUNCTION TESTING	0	0		0 0	0	
	600 PHYSI CAL THERAPY	0	0		0 0		
	700 OCCUPATI ONAL THERAPY	0	0		0 0	-	
		0	0		0 0	-	
	800 SPEECH PATHOLOGY	0			0 0		
	900 ELECTROCARDI OLOGY	0	-		-	0	
	000 ELECTROENCEPHALOGRAPHY	0	0		0 0	0	
	280 SLEEP LAB	0	-		0 0	-	
	550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 0	_,	
	100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	-	
	200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 0	e e e e e e e e e e e e e e e e e e e	
	300 DRUGS CHARGED TO PATIENTS	0	0		0 0		
	190 I NFUSI ON THERAPY	0	0		0 0	-	
	301 PHARMACY VACCINE	0	0		0 0	-	
	480 FCC INFUSION THERAPY	0	0		0 0	-	
	400 RENAL DI ALYSI S	0	0		0 0	-	
	697 CARDI AC REHABI LI TATI ON	0	0		0 0	0	
	698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	-	
	699 LI THOTRI PSY	0	0		0 0	0	76.
	TPATIENT SERVICE COST CENTERS						
	001 PSYCH ANCILLARY	0			0 0	-	
	002 RETINAL VASCULAR	0	0		0 0		
	100 EMERGENCY	0	0		0 0	633, 270	
1.01 09	101   I FCC	0	0		0 0	0	91.
2.00 09	200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92
00.00	Total (lines 50 through 199)	0	0		0 0	1,001,942	200

Health Financial Systems	INGALLS MEMORI			In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SI	ERVICE OTHER PASS	S Provider C		Peri od:	Worksheet D Part IV	
THROUGH COSTS		Component		From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	pared:
			e XIX	Subprovider -	11/25/2019 4: Cost	02 pm
			C XIX	I RF		
Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
	Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
	4.00	E 00	and 4)	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS	4.00	5.00	6.00	7.00	8.00	
50. 00 05000 OPERATI NG ROOM	0	0		0 101, 136, 969	0.00000	50.00
51. 00 05100 RECOVERY ROOM	0			0 14, 512, 340		
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 2, 789, 719		
53. 00 05300 ANESTHESI OLOGY	0	0		0 16, 259, 836		
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0	0		0 31, 667, 955		
54. 01 03630 ULTRA SOUND	0			0 14, 979, 543		
54. 02 05401 SPECIAL PROCEDURES	0					
56. 00 05600 RADI OI SOTOPE	0			0 20, 222, 849 0 8, 573, 014		
	0					
57. 00 05700 CT SCAN	0	-		0 88, 646, 187		
	0	0		0 17, 839, 135		
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	22, 524				
60. 00 06000 LABORATORY	0	0		0 170, 087, 505		
62. 30 06250 BLOOD CLOTTING FOR HEMOPH.	0	0		0 0		
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0 7, 783, 197		
65. 00 06500 RESPIRATORY THERAPY	0	22, 524				•
65. 01 03560 PULMONARY FUNCTION TESTING	0	0		0 801, 674		
66. 00 06600 PHYSI CAL THERAPY	0	0		0 22, 499, 217		
67. 00 06700 OCCUPATIONAL THERAPY	0	0		0 8, 235, 985		
68. 00 06800 SPEECH PATHOLOGY	0	0		0 3, 565, 405		
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 23, 328, 371		
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 1, 171, 233		
70. 01 03280 SLEEP LAB	0	0		0 1, 604, 972		
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	2, 603				
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	0	0		0 11, 902, 249		
72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS	0	0		0 19, 680, 116		
73. 00 07300 DRUGS CHARGED TO PATIENTS	0	321, 021				
73.01 03190 I NFUSI ON THERAPY	0	0		0 4, 646, 400		
73. 03 07301 PHARMACY VACCINE	0	0		0 225, 662		
73.04 03480 FCC INFUSION THERAPY	0	0		0 9, 630, 918		
74. 00 07400 RENAL DIALYSIS	0	0		0 4, 701, 890		
76. 97 07697 CARDI AC REHABI LI TATI ON	0	0		0 918, 001		
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	-		0 7, 793, 961		
76. 99 07699 LI THOTRI PSY	0	0	1	0 0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS		-		0 7 404 500	0.000000	00.00
90. 02 09001 PSYCH ANCI LLARY	0	-		0 7, 136, 582		
90. 03 09002 RETINAL VASCULAR	0	-		0 998, 612		
91. 00 09100 EMERGENCY	0					•
91. 01 09101 I FCC	0	0		0 284, 132, 538		•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	-		0 16, 869, 683		
200.00  Total (lines 50 through 199)	0	1, 001, 942	1, 001, 94	2 1, 247, 539, 105	I	200.00

72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.000000       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.002031       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0.000000       0       0       0       73.01         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       0       73.04         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         76.97       07697       CARDI AC REHABILI TATI ON       0.000000       0       0       0       76.97         76.98       HYPERBARI C 0XYGEN THERAPY       0.000000       0       0       0       76.98         76.99       OT699       LI THOTRI PSY       0.000000       0       0       0       76.98         90.02       09001       PSYCH ANCI LLARY       0.000000       0       0       0       90.02         90.03       09002       RETINAL VASCULAR	Health Financial Systems	INGALLS MEMORIAL	- HOSPI TAL		In	Lieu of	f Form CMS-2	2552-10
Annumber Coli:         Component CCR:         14:179         TO         06:302:019         Date: Time Prepared:           Cost Center Description         To Charges         Title XIX         Subprovider - Lizzazian         Cost         Cost Center Description         Outpatient Ratio of Cost, Cost. 8         Program Pass-Through Costs (col. 8         Program Pass-Through Costs (col. 8         Vacal 1:00         12:00         13:00           50:00         05000 (DFRATING ROM         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td>ERVICE OTHER PASS</td> <td>Provider C</td> <td>CN: 14-0191</td> <td></td> <td></td> <td></td> <td></td>		ERVICE OTHER PASS	Provider C	CN: 14-0191				
Cost Center Description         Outpatient Ratio of Cost to Charges (col & - col.         Inpatient Program Charges         Inpatient Program Pass-Through Costs (col. 0)         Outpatient Program Pass-Through Costs (col. 0)         Outpatient Pass-Through Costs (col. 0)         Outpatient Costs (col. 0)         Ou	THROUGH COSTS		Component	CCN: 14 T101	From 07/01/2	2018   Pa	rt IV ta/Tima Drav	norod.
Title XIX         Subprovider - IRF         Cost           Cost Center Description         Outpatient Ratio of Cost to Charges (col. 6 + col. 7 0         Inpatient Program Charges         Outpatient Program Charges         Outpatient Program Charges <t< td=""><td></td><td></td><td>component</td><td>CCN. 14-1191</td><td>10 00/30/2</td><td>11</td><td>/25/2019 4.0</td><td>02 nm</td></t<>			component	CCN. 14-1191	10 00/30/2	11	/25/2019 4.0	02 nm
Cost Center Description         Outpatient Ratio of Cost to Charges (col. 6 + col. b + col. col. col. col. col. col. col. col.			Ti tl	e XIX	Subprovi der			<u>oz pm</u>
Ratio of Cost to Charges (col. 6 + col. 7)         Program (col. 6 + col. 7) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
to Charges (col. 6 + col. 7)         Charges 70         Charges Costs (col. 7)         Charges Costs (col. 7)         Pass-Through Costs (col. 7)         Pass-Through Costs (col. 7)           MCILLARY SERVICE COST CENTERS         9.00         10.00         11.00         12.00         50.00           0.0000 (DFERATINE ROOM         0.000000         0         0         0         0         0         0         0         0         0         50.00         50.00         50.00         50.00         0         0         0         0         0         0         0         0         0         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00         50.00 <td< td=""><td>Cost Center Description</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Cost Center Description							
Image: construction of the construction of								
T)         x col.         10.         x col.         12.           NCI LLARY SERVICE COST CENTERS         10.00         10.00         12.00         13.00           NCI LLARY SERVICE COST CENTERS         0         0.00000         0         0         0.00000         0         0.00000         0         0.00000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0         0.000000         0.000000         0.000000			Charges					
ANCI LLARY SERVICE COST CENTERS         10.00         11.00         12.00         13.00           50.00         05000 [PECAVERY ROOM         0.000000         0         0         0         50.00           50.00         05200 [PECAVERY ROOM         0.000000         0         0         51.00           50.00         05200 [PECAVERY ROOM         0.000000         0         0         55.00           50.00         05400 [RADI (LOCY-L) AGNOSTI (L         0.000000         0         0         54.00           54.00         05400 [RADI (LOCY-L) AGNOSTI (L         0.000000         0         0         54.00           50.00         05400 [RADI (LTRA SOUND         0.000000         0         0         54.00           50.00         05400 [RADI (LTRA SOUND         0.000000         0         0         54.00           50.00         05700 [CT SCAN         0.000000         0         0         57.00           50.00         05700 [CARDI AC CATHETERI ZATI (N         0.000000         0         0         58.00           50.00         05600 [RADI (AC CATHETERI ZATI (N         0.000000         0         0         64.30           60.00         05600 [RESPI HATIORY THERAPY         0.000000         0         64.30					8			
MCILLARY SERVICE COST CENTERS			40.00		10.00	X		
50. 00         05000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		9.00	10.00	11.00	12.00		13.00	
51.00         65100         PECOVERY ROM         0         0         0         0         0         51.00           52.00         65200         DELIVERY ROM & LABOR ROM         0.000000         0         0         0         53.00           53.00         DS300         ANESTHESI OLOGY         0.000000         0         0         0         53.00           54.00         DS400         ALETAR SOUND         0.000000         0         0         0         54.00           56.00         DS600 RADI OLSOTOPE         0.000000         0         0         0         55.00           56.00         DS600 RADI OLSOTOPE         0.000000         0         0         0         55.00           56.00         DS600 RADI OLSOTOPE         0.000000         0         0         0         57.00           56.00         DS600 RADI CATHETERIZATI ON         0.011189         0         0         0         0         62.30           63.00         DS600 CLARDIAC CATHETERIZATI ON         0.000000         0         0         0         62.30           63.00         DS600 CLARDIATORY THERAPY         0.000000         0         0         62.30           63.00         DS600 RESPI RATORY THERAPY		0,00000		7	0	0	0	E0 00
52.00         05200         DELIVERY ROM & LABOR ROM         0.000000         0         0         52.00           53.00         05300         ANESTHES ILOGY         0.000000         0         0         53.00           54.00         05400         ANESTHES ILOGY         0.000000         0         0         0         54.00           54.01         05401         SPECI AL PROCEDURES         0.000000         0         0         0         54.00           56.00         05600 RADI 01SOTOPE         0.000000         0         0         0         55.00           57.00         05600 MRI         0.000000         0         0         0         55.00           58.00         05600 MRI         0.000000         0         0         0         58.00           63.00         05600 MRI         0.000000         0         0         0         62.30           63.20         06250 BLODD CLOTTI NG FOR HEMOPH.         0.000000         0         0         62.30           63.00         05600 PHYSICAL THERAPY         0.000000         0         0         65.01           65.00         05600 PHYSICAL THERAPY         0.000000         0         0         65.01           65.00<							-	
53:00         053:00         NESTHESI DLOGY         0.000000         0         0         53:00         54:01         054:01         03:00         RADI DLOGY-DLA RONGTI C         0.000000         0         0         54:01         0         54:01         0:54:01         54:01         0:54:01         54:02         0:54:01         54:02         0:54:01         54:02         0:54:01         55:00         0:56:00         65:00         0:50:00         0         0         0         0         54:02         56:00         56:00         56:00         56:00         56:00         56:00         56:00         56:00         0         0         0         0         0         57:00         0:50:00         56:00         0         0:50:00         56:00         56:00         56:00         56:00         0:60:00         0         0         0         57:00         0:00:00:00         0         0         66:00         66:00         66:00         0         0         0         66:00         66:00         66:00         0         0         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00         66:00							-	
54.00         654.00         IOLOGY-DIAGNOSTIC         0.000000         0         0         54.01           54.01         03630         ULTRA SOUND         0.000000         0         0         54.01           54.02         05401         ISPECIAL PROCEDURES         0.000000         0         0         0         54.02           56.00         05600         RADIOLOGY-LALENCEDURES         0.000000         0         0         0         57.00           57.00         05700         CTSCAN         0.000000         0         0         0         57.00           58.00         05800 MRI         0.0001189         0         0         0         0         59.00           60.00         CARDIAC CATHETERIZATION         0.001189         0         0         0         62.30           63.00         06300         BLOOD STORING, PROCESSING & TRANS.         0.000000         0         0         63.00           63.10         03600         PLUMONARY THERAPY         0.000000         0         0         65.01           63.00         06600         PLUMONARY FUNCTION TESTING         0.000000         0         0         65.01           64.00         06600         PLUMONARY FUNCTION TEST			-		-	Ŭ,	-	
54.01       03630       ULTRA SOUND       0.00000       0       0       54.0       0       54.0       0       54.0       0       54.0       0       54.0       0       54.0       0       56.00       0       0       0       0       0       0       54.0       0       56.00       0       56.00       0       56.00       0       56.00       0       56.00       0       56.00       0       56.00       0       56.00       0       56.00       0       56.00       0       56.00       0       57.00       0       0       0       0       58.00       0       58.00       0       58.00       0       0       0       0       0       58.00       0       58.00       0       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00       66.00 </td <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>Ŭ,</td> <td>-</td> <td></td>					-	Ŭ,	-	
54.02       05401       SPECI AL PROCEDURES       0.00000       0       0       54.02       56.00         56.00       05600       RADI OL SOTOPE       0.000000       0       0       0       57.00         57.00       05700       CT SCAN       0.000000       0       0       0       57.00         58.00       05800       ARIA       CATHETERIZATION       0.000100       0       0       58.00         60.00       06000       LABORATORY       0.000000       0       0       0       65.00         63.00       06250       BLODD CLOTTI NG FOR HEMOPH.       0.000000       0       0       63.00       65.00         65.01       0550       BLODD CLOTTI NG FOR HEMOPH.       0.000000       0       0       63.00       65.00         65.01       03560       BLODD CLOTTI NG FOR HEMOPH.       0.000000       0       0       65.01         66.00       DESPI RATORY THERAPY       0.000000       0       0       65.01       65.01         66.00       OCUPATI NOAL THERAPY       0.000000       0       0       66.00       67.00         67.00       06600       PHULMONARY FUNCTION LTHERAPY       0.0000000       0       0					-	Ŭ,	-	
56. 00         056.00         NDI OSTOPE         0.000000         0         0         0         0         56. 00           57. 00         05700         CT SCAN         0.000000         0         0         57. 00           58.00         05800         MRI         0.000000         0         0         0         58.00           59.00         05900         CARDI AC CATHETERI ZATI ON         0.001189         0         0         0         66.00           60.00         DEODO LABORATORY         0.000000         0         0         62.30         62.50         BLOOD CLOTTI NG FOR HEMOPH.         0.000000         0         0         63.00         63.00         65.00         BLOD STORING, PROCESSING & TRANS.         0.000000         0         0         63.00         65.00         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         65.01         <					-	Ŭ,	-	
57.00         05700         CT SCAN         0.00000         0         0         0         57.00           58.00         05800         MRI         0.00000         0         0         58.00           59.00         05900         CARDIAC CATHETERIZATION         0.001189         0         0         0         59.00           62.30         06250         BLODD CLOTTING FOR HEMOPH.         0.000000         0         0         62.00           63.00         06500         RESPIRATORY THERAPY         0.000000         0         0         63.00           65.00         06500         PULMONARY FUNCTION TESTING         0.000000         0         0         65.00           65.00         06500         PULMONARY FUNCTION TESTING         0.000000         0         0         66.00           66.00         PHYSI CAL THERAPY         0.000000         0         0         0         67.00           67.00         06700         0CUPATIONAL THERAPY         0.000000         0         0         0         67.00           67.00         0700         0CUPATIONAL THERAPY         0.000000         0         0         0         70.01           70.01         03280         SLEEP LAB			-		-	Ŭ,	-	
58.00         05800         MRI         0.00000         0         0         0         58.00         59.00         05900         CARDIAC CATHETERIZATION         0.001189         0         0         0         0         59.00         59.00         05900         CARDIAC CATHETERIZATION         0.001189         0         0         0         0         0         0         0         0         0         60.00         60.00         60.00         62.30         0         05000         0         0         0         0         62.30         0         65.00         0         0         0         0         63.00         65.00         0         0         0         0         0         65.00         0         0         0         0         65.00         0         0         0         0         0         65.00         0         0         0         0         65.00         0         65.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					Ũ	Ŭ,	-	
59:00         059:00         CARDIAC CATHETRI ZATI ON         0.001189         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					-	Ŭ,	-	
60.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ŭ,</td> <td></td> <td></td>						Ŭ,		
62.30         06250         BLOOD CLOTTING FOR HEMOPH.         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						Ŭ,	-	
63.00       06300       BLOOD STORING, PROCESSING & TRANS.       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0						Ŭ,		
65:00         06500         RESPI RATORY THERAPY         0.000916         0         0         0         65:00           65:01         03560         PULMONARY FUNCTION TESTING         0.000000         0         0         0         65:00           65:00         06400         PHYSICAL THERAPY         0.000000         0         0         0         66:00           67:00         06400         PHYSICAL THERAPY         0.000000         0         0         0         66:00           67:00         06400         SPECH PATHOLOGY         0.000000         0         0         0         68:00           0:00         06900         ELECTROEARDIOLOGY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ŭ,</td> <td>-</td> <td></td>						Ŭ,	-	
65.01       03560       PULMONARY FUNCTION TESTING       0.000000       0       0       65.01         66.00       06600       PHYSICAL THERAPY       0.000000       0       0       66.00         67.00       06700       000001       0       0       0       66.00       66.00         67.00       06700       000001       0       0       0       66.00       66.00         68.00       06800       SPEECH PATHOLOGY       0.000000       0       0       0       68.00         69.00       06900       ELECTROCARDIOLOGY       0.000000       0       0       0       67.00         70.00       70.00       ELECTROCARDIOLOGRAPHY       0.000000       0       0       0       70.00         70.01       03280       SLEEP LAB       0.000000       0       0       0       70.00         71.00       MEDI CAL SUPPLIES CHARGED TO PATIENT       0.000000       0       0       0       71.00         73.00       07300       INPUSION THERAPY       0.000000       0       0       73.00         73.01       03190       INFUSION THERAPY       0.000000       0       0       73.01         73.01       0						Ŭ,	-	
66.00       06600       PHYSI CAL THERAPY       0.000000       0       0       0       66.00         67.00       0CCUPATI ONAL THERAPY       0.000000       0       0       0       67.00         68.00       06800       SPEECH PATHOLOGY       0.000000       0       0       0       68.00         69.00       06900       ELECTROCARDI OLOGY       0.000000       0       0       0       69.00         70.00       07000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       70.00         70.10       03280       SLEEP LAB       0.000000       0       0       0       70.00         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.000000       0       0       71.00         72.00       07300       IMPL. DEV. CHARGED TO PATI ENTS       0.002031       0       0       73.01         73.01       03190       INFUSI ON THERAPY       0.000000       0       0       73.01         73.02       07300       PARMACY VACI NE       0.000000       0       0       73.03         73.03       03190       INFUSI ON THERAPY       0.000000       0       0       73.03         <						Ŭ,		
67.00         06700         0CCUPATI 0NAL THERAPY         0.00000         0         0         0         67.00           68.00         06800         SPECH PATHOLOGY         0.00000         0         0         0         68.00           69.00         06900         ELECTROCARDI 0LOGY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<			(	D	-	0	0	65.01
68.00         06800         SPEECH PATHOLOGY         0.000000         0         0         0         68.00           69.00         CECTROCARDI OLOGY         0.000000         0         0         0         0         69.00           00.00         CECTROCARDI OLOGY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		0. 000000	(	D	-	0	0	66.00
69.00       06900       ELECTROCARDI OLOGY       0.00000       0       0       0       69.00         70.00       O7000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       70.01         70.01       03280       SLEEP LAB       0.000000       0       0       0       70.01         70.02       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       70.02         71.00       07100       MEDI CAL SUPPLI ES CHARGED TO PATI ENT       0.000000       0       0       0       71.00         72.00       07200 I MPL. DEV. CHARGED TO PATI ENTS       0.000000       0       0       0       72.00         73.01       03190 I NFUSI ON THERAPY       0.000000       0       0       0       73.00         73.03       07301 PHARMACY VACCI NE       0.000000       0       0       0       73.03         73.04       03480 FCC I NFUSI ON THERAPY       0.000000       0       0       0       74.00         76.98       07699       LTHOTRIPSY       0.000000       0       0       0       76.98         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       <			(	D		0	0	67.00
70.00       C7000       ELECTROENCEPHALOGRAPHY       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	68.00 06800 SPEECH PATHOLOGY	0. 000000	(		0	0	0	68.00
70.01       03280       SLEEP LAB       0.000000       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0 </td <td>69. 00 06900 ELECTROCARDI OLOGY</td> <td>0. 000000</td> <td>(</td> <td>D</td> <td></td> <td>0</td> <td>0</td> <td>69.00</td>	69. 00 06900 ELECTROCARDI OLOGY	0. 000000	(	D		0	0	69.00
70. 02       03550       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000418       0       0       0       70. 02         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENT       0.000000       0       0       0       71. 00         72. 00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0.000000       0       0       0       72. 00         73. 00       07300       DRUGS CHARGED TO PATI ENTS       0.002031       0       0       0       73. 00         73. 01       03190       INFUSI ON THERAPY       0.000000       0       0       0       73. 01         73. 03       07301       PHARMACY VACCI NE       0.000000       0       0       0       73. 01         73. 04       03480       FCC INFUSI ON THERAPY       0.000000       0       0       0       73. 04         74. 00       07697       CARDI AC REHABI LI TATI ON       0.000000       0       0       0       76. 97         76. 97       OF69       LI THOTRI FSY       0.000000       0       0       0       76. 97         76. 98       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       0       0       0         90.020	70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	(	D	0	0	0	70.00
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENT       0.000000       0       0       0       71.00         72.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0.000000       0       0       0       72.00         73.00       07300       DRUGS CHARGED TO PATIENTS       0.002031       0       0       0       0       73.00         73.01       03190       INFUSION THERAPY       0.000000       0       0       0       73.01         73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.01         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       73.04         74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         76.97       07697       CARDI AC REHABILITATION       0.000000       0       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.000000       0       0       0       76.98         71.99       07697       CARDI AC REHABILITATION       0.000000       0       0       0       0       76.98         76.98 <td< td=""><td>70. 01 03280 SLEEP LAB</td><td>0. 000000</td><td>(</td><td></td><td>0</td><td>0</td><td>0</td><td>70.01</td></td<>	70. 01 03280 SLEEP LAB	0. 000000	(		0	0	0	70.01
72.00         07200         IMPL.         DEV.         CHARGED TO PATIENTS         0.000000         0         0         0         72.00         73.00         07300         DRUGS CHARGED TO PATIENTS         0.002031         0         0         0         0         73.00         73.00         07300         DRUGS CHARGED TO PATIENTS         0.002031         0         0         0         0         73.00         73.00         73.01         03190         INFUSION THERAPY         0.000000         0         0         0         0         73.01         73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         0         73.03         73.04         03480         FCC INFUSION THERAPY         0.000000         0         0         0         0         73.03         73.04         03480         FCC INFUSION THERAPY         0.000000         0         0         0         73.03         73.04         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         74.00         76.97         76.97         76.97         76.98         97.698         147PERBARI C 0XYGEN THERAPY         0.000000         0         0         0         0         76.97	70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000418	(	D	0	0	0	70. 02
73.00         07300         DRUGS CHARGED TO PATIENTS         0.002031         0         0         0         73.00         73.00         03190         INFUSION THERAPY         0.000000         0         0         0         73.01         73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         0         73.03         73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         0         73.03         73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         0         73.03         73.03         07400         RENAL DI ALYSIS         0.000000         0         0         0         0         73.04         74.00         74.00         74.00         74.00         74.00         0.00000         0         0         0         0         74.00         74.00         74.00         74.00         74.00         74.00         0         0.00000         0         0         0         0         74.00         74.00         76.97         76.97         76.98         174.90         0.000000         0         0         0         0         76.97         76.99         174.00         0.000000         0	71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	(	D	0	0	0	71.00
73.01         03190         INFUSION THERAPY         0.00000         0         0         0         73.01           73.03         07301         PHARMACY VACCINE         0.000000         0         0         0         73.03           73.04         03480         FCC INFUSION THERAPY         0.000000         0         0         0         73.04           74.00         07400         RENAL DIALYSIS         0.000000         0         0         0         74.00           76.97         07697         CARDIAC REHABILITATION         0.000000         0         0         0         76.97           76.98         07699         LITHOTRIPSY         0.000000         0         0         0         76.97           76.99         07699         LITHOTRIPSY         0.000000         0         0         0         76.97           76.99         07699         LITHOTRIPSY         0.000000         0         0         0         76.97           70.02         09001         PSYCH ANCI LLARY         0.000000         0         0         0         90.02           91.00         09100         EMERGENCY         0.000000         0         0         0         90.03	72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	(	D	0	0	0	72.00
73.03       07301       PHARMACY VACCINE       0.000000       0       0       0       73.03         73.04       03480       FCC INFUSION THERAPY       0.000000       0       0       0       0       73.04         74.00       07400       RENAL DIALYSIS       0.000000       0       0       0       0       74.00         76.97       07697       CARDIAC REHABILITATION       0.000000       0       0       0       0       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       90.02         90.02       09001       PSYCH ANCI LLARY       0.000000       0       0       90.03       90.02         91.00       09100       EMERGENCY       0.005487       0       0       0       91.00         91.01       OPSOU       OSERVATION BEDS (NON-DI ST	73.00 07300 DRUGS CHARGED TO PATIENTS	0. 002031	(	D	0	0	0	73.00
73.04       03480       FCC INFUSION THERAPY       0.00000       0       0       0       73.04         74.00       07400       RENAL DIALYSIS       0.000000       0       0       0       0       74.00         76.97       07697       CARDIAC REHABILITATION       0.000000       0       0       0       0       76.97         76.98       07698       HYPERBARI C OXYGEN THERAPY       0.000000       0       0       0       0       76.98         76.99       07699       LITHOTRIPSY       0.000000       0       0       0       0       76.98         76.99       07699       LITHOTRIPSY       0.000000       0       0       0       0       76.98         76.99       07699       LITHOTRIPSY       0.000000       0       0       0       76.99         001       PATIENT SERVICE COST CENTERS       0.000000       0       0       0       90.02         90.02       RETINAL VASCULAR       0.000000       0       0       0       90.02         91.00       09100       EMERGENCY       0.005487       0       0       0       91.00         91.01       OP101       IFCC       0.000000	73.01 03190 INFUSION THERAPY	0. 000000	(		0	0	0	73.01
74.00       07400       RENAL DI ALYSI S       0.000000       0       0       0       74.00         76.97       07697       CARDI AC REHABILI TATI ON       0.000000       0       0       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.000000       0       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       76.99         0UTPATI ENT SERVICE COST CENTERS       0.000000       0       0       0       0       90.02         90.02       09001       PSYCH ANCI LLARY       0.000000       0       0       90.02       90.02         91.00       09002       RETI NAL VASCULAR       0.000000       0       0       0       90.02       90.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.01       92.00       92.00       0       0       0       0       92.00       92.00       92.00       92.00       92.00       92.00	73.03 07301 PHARMACY VACCINE	0. 000000	(		0	0	0	73.03
76.97       07697       CARDIAC REHABILITATION       0.00000       0       0       0       76.97         76.98       07698       HYPERBARI C 0XYGEN THERAPY       0.000000       0       0       0       0       76.98         76.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.98         70.99       07699       LI THOTRI PSY       0.000000       0       0       0       0       76.99         0UTPATIENT SERVICE COST CENTERS       0.000000       0       0       0       0       90.02         90.02       09001       PSYCH ANCI LLARY       0.000000       0       0       90.02       90.02         91.00       09002       RETINAL VASCULAR       0.000000       0       0       0       90.02       91.00         91.00       09100       EMEGENCY       0.005487       0       0       0       91.01         91.01       09101       IFCC       0.000000       0       0       0       91.01         92.00       09200       095ERVATION BEDS (NON-DISTINCT PART       0.000000       0       0       0       92.00	73.04 03480 FCC INFUSION THERAPY	0. 000000	(		0	0	0	73.04
76.98         07698         HYPERBARI C 0XYGEN THERAPY         0.00000         0         0         0         76.98           76.99         07699         LI THOTRI PSY         0.00000         0         0         0         0         76.98           0UTPATI ENT SERVICE COST CENTERS         0.000000         0         0         0         0         0         90.02           90.02         09001         PSYCH ANCI LLARY         0.000000         0         0         0         90.02           90.02         RETI NAL VASCULAR         0.000000         0         0         0         90.02         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         92.00         92.00         92.00         0         0         0         0         91.01         92.00         92.00         0         0         0         0         91.01         92.00         92.00         92.00         0         0         0         92.00         92.00         92.00         92.00         92.00         0         0         0         92.00         92.00	74.00 07400 RENAL DIALYSIS	0. 000000	(		0	0	0	74.00
76.99         07699         LI THOTRI PSY         0.00000         0         0         0         76.99           OUTPATI ENT SERVICE COST CENTERS         0.000000         0         0         0         0         90.02           90.02         09001         PSYCH ANCI LLARY         0.000000         0         0         0         90.02           90.03         09002         RETI NAL VASCULAR         0.000000         0         0         0         90.03           91.00         DMEGENCY         0.005487         0         0         0         91.00           91.01         OP101         FCC         0.000000         0         0         0         91.01           92.00         OBSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         92.00	76. 97 07697 CARDIAC REHABILITATION	0. 000000	(		0	0	0	76.97
OUTPATI ENT_SERVICE_COST_CENTERS           90.02         09001         PSYCH_ANCILLARY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000	(		0	0	0	76. 98
OUTPATI ENT_SERVICE_COST_CENTERS           90.02         09001         PSYCH_ANCILLARY         0.000000         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						0	0	
90.03         09002         RETI NAL VASCULAR         0.00000         0         0         0         90.03           91.00         09100         EMERGENCY         0.005487         0         0         0         91.00           91.01         09101         I FCC         0.00000         0         0         0         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         0         92.00		· · ·						
90.03         09002         RETI NAL VASCULAR         0.00000         0         0         0         90.03           91.00         09100         EMERGENCY         0.005487         0         0         0         91.00           91.01         09101         I FCC         0.00000         0         0         0         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         92.00	90. 02 09001 PSYCH ANCI LLARY	0. 000000	(		0	0	0	90.02
91.00       09100       EMERGENCY       0.005487       0       0       0       91.00         91.01       09101       I FCC       0.000000       0       0       0       91.01         92.00       09200       0BSERVATI ON BEDS (NON-DI STINCT PART       0.000000       0       0       0       0       92.00	90. 03 09002 RETINAL VASCULAR	0. 000000	(	D	0	0	0	
91.01         09101         I FCC         0.00000         0         0         0         91.01           92.00         09200         0BSERVATI ON BEDS (NON-DI STI NCT PART         0.000000         0         0         0         0         92.00         92.00			(	D	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 0.000000 0 0 0 0 92.00			(	D	0	0	0	
	92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		(	D	0	0	0	92.00
	200.00 Total (lines 50 through 199)		(		0	0	0	200.00

MPUI	Financial Systems         INGALLS MEMORIAL           ATION OF INPATIENT OPERATING COST         INGALLS MEMORIAL	Provider CCN: 14-0191	Period: From 07/01/2018	u of Form CMS-2 Worksheet D-1	
			To 06/30/2019	Date/Time Prep 11/25/2019 4:0	
	Cost Center Description	Title XVIII	Hospi tal	PPS	
	PART I – ALL PROVIDER COMPONENTS			1.00	
	INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed day			54, 689	
00 00	Inpatient days (including private room days, excluding swing- Private room days (excluding swing-bed and observation bed da		rivate room dave	54, 689 0	
50	do not complete this line.	iys). It you have only p	rvate room days,	0	
00	Semi-private room days (excluding swing-bed and observation b			49, 241	4
00	Total swing-bed SNF type inpatient days (including private ro reporting period	oom days) through Decembe	er 31 of the cost	0	5
00	Total swing-bed SNF type inpatient days (including private ro	oom davs) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)	5.1			
00	Total swing-bed NF type inpatient days (including private roo	om days) through December	r 31 of the cost	0	7
00	reporting period Total swing-bed NF type inpatient days (including private roo	om davs) after December (	31 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)			-	
00	Total inpatient days including private room days applicable t	to the Program (excluding	g swing-bed and	17, 942	9
. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII o	only (including private u	room days)	0	10
	through December 31 of the cost reporting period (see instruc	ctions)	5 1		
. 00	Swing-bed SNF type inpatient days applicable to title XVIII o		room days) after	0	11
. 00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		te room days)	0	12
	through December 31 of the cost reporting period	in grand and grand		, i i i i i i i i i i i i i i i i i i i	
. 00	Swing-bed NF type inpatient days applicable to titles V or XI			0	13
00	after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr			0	14
00	Total nursery days (title V or XIX only)			0	
. 00	Nursery days (title V or XIX only)			0	16
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	es through December 31 (	of the cost	0.00	1 17
	reporting period	C C			
. 00	Medicare rate for swing-bed SNF services applicable to servic reporting period	es after December 31 of	the cost	0.00	18
. 00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	f the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	es after December 31 of t	the cost	0.00	20
	reporting period			0,00	
. 00	Total general inpatient routine service cost (see instruction			53, 258, 425	
. 00	Swing-bed cost applicable to SNF type services through Decemb 5 x line 17)	per 31 of the cost report	ting period (line	0	22
. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	ng period (line 6	0	23
. 00	x line 18) Swing-bed cost applicable to NF type services through Decembe	er 31 of the cost reporti	na period (line	0	24
	7 x line 19)	•			
. 00	Swing-bed cost applicable to NF type services after December x line 20)	31 of the cost reporting	g period (line 8	0	25
. 00	Total swing-bed cost (see instructions)			0	26
. 00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		53, 258, 425	27
. 00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	and observation bed ch	arges)	0	28
. 00	Private room charges (excluding swing be		lai ges)	0	
00	Semi-private room charges (excluding swing-bed charges)			0	30
00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0. 000000	
00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
00	Average semi-private room per diem charge (line 30 ÷ line 4)		ati ana)	0.00	
00	Average per diem private room charge differential (line 32 mi			0.00 0.00	
. 00	Average per diem private room cost differential (line 34 x li Private room cost differential adjustment (line 3 x line 35)			0.00	
. 00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	53, 258, 425	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				-
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD I	USIMENIS			
. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ Adjusted general inpatient routine service cost per diem (see			973.84	38
. 00 . 00 . 00		e instructions) e 38)		973. 84 17, 472, 637 0	39

OMPUTATION OF INP	rstems ATLENT OPERATING COST	INGALLS MEMORIA	Provider C	CN: 14-0191	Period: From 07/01/2018	eu of Form CMS- Worksheet D-1	
					To 06/30/2019	Date/Time Pre 11/25/2019 4:	
			Title	XVIII	Hospi tal	PPS	02 p
Cost C	enter Description	Total Inpatient Costl	Total npatient Days	Average Per Diem (col. 1 col. 2)	5	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	le V & XIX only)	0	0	0.0	00 0		) 42.
. 00 INTENSIVE CA	re Type Inpatient Hospital Units	7, 353, 431	3, 780	1, 945. 3	35 1, 786	3, 474, 395	5 43
. 00 CORONARY CAP		7, 333, 431	5,700	1, 745. 0	1,700	3, 474, 370	44
	VE CARE UNI T						45
. 00 SURGICAL IN	ENSIVE CARE UNIT						46
	L CARE (SPECIFY)						47
Cost C	enter Description					1.00	
.00 Program inpa	tient ancillary service cost (Wk	st. D-3, col. 3,	line 200)			27, 570, 442	2 48
	m inpatient costs (sum of lines			ns)		48, 517, 474	
	COST ADJUSTMENTS					1	
	costs applicable to Program inpa	atient routine s	ervices (from	Wkst. D, sum	n of Parts I and	2, 198, 596	50
)  .00 Pass through	costs applicable to Program inpa	atient ancillary	services (fr	om Wkst D s	um of Parts II	2, 004, 636	5 51
and IV)			50. 11 005 (11	D, C		2,004,000	
2.00 Total Progra	m excludable cost (sum of lines	,				4, 203, 232	
	m inpatient operating cost exclu		ated, non-phy	sician anesth	netist, and	44, 314, 242	2 53
	ation costs (line 49 minus line ! T AND LIMIT COMPUTATION	52)					-
. 00 Program di so						0	54
	it per discharge					0.00	
	nt (line 54 x line 55)					C	
	etween adjusted inpatient operat	ing cost and tar	get amount (I	ine 56 minus	line 53)	0	
	nt (see instructions) nes 53/54 or 55 from the cost re	porting period e	nding 1006 u	ndated and co	mounded by the	0.00	
market baske		sorting period e	nung 1990, u		inpounded by the	0.00	
	nes 53/54 or 55 from prior year					0.00	60   60
	4 is less than the lower of line					C	) 61
	ing costs (line 53) are less that e 56), otherwise enter zero (see i		(TINES 54 X	60), or 1% of	the target		
	ent (see instructions)	instructions)				l c	62
	patient cost plus incentive paym	ent (see instruc	tions)			C	
	TIENT ROUTINE SWING BED COST					I	
	ng-bed SNF inpatient routine cos (title XVIII only)	ts through Decem	ber 31 of the	cost reporti	ng period (See	C	64
	ng-bed SNF inpatient routine cos	ts after Decembe	r 31 of the c	ost reporting	period (See	l c	65
	s) (title XVIII only)				, p (		
	re swing-bed SNF inpatient routi	ne costs (line 6	4 plus line 6	5)(title XVII	l only). For	C	) 66
CAH (see ins		a costa through	December 21 a	f the cost re	porting poriod		47
7.00  Title V or ) (line 12 x l	(IX swing-bed NF inpatient routing ine 19)	e costs through	December 31 c	i the cost re	eporting period	C	67
3.00 Title Vor X	(IX swing-bed NF inpatient routine	e costs after De	cember 31 of	the cost repo	orting period	C	68
(line 13 x l	ine 20)				•		
	V or XIX swing-bed NF inpatient					0	) 69
	KILLED NURSING FACILITY, OTHER NU ing facility/other nursing facil						70
	neral inpatient routine service c	2		• •			71
2.00 Program rou	ine service cost (line 9 x line						72
	cessary private room cost applic						73
Ű	m general inpatient routine serv				art II aclume		74
5.00 Capital-rela 26. line 45	ited cost allocated to inpatient	outine service	CUSIS (IFOM W	UIKSHEEL B, F	artir, column		75
	nital-related costs (line 75 ÷ li	ne 2)					76
	tal-related costs (line 9 x line						77
	outine service cost (line 74 minu	,					78
00 0	arges to beneficiaries for excess m routine service costs for compa				us lino 70)		80
5	putine service costs for compa putine service cost per diem limi		st in mitation		us IIIE /7)		80
	outine service cost limitation (1)						82
. 00 Reasonabl e i	npatient routine service costs (	see instructions	)				83
, U	tient ancillary services (see in						84
	review - physician compensation						85
	m inpatient operating costs (sum MPUTATION OF OBSERVATION BED PASS		ougn 85)			I	86
	ation bed days (see instructions)					5, 448	8 87
	neral inpatient routine cost per		line 2)			973.84	
	bed cost (line 87 x line 88) (see	instructions)				5, 305, 480	1 00

Health Financial Systems	INGALLS MEMOR	I AL_HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
				From 07/01/2018 To 06/30/2019		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	5, 161, 877	53, 258, 425	0. 09692	1 5, 305, 480	514, 212	90.00
91.00 Nursing School cost	0	53, 258, 425	0.00000	5, 305, 480	0	91.00
92.00 Allied health cost	468, 021	53, 258, 425	0.00878	5, 305, 480	46, 625	92.00
93.00 All other Medical Education	0	53, 258, 425	0.00000	5, 305, 480	0	93.00

OMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191	Period: From 07/01/2018	Worksheet D-1	
		Component CCN: 14-S191	To 06/30/2019	Date/Time Pre 11/25/2019 4:0	
		Title XVIII	Subprovider - IPF	PPS	02 0
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS		1		
00	INPATIENT DAYS			2.0(4	1 1
00 00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-b			3, 064 3, 064	1
00	Private room days (excluding swing-bed and observation bed day		ivate room days,	0,001	
	do not complete this line.		5		
00	Semi-private room days (excluding swing-bed and observation be		r 21 of the east	3, 064	4
00	Total swing-bed SNF type inpatient days (including private roo reporting period	bill days) through becellibe	1 31 OF THE COST	0	5
00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)				
00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7
00	reporting period Total swing-bed NF type inpatient days (including private room	n davs) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)			-	
00	Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	1, 254	9
0. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or	alv (including privato r	oom dave)	0	10
. 00	through December 31 of the cost reporting period (see instruct		com days)	0	
. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11
00	December 31 of the cost reporting period (if calendar year, er				1.
2.00	Swing-bed NF type inpatient days applicable to titles V or XLA through December 31 of the cost reporting period	k only (including privat	e room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or XI)	(only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar ye	ear, enter O on this lin	e)		
	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	
. 00	SWING BED ADJUSTMENT			0	
7.00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17
3. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	as after December 21 of	the cost	0.00	10
5. 00	reporting period	es arter becember 51 01	the cost	0.00	
9.00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19
	reporting period	after December 21 of t	ha aaat	0.00	20
0. 00	Medicaid rate for swing-bed NF services applicable to services reporting period	salter December 31 01 t	ne cost	0.00	20
I. 00	Total general inpatient routine service cost (see instructions	5)		3, 504, 470	21
2.00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22
3. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	21 of the east reporting	a partial (line (	0	23
5.00	x line 18)	ST OF THE COST TEPOLET	g period (inte o	0	23
1.00	Swing-bed cost applicable to NF type services through December	- 31 of the cost reporti	ng period (line	0	24
- 00	7 x line 19)				0
5.00	Swing-bed cost applicable to NF type services after December 3 x line 20)	al of the cost reporting	period (iine 8	0	25
5.00	Total swing-bed cost (see instructions)			0	26
7.00	General inpatient routine service cost net of swing-bed cost (	(line 21 minus line 26)		3, 504, 470	27
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	and observation had ab	argoc)	0	1 20
	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	a and observation bed ch	ai yes)	0	
	Semi -private room charges (excluding swing bed charges)			0	30
. 00	General inpatient routine service cost/charge ratio (line 27 +	÷line 28)		0.000000	
	Average private room per diem charge (line 29 ÷ line 3)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 mir	nus line 33)(see instruc	tions)	0.00 0.00	
	Average per diem private room cost differential (line 34 x lir			0.00	
. 00	Private room cost differential adjustment (line 3 x line 35)			0	36
. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	3, 504, 470	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			1
. 00	Adjusted general inpatient routine service cost per diem (see			1, 143. 76	38
	Program general inpatient routine service cost (line 9 x line			1, 434, 275	
	Medically necessary private room cost applicable to the Progra			0	
	Total Program general inpatient routine service cost (line 39	+ IIIC 40)		1, 434, 275	14

alth Financial Systems DMPUTATION OF INPATIENT OPERATING COST	TNOALES MEMORIA	L HOSPITAL Provider C	CN: 14-0191	Peri od:	eu of Form CMS- Worksheet D-1	
			CCN: 14-S191	From 07/01/2018 To 06/30/2019	9 Date/Time Pre	epare
		Title	e XVIII	Subprovider -	11/25/2019 4: PPS	02 p
				I PF		
Cost Center Description	Total Inpatient Costl	Total npatient Days	Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
2.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	) 42.
Intensive Care Type Inpatient Hospital Ur		(	0.0		<u> </u>	- +z.
0. 00 INTENSIVE CARE UNIT	0	C	0.0	00 C	0	
. OO CORONARY CARE UNIT 5. OO BURN INTENSIVE CARE UNIT						44
. 00 SURGI CAL I NTENSI VE CARE UNI T						46
Cost Center Description						47
cost center bescription					1.00	
. 00 Program inpatient ancillary service cost	•		``````````````````````````````````````		316, 217	
.00 Total Program inpatient costs (sum of lin PASS THROUGH COST ADJUSTMENTS	nes 41 through 48)(s	ee instructio	ons)		1, 750, 492	2 49
0.00 Pass through costs applicable to Program	inpatient routine s	ervices (from	n Wkst. D, sur	n of Parts I and	98, 464	1 50
.00 Pass through costs applicable to Program	innationt ancillary	sorvicos (fr	om Wkst D	rum of Parts II	11, 671	51
and IV)		JUINI (11	om most. D <sub>i</sub> S			
2.00 Total Program excludable cost (sum of lin		- +			110, 135	
3.00 Total Program inpatient operating cost example. medical education costs (line 49 minus line)		ateu, non-phy	sician anestr	ietist, and	1, 640, 357	7 53
TARGET AMOUNT AND LIMIT COMPUTATION	ŕ				T	
. 00 Program discharges 5.00 Target amount per discharge					0.00	
.00 Target amount (line 54 x line 55)					0	
7.00 Difference between adjusted inpatient ope	erating cost and tar	get amount (I	ine 56 minus	line 53)		
8.00 Bonus payment (see instructions) 9.00 Lesser of lines 53/54 or 55 from the cos	t reporting period e	ndina 1996, u	updated and co	ompounded by the		
market basket		0				
0.00 Lesser of lines 53/54 or 55 from prior ye 1.00 If line 53/54 is less than the lower of 1				the amount by	0.00	
which operating costs (line 53) are less						
amount (line 56), otherwise enter zero (s	see instructions)					) 62
2.00 Relief payment (see instructions) 3.00 Allowable Inpatient cost plus incentive p	payment (see instruc	tions)				
PROGRAM INPATIENT ROUTINE SWING BED COST					T	
4.00 Medicare swing-bed SNF inpatient routine instructions)(title XVIII only)	costs through Decem	ber 31 of the	e cost reporti	ng period (See	C	64
5.00 Medicare swing-bed SNF inpatient routine	costs after Decembe	r 31 of the d	ost reporting	g period (See	0	65
instructions)(title XVIII only) 0.00 Total Medicare swing-bed SNF inpatient ro	outine costs (line 6	4 nlus line A	5)(title XVII	Lonly) For	C	) 66
CAH (see instructions)		4 prus rine c	S)(the XII	i oniy). Toi		
7.00 Title V or XIX swing-bed NF inpatient rou	utine costs through	December 31 d	of the cost re	eporting period	0	67
line 12 x line 19) 3.00  Title V or XIX swing-bed NF inpatient rou	utine costs after De	cember 31 of	the cost repo	orting period	C	68
(line 13 x line 20)			(0)			
2.00 Total title V or XIX swing-bed NF inpation PART III - SKILLED NURSING FACILITY, OTHER					0	) 69
0.00 Skilled nursing facility/other nursing f	acility/ICF/IID rout	ine service d	ost (line 37)	)		70
.00 Adjusted general inpatient routine service.00 Program routine service cost (line 9 x li		ne 70 ÷ line	2)			71
. 00 Medically necessary private room cost ap		(line 14 x li	ne 35)			73
.00 Total Program general inpatient routine						74
<ol> <li>Capital -related cost allocated to inpation (26, line 45)</li> </ol>	ent routine service	CUSTS (Trom V	югкsneet B, F	art II, column		75
5.00 Per diem capital-related costs (line 75						76
.00 Program capital-related costs (line 9 x 1 .00 Inpatient routine service cost (line 74 n						77
. 00 Aggregate charges to beneficiaries for ex		ovider record	ls)			79
0.00 Total Program routine service costs for	•	st limitatior	n (line 78 mir	nus line 79)		80
.00 Inpatient routine service cost per diem .00 Inpatient routine service cost limitation						81
8.00 Reasonable inpatient routine service cost	. ,					83
I. 00 Program inpatient ancillary services (see		-				84
5.00 Utilization review – physician compensati 5.00 Total Program inpatient operating costs						85
PART IV - COMPUTATION OF OBSERVATION BED	PASS THROUGH COST				I	
7.00 Total observation bed days (see instruct	ons)				C	
3.00 Adjusted general inpatient routine cost	nor diam (lir- 07				0.00	88  0

Health Financial Systems	INGALLS MEMOR	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CO		Period: From 07/01/2018	Worksheet D-1	
		Component (		To 06/30/2019		
			XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST	•				
90.00 Capital-related cost	221,055	3, 504, 470	0. 06307	8 0	0	90.00
91.00 Nursing School cost	0	3, 504, 470	0. 00000	0 0	0	91.00
92.00 Allied health cost	19, 525	3, 504, 470	0. 00557	1 0	0	92.00
93.00 All other Medical Education	0	3, 504, 470	0. 00000	0 0	0	93.00

MPUT	Financial Systems INGALLS MEMORIAL ATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191	Peri od:	u of Form CMS-2 Worksheet D-1	
		Component CCN: 14-T191	From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:0	
		Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS		I		
	INPATIENT DAYS				
00	Inpatient days (including private room days and swing-bed day			9, 379	
00	Inpatient days (including private room days, excluding swing-		ivata room dava	9, 379	2
00	Private room days (excluding swing-bed and observation bed da do not complete this line.	ays). If you have only pr	Tvate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation b	ped days)		9, 379	4
00	Total swing-bed SNF type inpatient days (including private ro	oom days) through Decembe	er 31 of the cost	0	5
	reporting period				
00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private roo	om days) through December	31 of the cost	0	7
	reporting period	adys) through becomen		0	'
00	Total swing-bed NF type inpatient days (including private roo	om days) after December 3	31 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)			( 100	
00	Total inpatient days including private room days applicable t newborn days)	to the Program (excluding	swing-bed and	6, 199	9
00	Swing-bed SNF type inpatient days applicable to title XVIII o	onlv (including private r	room davs)	0	10
	through December 31 of the cost reporting period (see instruc				
00	Swing-bed SNF type inpatient days applicable to title XVIII o		room days) after	0	11
00	December 31 of the cost reporting period (if calendar year, e Swing-bed NF type inpatient days applicable to titles V or XI		a ream daya)	0	1.
00	through December 31 of the cost reporting period	x only (including privat	e room days)	0	12
00	Swing-bed NF type inpatient days applicable to titles V or XI	X only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar y				
00	Medically necessary private room days applicable to the Progr	ram (excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	15   16
00	SWING BED ADJUSTMENT			0	
00	Medicare rate for swing-bed SNF services applicable to servic	ces through December 31 c	of the cost	0.00	17
00	reporting period Medicare rate for swing-bed SNF services applicable to servic	cas after December 31 of	the cost	0.00	19
00	reporting period			0.00	
00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	the cost	0.00	19
00	reporting period		h+	0.00	0
00	Medicaid rate for swing-bed NF services applicable to service reporting period	es after December 31 of t	ne cost	0.00	20
00	Total general inpatient routine service cost (see instruction	าร)		11, 846, 070	21
00	Swing-bed cost applicable to SNF type services through Decemb	per 31 of the cost report	ing period (line	0	22
	5 x line 17)			_	
00	Swing-bed cost applicable to SNF type services after December x line 18)	r 31 of the cost reportin	ng period (line 6	0	23
00	Swing-bed cost applicable to NF type services through Decembe	er 31 of the cost reporti	ng period (line	0	24
	7 x line 19)	•	51 (		
00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
00	x line 20) Total swing-bed cost (see instructions)			0	26
00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		11, 846, 070	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				1
	General inpatient routine service charges (excluding swing-be	ed and observation bed ch	narges)	0	
00 00	Private room charges (excluding swing-bed charges)			0	
00	Semi-private room charges (excluding swing-bed charges) General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.000000	
00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33
00	Average per diem private room charge differential (line 32 mi		tions)	0.00	
00 00	Average per diem private room cost differential (line 34 x li Private room cost differential adjustment (line 3 x line 35)	ne 31)		0. 00 0	35
00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line)	0 11, 846, 070	
20	27 minus line 36)				۲ ا
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				1
~ ~	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ			1 0/0 04	1 20
	Adjusted general inpatient routine service cost per diem (see			1, 263. 04 7, 829, 585	
00	Prodram deneral innatient rolltine service cost (line u v line				
00 00 00	Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progr			0	40

ealth Financial Systems OMPUTATION OF INPATIENT OPERATING COST	INGALLS MEMORIAL	HOSPITAL Provider C	CN: 14-0191	In Lie Period:	eu of Form CMS- Worksheet D-	
			CCN: 14-T191	From 07/01/2018 To 06/30/2019	Date/Time Pre	epare
		Title	e XVIII	Subprovider -	11/25/2019 4: PPS	: 02 pi
Cost Center Description	Total Inpatient CostIn	Total patient Days	Average Per Diem (col. 1	5	Program Cost (col. 3 x col.	
	1.00	2.00	<u>col.2)</u> 3.00	4.00	4) 5.00	
2.00 NURSERY (title V & XIX only)	0	2.00 C				) 42.
Intensive Care Type Inpatient Hospital Uni 3.00 INTENSIVE CARE UNIT	ts	0	0.	00 0		3 43.
4. 00 CORONARY CARE UNIT	0	C	0.	00 0		44.
5. 00 BURN INTENSIVE CARE UNIT						45.
5. 00 SURGI CAL I NTENSI VE CARE UNI T 7. 00 OTHER SPECI AL CARE (SPECI FY)						46.
Cost Center Description					1.00	47.
3.00 Program inpatient ancillary service cost	(Wkst. D-3, col. 3,	line 200)			1.00 3,640,350	2 48.
9.00 Total Program inpatient costs (sum of line			ons)		11, 469, 935	5 49.
PASS THROUGH COST ADJUSTMENTS 0.00 Pass through costs applicable to Program	innatient routine se	rvices (from	Wkst D su	m of Parts L and	1, 012, 855	5 50.
.00 Pass through costs applicable to Program and IV)	inpatient ancillary	services (fr	om Wkst. D,	sum of Parts II	166, 473	3 51.
2.00 Total Program excludable cost (sum of line	es 50 and 51)				1, 179, 328	3 52
3.00 Total Program inpatient operating cost ex medical education costs (line 49 minus li		ted, non-phy	vsician anest	hetist, and	10, 290, 607	7 53.
TARGET AMOUNT AND LIMIT COMPUTATION					1	
.00 Program discharges .00 Target amount per discharge					0.00	
. 00 Target amount (line 54 x line 55)					(	
. 00 Difference between adjusted inpatient ope	rating cost and targ	et amount (I	ine 56 minus	line 53)	(	
.00 Bonus payment (see instructions) .00 Lesser of lines 53/54 or 55 from the cost	reporting period en	dina 1996 u	indated and c	ompounded by the	0.00	
market basket	reporting period en	aring 1770, t		sinpounded by the	0.00	
0.00 Lesser of lines 53/54 or 55 from prior year					0.00	
1.00 If line 53/54 is less than the lower of l which operating costs (line 53) are less					0	0 61
amount (line 56), otherwise enter zero (s				5		
2.00 Relief payment (see instructions) 3.00 Allowable Inpatient cost plus incentive p	avmont (coo instruct	i onc)				) 62 ) 63
PROGRAM INPATIENT ROUTINE SWING BED COST						
. 00 Medicare swing-bed SNF inpatient routine	costs through Decemb	er 31 of the	e cost report	ing period (See	0	64
instructions)(title XVIII only) 6.00 Medicare swing-bed SNF inpatient routine	costs after December	31 of the c	ost reportin	g period (See	0	65
instructions)(title XVIII only)		,				
<ul> <li>D. 00 Total Medicare swing-bed SNF inpatient row CAH (see instructions)</li> </ul>	UTINE COSTS (IINE 64	plus line e	5)(title XVI	II ONLY). FOr	0	66
7.00 Title V or XIX swing-bed NF inpatient rou	tine costs through D	ecember 31 c	of the cost r	eporting period	0	67.
line 12 x line 19) 0.00  Title V or XIX swing-bed NF inpatient rou	tine costs after Dec	ember 31 of	the cost ren	orting period	0	0 68
(line 13 x line 20)			the cost rep	bi ting period		
P.00 Total title V or XIX swing-bed NF inpaties PART III - SKILLED NURSING FACILITY, OTHER	· · · · · · · · · · · · · · · · · · ·					69.
0. 00 Skilled nursing facility/other nursing facility	· · ·			)		70
.00 Adjusted general inpatient routine service		e 70 ÷ line	2)			71
<ul> <li>.00 Program routine service cost (line 9 x line)</li> <li>.00 Medically necessary private room cost app</li> </ul>		line 14 x li	ne 35)			72
.00 Total Program general inpatient routine s	0 1					74
<li>Capital-related cost allocated to inpatie 26, line 45)</li>	nt routine service c	osts (from V	lorksheet B,	Part II, column		75
0.00 Per diem capital-related costs (line 75 ÷						76
.00  Program capital-related costs (line 9 x l .00  Inpatient routine service cost (line 74 m						77
. 00 Aggregate charges to beneficiaries for exe	cess costs (from pro					79
00 Total Program routine service costs for c	•	t limitatior	n (line 78 mi	nus line 79)		80
.00 Inpatient routine service cost per diem I .00 Inpatient routine service cost limitation						81
8.00 Reasonable inpatient routine service cost	s (see instructions)					83
1.00 Program inpatient ancillary services (see		)				84
5.00 Utilization review - physician compensati 5.00 Total Program inpatient operating costs (						85
PART IV - COMPUTATION OF OBSERVATION BED F	PASS THROUGH COST	· ··· /			1	
7.00 Total observation bed days (see instruction 3.00 Adjusted general inpatient routine cost p	-	ino 2)			0.00	
J. VV INVIUSIEV VEHELAL TINALLEIL LUULINE COSL D		1 HC ZJ			0.00	) 88.

Health Financial Systems	INGALLS MEMOR	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 07/01/2018	Worksheet D-1	
		Component (		To 06/30/2019		pared: 02 pm
		Title	XVIII	Subprovider -	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	1, 475, 130	11, 846, 070	0. 12452	5 0	0	90.00
91.00 Nursing School cost	0	11, 846, 070	0.00000	0 0	0	91.00
92.00 Allied health cost	57, 272	11, 846, 070	0. 00483	5 0	0	92.00
93.00 All other Medical Education	0	11, 846, 070	0. 00000	0 0	0	93.00

	Financial Systems INGALLS MEMORIAL FATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191	Peri od:	u of Form CMS-2 Worksheet D-1	
			From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:0	
		Title XIX	Hospi tal	Cost	02
	Cost Center Description			1.00	
	PART I - ALL PROVIDER COMPONENTS			1.00	
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed day	s excluding newborn)		54, 689	
00	Inpatient days (including private room days and swing bed day Inpatient days (including private room days, excluding swing-	bed and newborn days)		54, 689	
00	Private room days (excluding swing-bed and observation bed day	ys). If you have only pr	rivate room days,	0	1
00	do not complete this line. Semi-private room days (excluding swing-bed and observation b	ed davs)		49, 241	
00	Total swing-bed SNF type inpatient days (including private ro	om days) through Decembe	er 31 of the cost	0	5
00	reporting period Total swing-bed SNF type inpatient days (including private ro	om days) after December	31 of the cost	0	6
50	reporting period (if calendar year, enter 0 on this line)			0	
00	Total swing-bed NF type inpatient days (including private root	m days) through December	<sup>-</sup> 31 of the cost	0	
00	reporting period Total swing-bed NF type inpatient days (including private roo	m days) after December 3	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)			0.000	
00	Total inpatient days including private room days applicable to newborn days)	o the Program (excluding	g swing-bed and	2, 380	9
00	Swing-bed SNF type inpatient days applicable to title XVIII o		room days)	0	10
00	through December 31 of the cost reporting period (see instruc Swing-bed SNF type inpatient days applicable to title XVIII o		room days) after	0	1
	December 31 of the cost reporting period (if calendar year, e	nter 0 on this line)	5 1		
. 00	Swing-bed NF type inpatient days applicable to titles V or XI. through December 31 of the cost reporting period	X only (including privat	te room days)	0	12
. 00	Swing-bed NF type inpatient days applicable to titles V or XI.	X only (including privat	te room days)	0	13
00	after December 31 of the cost reporting period (if calendar y Medically necessary private room days applicable to the Progr			0	14
	Total nursery days (title V or XIX only)	alli (exci uui ng swi ng-beu	uays)	2, 572	
	Nursery days (title V or XIX only)			2, 552	
. 00	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to servic	es through December 31 (	of the cost	0.00	1 17
	reporting period	0			
. 00	Medicare rate for swing-bed SNF services applicable to servic reporting period	es after December 31 of	the cost	0.00	18
00	Medicaid rate for swing-bed NF services applicable to service	s through December 31 of	f the cost	0.00	19
. 00	reporting period Medicaid rate for swing-bed NF services applicable to service	s after December 31 of t	the cost	0.00	20
00	reporting period	c)		E2 2E0 42E	2
. 00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb		ting period (line	53, 258, 425 0	2
~~	5 x line 17)				
. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reportin	ng period (line 6	0	23
00	Swing-bed cost applicable to NF type services through Decembe	r 31 of the cost reporti	ng period (line	0	24
. 00	7 x line 19) Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
00	x line 20)				
. 00 . 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		0 53, 258, 425	
	PRI VATE ROOM DI FFERENTI AL ADJUSTMENT	· · · ·	· · · · ·		
00	General inpatient routine service charges (excluding swing-be- Private room charges (excluding swing-bed charges)	d and observation bed ch	narges)	0	
	Semi - pri vate room charges (excluding swing bed charges)			0	
00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.00000	
00 00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
00		nus line 33)(see instruc	ctions)	0.00	
				0.00	
00	Private room cost differential adjustment (line 3 x line 35)			0	36
00	General inpatient routine service cost net of swing-bed cost 27 minus line 36)	and private room cost di	fferential (line	53, 258, 425	37
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJI			070 04	
. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line			973. 84 2, 317, 739	
. 00	Medically necessary private room cost applicable to the Progra			2, 517, 757	
	Total Program general inpatient routine service cost (line 39			2, 317, 739	

OMPUTATION O	al Systems FINPATIENT OPERATING COST	INGALLS MEMORIA	Provider C	CN: 14-0191	Peri od:	u of Form CMS- Worksheet D-1	
					From 07/01/2018 To 06/30/2019		
				e XIX	Hospi tal	11/25/2019 4: Cost	02 p
C	ost Center Description	Total	Total	Average Per	Program Days	Program Cost	
		Inpatient Costl		col . 2)		(col. 3 x col. 4)	
. 00 NURSERY	(title V & XIX only)	1.00	2.00	3.00 1,168.4	4.00 47 2,552	5.00 2,981,935	42
Intensi	ve Care Type Inpatient Hospital Units	0,000,277	2,072	1, 100.	2,002	2, 701, 700	
	VE CARE UNIT	7, 353, 431	3, 780	1, 945.3	35 153	297, 639	
	Y CARE UNIT ITENSIVE CARE UNIT						44
	L INTENSIVE CARE UNIT						46
00 OTHER S	PECIAL CARE (SPECIFY)						47
C	ost Center Description					1.00	
	inpatient ancillary service cost (Wk					C	
	rogram inpatient costs (sum of lines - ROUGH COST ADJUSTMENTS	41 through 48)(s	see instructio	ns)		5, 597, 313	49
	rough costs applicable to Program inpa	atient routine s	services (from	Wkst. D, sur	n of Parts I and	C	50
111)				Wite + D			
.00 Pass th and IV)	rough costs applicable to Program inpa	atient ancillary	/ services (Tr	OM WKST. D, S	sum of Parts II	C	51
2.00 Total F	rogram excludable cost (sum of lines					C	
	rogram inpatient operating cost exclud		ated, non-phy	sician anesti	netist, and	O	53
	education_costs (line_49_minus_line ! AMOUNT AND LIMIT COMPUTATION	52)					
. 00 Program	di scharges					C	
	amount per discharge					0.00	
	amount (line 54 x line 55) ence between adjusted inpatient operat	ing cost and tar	caet amount (L	ine 56 minus	line 53)		
	ayment (see instructions)	ing cost and tai	got amount (i			0	
	of lines 53/54 or 55 from the cost re	porting period e	endi ng 1996, u	pdated and co	ompounded by the	0.00	59
. 00 Lesser	of lines 53/54 or 55 from prior year	cost report, upo	dated by the m	arket basket		0.00	60
.00 If line	53/54 is less than the lower of line	s 55, 59 or 60 e	enter the less	er of 50% of		C	61
	perating costs (line 53) are less that		s (lines 54 x	60), or 1% of	f the target		
	(line 56), otherwise enter zero (see i payment (see instructions)	instructions)				C	62
8.00 Allowat	le Inpatient cost plus incentive payme	ent (see instruc	ctions)			C	63
	INPATIENT ROUTINE SWING BED COST re swing-bed SNF inpatient routine cos	ts through Decem	mber 31 of the	cost reporti	na period (See	C	64
	tions) (title XVIII only)	ta thi dugh becch			ng period (see		/
	e swing-bed SNF inpatient routine cos	ts after Decembe	er 31 of the c	ost reportino	g period (See	C	65
	tions)(title XVIII only) ledicare swing-bed SNF inpatient routi	ne costs (line é	64 plus line 6	5)(title XVII	l onlv). For	C	66
CAH (se	e instructions)					-	
	'or XIX swing-bed NF inpatient routing 2 x line 19)	e costs through	December 31 o	f the cost re	eporting period	C	67
	'or XIX swing-bed NF inpatient routing	e costs after De	ecember 31 of	the cost repo	orting period	C	68.
1 7	3 x line 20)	autino posto (l	ing (7 , ling	(0)		C	
	itle V or XIX swing-bed NF inpatient I I - SKILLED NURSING FACILITY, OTHER NU						69.
	nursing facility/other nursing facil	2			I		70
	d general inpatient routine service con routine service cost (line 9 x line		ne /0 ÷ line	2)			71
5	ly necessary private room cost applic	· ·	(line 14 x li	ne 35)			73
	rogram general inpatient routine serv						74
5.00 Capital 26, lir	-related cost allocated to inpatient e 45)	routine service	costs (from W	orksheet B, F	art II, column		75
	m capital-related costs (line 75 ÷ li	ne 2)					76
, v	capital-related costs (line 9 x line						77
	nt routine service cost (line 74 minu: te charges to beneficiaries for exces:	,	ovider record	s)			78
55 5	program routine service costs for comparison				nus line 79)		80
.00 Inpatie	nt routine service cost per diem limi	tation			,		81
· ·	nt routine service cost limitation (li						82
	ble inpatient routine service costs (: inpatient ancillary services (see in:		> <i>)</i>				83
U U	tion review - physician compensation		ıs)				85
.00 Total F	rogram inpatient operating costs (sum	of lines 83 thr					86
	<ul> <li>COMPUTATION OF OBSERVATION BED PASS bservation bed days (see instructions)</li> </ul>					5, 448	8 87
	d general inpatient routine cost per o		line 2)			973.84	
	tion bed cost (line 87 x line 88) (see		,			5, 305, 480	

Health Financial Systems	INGALLS MEMOR	I AL_HOSPI TAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period:	Worksheet D-1	
				From 07/01/2018 To 06/30/2019		pared: 02 pm
		Titl	e XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	5, 161, 877	53, 258, 425	0. 09692	1 5, 305, 480	514, 212	90.00
91.00 Nursing School cost	0	53, 258, 425	0.00000	5, 305, 480	0	91.00
92.00 Allied health cost	468, 021	53, 258, 425	0.00878	5, 305, 480	46, 625	92.00
93.00 All other Medical Education	0	53, 258, 425	0.00000	5, 305, 480	0	93.00

OMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191	Period: From 07/01/2018	Worksheet D-1	
		Component CCN: 14-S191	To 06/30/2019	Date/Time Pre 11/25/2019 4:	
		Title XIX	Subprovider - IPF	Cost	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS				-
00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days	s excluding newborn)		3, 064	1 1.
00	Inpatient days (including private room days, excluding swing-l			3,064	2
00	Private room days (excluding swing-bed and observation bed day	ys). If you have only pr	ivate room days,	0	3
00	do not complete this line.			2.0(4	
00 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		r 31 of the cost	3, 064 0	45
00	reporting period			0	
00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6
00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private roor	n dave) through Decombor	21 of the cost	0	7
00	reporting period	i days) thi ough becember	ST OF THE COST	0	'
00	Total swing-bed NF type inpatient days (including private roor	m days) after December 3	1 of the cost	0	8
00	reporting period (if calendar year, enter 0 on this line)			010	
00	Total inpatient days including private room days applicable to newborn days)	o the program (excluding	swing-bed and	318	9
0. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10
	through December 31 of the cost reporting period (see instruct	tions)			
. 00	Swing-bed SNF type inpatient days applicable to title XVIII or December 31 of the cost reporting period (if calendar year, er		oom days) after	0	11
2. 00	Swing-bed NF type inpatient days applicable to titles V or XI		e room days)	0	12
	through December 31 of the cost reporting period	3 . 0 .	<b>3</b> ,	-	
3.00	Swing-bed NF type inpatient days applicable to titles V or XI)			0	13
I. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14
	Total nursery days (title V or XIX only)	an (excluding swing-bed	uays)	2, 572	
	Nursery days (title V or XIX only)			2, 552	16
7 00	SWING BED ADJUSTMENT	a through December 21 a	f the east	0.00	1 1 7
7.00	Medicare rate for swing-bed SNF services applicable to service reporting period	es through becember 31 d	T the cost	0.00	
3. 00	Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
9.00	reporting period Medicaid rate for swing-bed NF services applicable to services	s through Docombor 21 of	the cost	0.00	10
7.00	reporting period	s through becember 31 of	the cost	0.00	
0. 00	Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20
1.00	reporting period Total general inpatient routine service cost (see instructions	-)		2 504 470	21
	Swing-bed cost applicable to SNF type services through December		ing period (line	3, 504, 470 0	21
	5 x line 17)			-	
3.00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23
1.00	x line 18) Swing-bed cost applicable to NF type services through December	r 31 of the cost reporti	na period (line	0	24
1. 00	$7 \times 1$ ine 19)			0	1
5.00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25
5.00	x line 20) Total swing-bed cost (see instructions)			0	26
	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		3, 504, 470	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	· · · · · · · · · · · · · · · · · · ·			1
	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	
	Private room charges (excluding swing-bed charges) Semi-private room charges (excluding swing-bed charges)			0	29
	General inpatient routine service cost/charge ratio (line 27 -	+ line 28)		0.000000	
. 00	Average private room per diem charge (line 29 ÷ line 3)	,		0.00	32
	Average semi-private room per diem charge (line 30 ÷ line 4)		+:>	0.00	
	Average per diem private room charge differential (line 32 min Average per diem private room cost differential (line 34 x lin		tions)	0.00 0.00	
	Private room cost differential adjustment (line 3 x line 35)			0.00	36
	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	3, 504, 470	
	27 minus line 36)				-
	PART II - HOSPITAL AND SUBPROVIDERS ONLY PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	ISTMENTS			1
. 00	Adjusted general inpatient routine service cost per diem (see			1, 143. 76	38
	Program general inpatient routine service cost (line 9 x line			363, 716	
	Medically necessary private room cost applicable to the Progra	. ,		0	40
. 00	Total Program general inpatient routine service cost (line 39	+ 11 ne 4())		363, 716	1 41

ealth Financial Systems OMPUTATION OF INPATIENT OPERATING COST	INGALLS MEMORIA		CN: 14-0191	Period:	eu of Form CMS- Worksheet D-1	
			CCN: 14-S191	From 07/01/2018 To 06/30/2019	Date/Time Pre	epare
		Titl	e XIX	Subprovider -	11/25/2019 4: Cost	02 p
Cost Conton Decembration	Tatal			I PF	Disa susan Calat	
Cost Center Description	Total Inpatient CostIr	Total upatient Days	col . 2)	÷	Program Cost (col. 3 x col. 4)	
2.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00 C	) 42.
Intensive Care Type Inpatient Hospital U		(	0.0	0		42.
B. 00 INTENSIVE CARE UNIT	0	C	0.0	0 00	C	
I. OO CORONARY CARE UNIT 5. OO BURN INTENSIVE CARE UNIT						44.
. 00 SURGI CAL I NTENSI VE CARE UNI T						46.
2.00 OTHER SPECIAL CARE (SPECIFY) Cost Center Description						47.
					1.00	
8.00 Program inpatient ancillary service cost					0	
2.00 Total Program inpatient costs (sum of li PASS THROUGH COST ADJUSTMENTS	nes 41 through 48)(se	e instructio	ons)		363, 716	9 49.
0.00 Pass through costs applicable to Program	inpatient routine se	ervices (from	n Wkst. D, sur	n of Parts I and	0	50.
.00 Pass through costs applicable to Program	innationt ancillary	sorvicos (fr	om Wkst D	rum of Darts II	c c	51.
and IV)		SCIVICES (II	om mixot. D <sub>i</sub> 3			
2.00 Total Program excludable cost (sum of li					0	
3.00 Total Program inpatient operating cost e medical education costs (line 49 minus l		itea, non-pny	sician anestr	netist, and	C	53
TARGET AMOUNT AND LIMIT COMPUTATION					-	
1.00 Program discharges 5.00 Target amount per discharge					0.00	
.00 Target amount (line 54 x line 55)					0.00	
. 00 Difference between adjusted inpatient op	erating cost and targ	get amount (I	ine 56 minus	line 53)	0	
8.00 Bonus payment (see instructions) 9.00 Lesser of lines 53/54 or 55 from the cos	t reporting period e	ndina 1996 u	updated and co	ompounded by the	0.00	
market basket		0		inpoundou by the		
0.00 Lesser of lines 53/54 or 55 from prior y 1.00 If line 53/54 is less than the lower of which operating costs (line 53) are less	lines 55, 59 or 60 er	nter the less	ser of 50% of		0.00	
amount (line 56), otherwise enter zero (		(11165 54 X	00), 01 1% 01	the target		
2.00 Relief payment (see instructions)					0	
3.00 Allowable Inpatient cost plus incentive PROGRAM INPATIENT ROUTINE SWING BED COST		Tons)			0	63
.00 Medicare swing-bed SNF inpatient routine		per 31 of the	e cost reporti	ng period (See	0	64
instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine	costs after Decembe	31 of the o	ost reportino	period (See	0	65
instructions)(title XVIII only)						
5.00 Total Medicare swing-bed SNF inpatient r CAH (see instructions)	outine costs (line 64	l plus line 6	5)(title XVII	l only). For	C	) 66
7.00 Title V or XIX swing-bed NF inpatient ro	utine costs through [	ecember 31 d	of the cost re	eporting period	C	67
(line 12 x line 19)	uting goots often Da	ambar 21 of	the east per	sting posied		
3.00 Title V or XIX swing-bed NF inpatient ro (line 13 x line 20)	utine costs after Dec	cemper 31 01	the cost repo	bring period	C	68.
2.00 Total title V or XIX swing-bed NF inpati					0	69.
PART III - SKILLED NURSING FACILITY, OTH 0.00 Skilled nursing facility/other nursing f						70
. 00 Adjusted general inpatient routine servi						71
.00 Program routine service cost (line 9 x l .00 Medically necessary private room cost ap		line 1/ v !;	ne 35)			72
1.00 Total Program general inpatient routine		•				74
5.00 Capital-related cost allocated to inpati 26, line 45)		costs (from V	lorksheet B, F	Part II, column		75
0.00 Per diem capital-related costs (line 75 7.00 Program capital-related costs (line 9 x						76
8.00 Inpatient routine service cost (line 74						78
. 00 Aggregate charges to beneficiaries for e						79
.00 Total Program routine service costs for .00 Inpatient routine service cost per diem		sτ limitation	n (line 78 mir	nus line 79)		80
. 00 Inpatient routine service cost per drem						82
8.00 Reasonable inpatient routine service cos		1				83
1.00  Program inpatient ancillary services (se 5.00  Utilization review - physician compensat		;)				84 85
0.00 Total Program inpatient operating costs	(sum of lines 83 three					86
PART IV - COMPUTATION OF OBSERVATION BED						07
7.00 Total observation bed days (see instruct 3.00 Adjusted general inpatient routine cost	-	ine 2)			0.00	
9.00 Observation bed cost (line 87 x line 88)		/				89.

Health Financial Systems	INGALLS MEMOR	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 07/01/2018	Worksheet D-1	
		Component (	Component CCN: 14-S191		Date/Time Prep 11/25/2019 4:0	pared: D2 pm
		Titl	e XIX	Subprovider - IPF	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
				· · ·	4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	221, 055	3, 504, 470	0.06307	8 0	0	90.00
91.00 Nursing School cost	0	3, 504, 470	0.00000	0 0	0	91.00
92.00 Allied health cost	19, 525	3, 504, 470	0.00557	1 0	0	92.00
93.00 All other Medical Education	0	3, 504, 470	0.00000	0 0	0	93.00

JIVIPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191	Peri od:	Worksheet D-1	2552
		Component CCN: 14-T191	From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:0	
		Title XIX	Subprovider - IRF	Cost	
	Cost Center Description		-	1.00	
	PART I - ALL PROVIDER COMPONENTS				
	I NPATI ENT DAYS				
00	Inpatient days (including private room days and swing-bed day			9, 379	1
00	Inpatient days (including private room days, excluding swing-	5,7	iveta reem deve	9, 379	2
00	Private room days (excluding swing-bed and observation bed da do not complete this line.	ays). Ti you nave only pr	rvate room days,	0	3
00	Semi-private room days (excluding swing-bed and observation k	bed days)		9, 379	4
00	Total swing-bed SNF type inpatient days (including private ro	oom days) through Decembe	er 31 of the cost	0	5
	reporting period				
00	Total swing-bed SNF type inpatient days (including private ro reporting period (if calendar year, enter 0 on this line)	oom days) after December	31 of the cost	0	6
00	Total swing-bed NF type inpatient days (including private roo	om days) through December	31 of the cost	0	7
	reporting period	all days) through becomber		0	'
00	Total swing-bed NF type inpatient days (including private roo	om days) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)			0.5.5	
00	Total inpatient days including private room days applicable 1 newborn days)	to the Program (excluding	swing-bed and	355	9
00	Swing-bed SNF type inpatient days applicable to title XVIII of	only (including private r	room days)	0	10
00	through December 31 of the cost reporting period (see instruc		com adjoj	0	
00	Swing-bed SNF type inpatient days applicable to title XVIII o		oom days) after	0	11
~~	December 31 of the cost reporting period (if calendar year, e				
00	Swing-bed NF type inpatient days applicable to titles V or XI through December 31 of the cost reporting period	ix only (including privat	e room days)	0	12
00	Swing-bed NF type inpatient days applicable to titles V or XI	IX only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar y				
00	Medically necessary private room days applicable to the Progr	ram (excluding swing-bed	days)	0	
00	Total nursery days (title V or XIX only)			2, 572	
00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			2, 552	
00	Medicare rate for swing-bed SNF services applicable to servic	ces through December 31 c	of the cost	0.00	17
00	reporting period		++	0.00	10
00	Medicare rate for swing-bed SNF services applicable to servic reporting period	Les arter December 31 01	the cost	0.00	
00	Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	the cost	0.00	19
	reporting period				
00	Medicaid rate for swing-bed NF services applicable to service	es after December 31 of t	he cost	0.00	20
00	reporting period Total general inpatient routine service cost (see instruction	ns)		11, 846, 070	21
00	Swing-bed cost applicable to SNF type services through Decemb		ing period (line	0	22
	5 x line 17)		01		
00	Swing-bed cost applicable to SNF type services after December	r 31 of the cost reportir	ng period (line 6	0	23
00	x line 18) Swing-bed cost applicable to NF type services through Decembe	er 31 of the cost reporti	ng period (line	0	24
00	7 x line 19)		ng period (inne	0	27
00	Swing-bed cost applicable to NF type services after December	31 of the cost reporting	period (line 8	0	25
00	x line 20)				<u> </u>
00 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost	(line 21 minus line 24)		0 11, 846, 070	26
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(The 21 minus The 20)		11, 840, 070	21
00	General inpatient routine service charges (excluding swing-be	ed and observation bed ch	arges)	0	28
00	Private room charges (excluding swing-bed charges)			0	29
00	Semi-private room charges (excluding swing-bed charges)			0	30
00 00	General inpatient routine service cost/charge ratio (line 27	÷line 28)		0.00000	
00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 0.00	
00	Average per diem private room charge differential (line 32 mi	inus line 33)(see instruc	tions)	0.00	
00	Average per diem private room cost differential (line 34 x li			0.00	35
00	Private room cost differential adjustment (line 3 x line 35)			0	36
00	General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line	11, 846, 070	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJ	JUSTMENTS			1
00	Adjusted general inpatient routine service cost per diem (see	e instructions)		1, 263. 04	
00	Program general inpatient routine service cost (line 9 x line			448, 379	
00	Medically necessary private room cost applicable to the Progr			0 448, 379	40
00	Total Program general inpatient routine service cost (line 39				

ealth Financial Systems OMPUTATION OF INPATIENT OPERATING COST	I NGALLS MEMORIA		CN: 14-0191	Period:	eu of Form CMS- Worksheet D-1	
			CCN: 14-T191	From 07/01/2018 To 06/30/2019	Date/Time Pre	epare
		Titl	e XIX	Subprovider -	11/25/2019 4: Cost	02 p
				I RF		
Cost Center Description	Total Inpatient Costlr	Total npatient Days	Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	12
2.00 NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital U	nits	(	0.0	0 00	C	) 42.
3. 00 INTENSIVE CARE UNIT	0	C	0.0	0 00	0	
4. 00 CORONARY CARE UNIT						44.
5. 00 BURN INTENSIVE CARE UNIT 5. 00 SURGICAL INTENSIVE CARE UNIT						45.
7.00 OTHER SPECIAL CARE (SPECIFY)						47.
Cost Center Description					1.00	
3.00 Program inpatient ancillary service cost	(Wkst. D-3, col. 3,	line 200)			1.00	) 48.
0.00 Total Program inpatient costs (sum of li	-		ons)		448, 379	9 49.
PASS THROUGH COST ADJUSTMENTS 0.00 Pass through costs applicable to Program	innationt routine s	arvices (from	Wkst D sur	m of Parts I and		50.
	inpatrent routine s		i wkst. D, Su			/ <sup>30.</sup>
.00 Pass through costs applicable to Program	inpatient ancillary	services (fr	om Wkst. D, s	sum of Parts II	0	51.
and IV) 2.00  Total Program excludable cost (sum of li	nes 50 and 51)				C	52.
3.00 Total Program inpatient operating cost e	xcluding capital rela	ated, non-phy	sician anesti	netist, and	C	
medical education costs (line 49 minus I TARGET AMOUNT AND LIMIT COMPUTATION	ine 52)					-
1.00 Program discharges					0	54.
.00 Target amount per discharge					0.00	
.00   Target amount (line 54 x line 55) .00   Difference between adjusted inpatient op	orating cost and tar	not omount (1	ino E4 minus	Line E2)		
8.00 Bonus payment (see instructions)	erating cost and targ	get amount (i	The 56 milling	TTHE 55)		
0.00 Lesser of lines 53/54 or 55 from the cos	t reporting period e	nding 1996, เ	updated and co	ompounded by the	0.00	
market basket 0.00 Lesser of lines 53/54 or 55 from prior y	oar cost roport und	atod by the m	arkat baskat		0.00	60
1.00 If line 53/54 is less than the lower of				the amount by	0.00	
which operating costs (line 53) are less		(lines 54 x	60), or 1% of	f the target		
amount (line 56), otherwise enter zero ( 2.00 Relief payment (see instructions)	see instructions)				C	62.
3.00 Allowable Inpatient cost plus incentive	payment (see instruc	tions)			0	
PROGRAM INPATIENT ROUTINE SWING BED COST		04 6 11		1 1 (0		
I. 00 Medicare swing-bed SNF inpatient routine instructions)(title XVIII only)	costs through Decem	ber 31 of the	e cost reporti	ng period (see	C	64.
5.00 Medicare swing-bed SNF inpatient routine	costs after December	- 31 of the d	cost reportinț	g period (See	0	65.
instructions)(title XVIII only) 5.00 Total Medicare swing-bed SNF inpatient r	outino costs (lino 6	1 plus lipo 4	5) (+i +l o XV/I)	Lonly) For	c c	66
CAH (see instructions)		+ prus rine c	5)((1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1	r only). To		
7.00 Title V or XIX swing-bed NF inpatient ro	utine costs through I	December 31 d	of the cost re	eporting period	0	67.
line 12 x line 19) 3.00 Title V or XIX swing-bed NF inpatient ro	utine costs after De	cember 31 of	the cost rep	ortina period	C	68.
(line 13 x line 20)						
P. 00 Total title V or XIX swing-bed NF inpati PART III - SKILLED NURSING FACILITY, OTH					C	) 69.
0.00 Skilled nursing facility/other nursing f				)		70.
.00 Adjusted general inpatient routine servi	ce cost per diem (li					71.
2.00 Program routine service cost (line 9 x 1 3.00 Medically necessary private room cost ap	· ·	(line 14 x li	ne 35)			72.
1.00 Total Program general inpatient routine		•				74.
5.00 Capital-related cost allocated to inpati	ent routine service (	costs (from V	lorksheet B, F	Part II, column		75.
26, line 45) 5.00 Per diem capital-related costs (line 75	÷line 2)					76.
7.00 Program capital-related costs (line 9 x	line 76)					77.
0.00 Inpatient routine service cost (line 74 0.00 Aggregate charges to beneficiaries for e		wider record	10)			78.
<ul> <li>00 Aggregate charges to beneficiaries for e</li> <li>00 Total Program routine service costs for</li> </ul>				nus line 79)		80.
. 00 Inpatient routine service cost per diem	•		(			81
2.00 Inpatient routine service cost limitatio	. ,					82.
<ul> <li>8.00 Reasonable inpatient routine service cos</li> <li>9.00 Program inpatient ancillary services (se</li> </ul>	•	)				83.
5.00 Utilization review - physician compensat		s)				85.
5.00 Total Program inpatient operating costs	(sum of lines 83 three					86.
PART IV - COMPUTATION OF OBSERVATION BED 7.00 Total observation bed days (see instruct						87.
3.00 Adjusted general inpatient routine cost	-	ine 2)			0.00	
9.00 Observation bed cost (line 87 x line 88)						89.

Health Financial Systems	INGALLS MEMOR	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 07/01/2018	Worksheet D-1	
		Component (		To 06/30/2019		pared: 02 pm
		Titl	e XIX	Subprovider -	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	1, 475, 130	11, 846, 070	0. 12452	5 0	0	90.00
91.00 Nursing School cost	0	11, 846, 070	0. 00000	0 0	0	91.00
92.00 Allied health cost	57, 272	11, 846, 070	0. 00483	5 0	0	92.00
93.00 All other Medical Education	0	11, 846, 070	0. 00000	0 0	0	93.00

Heal th Finar	ncial Systems INGALLS MEMORIAL	HOSPITAL		In Lie	u of Form CMS-:	2552-10
INPATIENT A	NCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 14-0191	Peri od:	Worksheet D-3	
				From 07/01/2018 To 06/30/2019		pared:
					11/25/2019 4:	
		Title	e XVIII	Hospi tal	PPS	
	Cost Center Description		Ratio of Cos		Inpatient	
			To Charges	Program Charges	Program Costs (col. 1 x col.	
				charges	2)	
			1.00	2.00	3.00	
I NPAT	IENT ROUTINE SERVICE COST CENTERS					
	ADULTS & PEDIATRICS			34, 761, 019		30.00
	DINTENSIVE CARE UNIT			5, 739, 795		31.00
	SUBPROVIDER - IPF			60, 090		40.00
	SUBPROVIDER - IRF			0		41.00
						43.00
	LARY SERVICE COST CENTERS		0. 1822	61 22, 140, 433	4, 035, 337	50.00
	RECOVERY ROOM		0. 1822			
	DELIVERY ROOM & LABOR ROOM		0. 4481			
	ANESTHESI OLOGY		0. 0277			
	RADI OLOGY-DI AGNOSTI C		0.3513		1, 313, 956	
	ULTRA SOUND		0. 1367			
54.02 05401	I SPECIAL PROCEDURES		0. 1076	05 4, 227, 778	454, 930	54.02
56.00 05600	RADI OI SOTOPE		0. 1227	35 1, 788, 296	219, 487	56.00
	D CT SCAN		0. 0246		369, 090	
58.00 05800			0.0763			1
	CARDIAC CATHETERIZATION		0. 1224			
			0.0996			
	BLOOD CLOTTING FOR HEMOPH.		0.0000		0 470, 202	
	) BLOOD STORING, PROCESSING & TRANS. RESPIRATORY THERAPY		0. 1960			1
	PULMONARY FUNCTION TESTING		0. 1582		5, 280	1
	PHYSICAL THERAPY		0. 2200			
	OCCUPATIONAL THERAPY		0. 2912			
	SPEECH PATHOLOGY		0. 2340			
	ELECTROCARDI OLOGY		0. 1147			1
70.00 07000	ELECTROENCEPHALOGRAPHY		0. 3712	12 429, 853	159, 567	70.00
70.01 03280	SLEEP LAB		0. 1122	64 440, 932	49, 501	70.01
	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0. 3513		0	
	MEDICAL SUPPLIES CHARGED TO PATIENT		1.7223			
	IMPL. DEV. CHARGED TO PATIENTS		0. 5343		3, 348, 601	72.00
	DRUGS CHARGED TO PATIENTS		0. 1611			
	INFUSION THERAPY		1. 6545 0. 1554		37, 374	
	FCC INFUSION THERAPY		0. 1063		5, 978	
	RENAL DI ALYSI S		0. 2166			
	CARDIAC REHABILITATION		0. 9005			
	3 HYPERBARI C OXYGEN THERAPY		0. 1827			
	PLITHOTRIPSY		0.0000			1
OUTPA	ATIENT SERVICE COST CENTERS					
90.02 09001	I PSYCH ANCI LLARY		0. 4127	31 3, 859	1, 593	90.02
	2 RETINAL VASCULAR		1.3495			
	EMERGENCY		0.0856			
			0. 1118			
	OBSERVATION BEDS (NON-DISTINCT PART		0. 3144			1
200.00	Total (sum of lines 50 through 94 and 96 through 98)	(line (1))		154, 540, 569	27, 570, 442	
201.00 202.00	Less PBP Clinic Laboratory Services-Program only charges Net charges (line 200 minus line 201)	s (i i në 6i)		0 154, 540, 569		201.00 202.00
202.00	Iner charges (ITTHE 200 IIITHUS ITTHE 201)		1	154, 540, 509	I	1202. UU

Health Financial Systems INGALLS MEMORIA	L HOSPITAL		In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C		Period:	Worksheet D-3	
	Component		From 07/01/2018 To 06/30/2019	Date/Time Pre	
	Title	e XVIII	Subprovider - IPF	11/25/2019 4: PPS	<u>02 piii</u>
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS			0		20.00
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT			0		30.00 31.00
40. 00   04000  SUBPROVI DER - I PF			1, 916, 993		40.00
41. 00   04100   SUBPROVI DER - I RF			1, 910, 993		40.00
43. 00 04300 NURSERY			0		43.00
ANCI LLARY SERVICE COST CENTERS		1			45.00
50. 00 05000 OPERATI NG ROOM		0. 18226	1 0	0	50.00
51. 00 05100 RECOVERY ROOM		0. 09971			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 44817		0	52.00
53.00 05300 ANESTHESI OLOGY		0. 02779		0	53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C		0.35134		3, 719	54.00
54.01 03630 ULTRA SOUND		0. 13672		377	54.01
54. 02 05401 SPECIAL PROCEDURES		0. 10760		0	54.02
56. 00 05600 RADI OI SOTOPE		0. 12273	5 0	0	56.00
57.00 05700 CT SCAN		0. 02463	4 71, 982	1, 773	57.00
58. 00 05800 MRI		0. 07636	9 33, 519	2, 560	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 12248	8 0	0	59.00
60. 00 06000 LABORATORY		0. 09966	5 363, 685	36, 247	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPH.		0.00000		0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 19607		94	63.00
65. 00 06500 RESPI RATORY THERAPY		0. 13391		1, 619	65.00
65.01 03560 PULMONARY FUNCTION TESTING		0. 15820		0	65.01
66.00 06600 PHYSI CAL THERAPY		0. 22003		596	66.00
67.00 06700 OCCUPATI ONAL THERAPY		0. 29129		169	67.00
68.00 O6800 SPEECH PATHOLOGY		0. 23407		0	68.00
69. 00 06900 ELECTROCARDI OLOGY		0. 11470		7,401	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 37121		405	70.00
70. 01  03280  SLEEP_LAB 70. 02  03550  PSYCHI ATRI C/PSYCHOLOGI CAL_SERVI CES		0. 11226		0	70.01
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 35139		225, 271 312	70.02
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 53438		0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 16110		16, 684	73.00
73. 01 03190 I NFUSI ON THERAPY		1. 65452		0	73.01
73. 03 07301 PHARMACY VACCI NE		0. 15546		0	73.03
73. 04 03480 FCC I NFUSI ON THERAPY		0. 10636		0	73.04
74. 00 07400 RENAL DI ALYSI S		0. 21664		0	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 90059		0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 18270		768	76.98
76. 99 07699 LI THOTRI PSY		0.00000	0 0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90. 02 09001 PSYCH ANCI LLARY		0. 41273		567	90.02
90. 03 09002 RETINAL VASCULAR		1. 34956		0	90.03
91. 00 09100 EMERGENCY		0. 08568		16, 864	
91. 01 09101 I FCC		0. 11183		791	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 31449		0	92.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			1, 518, 276	316, 217	
201.00 Less PBP Clinic Laboratory Services-Program only charge	s (line 61)		0		201.00
202.00 Net charges (line 200 minus line 201)		I	1, 518, 276	l	202.00

Health Financial Systems INGALLS MEMORIAL H	IOSPI TAL		In Lie	u of Form CMS-2	2552-10
			Peri od:	Worksheet D-3	
c	Component (		From 07/01/2018 To 06/30/2019	Date/Time Pre	
	Title	XVIII	Subprovider -	11/25/2019 4: PPS	<u>02 pm</u>
			I RF		
Cost Center Description		Ratio of Cost		Inpatient	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	0.00	
30. 00 03000 ADULTS & PEDI ATRI CS			0		30.00
31. 00 03100 I NTENSI VE CARE UNI T			0		31.00
40. 00 04000 SUBPROVI DER - I PF			0		40.00
41. 00 04100 SUBPROVIDER - IRF			9, 096, 038		41.00
43. 00 04300 NURSERY					43.00
ANCI LLARY SERVI CE COST CENTERS			_		
50. 00 05000 OPERATING ROOM		0. 18226		14, 911	50.00
51.00 05100 RECOVERY ROOM		0. 09971	8 16, 414	1, 637	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 44817		0	52.00
53. 00 05300 ANESTHESI OLOGY		0. 02779		457	53.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 35134		79, 121	54.00
54. 01 03630 ULTRA SOUND		0. 13672		20, 589	54.01
54. 02 05401 SPECIAL PROCEDURES		0. 10760		13, 619	54.02
56. 00 05600 RADI OI SOTOPE		0. 12273		2,630	56.00
57.00 05700 CT SCAN		0. 02463		7,701	57.00
		0.07636		1, 905	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 12248		0	59.00
		0.09966		181, 063	60.00
62. 30 06250 BLOOD CLOTTING FOR HEMOPH. 63. 00 06300 BLOOD STORING, PROCESSING & TRANS.		0.00000		0	62.30
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 65. 00 06500 RESPIRATORY THERAPY		0. 19607 0. 13391		18, 391	63.00 65.00
65. 01 03560 PULMONARY FUNCTION TESTING		0. 15820		124, 648 19	65.00
66. 00 06600 PHYSI CAL THERAPY		0. 22003		905, 870	66.00
67. 00 06700 OCCUPATIONAL THERAPY		0. 22003		1, 181, 474	67.00
68. 00 06800 SPEECH PATHOLOGY		0. 23407		312, 022	68.00
69. 00 06900 ELECTROCARDI OLOGY		0. 11470		4, 676	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 37121		3, 284	70.00
70. 01 03280 SLEEP LAB		0. 11226		0	70.01
70. 02 03550 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0. 35139		0	70. 02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1. 72231		282, 078	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 53438	3 7, 546	4, 032	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 16110	6 2, 059, 351	331, 774	73.00
73.01 03190 INFUSION THERAPY		1. 65452	в О	0	73.01
73. 03 07301 PHARMACY VACCINE		0. 15546	3 0	0	73.03
73.04 03480 FCC INFUSION THERAPY		0. 10636	2 529	56	73.04
74. 00 07400 RENAL DIALYSIS		0. 21664		111, 157	74.00
76. 97 07697 CARDI AC REHABI LI TATI ON		0. 90059	9 0	0	76.97
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 18270	1 161, 862	29, 572	76. 98
76. 99 07699 LI THOTRI PSY		0.00000	0 C	0	76.99
OUTPATI ENT SERVI CE COST CENTERS					
90. 02 09001 PSYCH ANCI LLARY		0. 41273		0	
90. 03 09002 RETINAL VASCULAR		1.34956		0	90.03
91. 00 09100 EMERGENCY		0. 08568		2, 861	91.00
91.01 09101 FCC		0. 11183		131	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0. 31449		4,672	
200.00 Total (sum of lines 50 through 94 and 96 through 98)	(Lino (1)		16, 328, 496	3, 640, 350	
201.00Less PBP Clinic Laboratory Services-Program only charges (202.00Net charges (line 200 minus line 201)	(ine 61)		0 16, 328, 496		201. 00 202. 00
		I	10, 320, 490	I	202.00

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	- HOSPITAL Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	u of Form CMS-2 Worksheet E Part A Date/Time Pre 11/25/2019 4:	pared:
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
I.00 I.01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurr	ing prior to October 1	(see	0 9, 239, 445	
. 02	instructions) DRG amounts other than outlier payments for discharges occurr instructions)	ing on or after October	1 (see	26, 667, 215	1. 02
. 03	DRG for federal specific operating payment for Model 4 BPCL fi 1 (see instructions)	or discharges occurring	prior to October	0	1.03
. 04	DRG for federal specific operating payment for Model 4 BPCI for October 1 (see instructions)	or discharges occurring	on or after	0	1. 04
2.00	Outlier payments for discharges. (see instructions)			524, 082	
2.01 2.02	Outlier reconciliation amount Outlier payment for discharges for Model 4 BPCI (see instruct	ions)		0	2.0
3.00	Managed Care Simulated Payments			0	3.00
1.00	Bed days available divided by number of days in the cost repo Indirect Medical Education Adjustment	rting period (see instru	uctions)	253.07	4.00
5.00	FTE count for allopathic and osteopathic programs for the mos or before 12/31/1996. (see instructions)	t recent cost reporting	period ending on	0.00	5.00
b. 00	FTE count for allopathic and osteopathic programs that meet t new programs in accordance with 42 CFR 413.79(e)	he criteria for an add-o	on to the cap for	0.00	6.00
7.00 7.01	MMA Section 422 reduction amount to the IME cap as specified ACA § 5503 reduction amount to the IME cap as specified under	under 42 CFR §412.105(f) 42 CFR §412.105(f)(1)(i	)(1)(iv)(B)(1) v)(B)(2) If the	0.00 0.00	7.00 7.0
3. 00	cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the FTE count for allopa affiliated programs in accordance with 42 CFR 413.75(b), 413.			0.00	8.00
3. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap sl	ots under § 5503 of the	ACA. If the cost	0.00	8. 0 <sup>2</sup>
3. 02	report straddles July 1, 2011, see instructions. The amount of increase if the hospital was awarded FTE cap sl	ots from a closed teachi	ng hospital	0.00	8. 02
9.00	under § 5506 of ACA. (see instructions) Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin	es (8, 8,01 and 8,02)	(see	0.00	9.00
0. 00	instructions) FTE count for allopathic and osteopathic programs in the curr	ent year from your reco	rds	0.00	
1.00	FTE count for residents in dental and podiatric programs.				11.0
2.00 3.00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.			0.00 0.00	
4.00	Total allowable FTE count for the penultimate year if that ye otherwise enter zero.	ar ended on or after Sep	otember 30, 1997,	0.00	
5.00	Sum of lines 12 through 14 divided by 3.			0.00	15.0
6.00	Adjustment for residents in initial years of the program			0.00	16.0
	Adjustment for residents displaced by program or hospital clo	sure			17.0
	Adjusted rolling average FTE count	、 、		0.00	
9.00	Current year resident to bed ratio (line 18 divided by line 4 Prior year resident to bed ratio (see instructions)	).		0.000000	
1.00	Enter the lesser of lines 19 or 20 (see instructions)			0. 000000	
	IME payment adjustment (see instructions)			0	
	IME payment adjustment - Managed Care (see instructions)			0	22.0
3. 00	Indirect Medical Education Adjustment for the Add-on for § 42 Number of additional allopathic and osteopathic IME FTE resid		CFR 412.105	0.00	23. C
24.00	(f)(1)(iv)(C ). IME FTE Resident Count Over Cap (see instructions)			0.00	
	If the amount on line 24 is greater than -O-, then enter the instructions)	lower of line 23 or line	e 24 (see	0.00	
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	
	IME payments adjustment factor. (see instructions)			0.000000	
	IME add-on adjustment amount (see instructions) IME add-on adjustment amount - Managed Care (see instructions	<b>`</b>		0	
	Total IME payment ( sum of lines 22 and 28)	)		0	20.0
	Total IME payment - Managed Care (sum of lines 22.01 and 28.0 Disproportionate Share Adjustment	1)		0	29.0 29.0
30.00	Percentage of SSI recipient patient days to Medicare Part A p	atient days (see instruc	ctions)	6.87	30.0
	Percentage of Medicaid patient days (see instructions)		,	32.87	
32.00	Sum of lines 30 and 31			39.74	
	Allowable disproportionate share percentage (see instructions	)		22.00	33.0

	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Date/Time Prep	
		Title XVIII	Hospi tal	11/25/2019 4:0 PPS	<u>)2 pm</u>
			Prior to 10/1		
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		6, 766, 695, 164	8, 272, 872, 447	35.00
35.01	Factor 3 (see instructions)		0.000559980	0.000537712	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter	zero on this line) (see	e 3, 789, 214	4, 448, 423	35.02
	instructions)				
35.03	Pro rata share of the hospital uncompensated care payment amoun	· · · · · · · · · · · · · · · · · · ·	955, 090		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4, 282, 266		36.00
	Additional payment for high percentage of ESRD beneficiary disc				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding di	scharges for MS-DRGs	0		40.00
	652, 682, 683, 684 and 685 (see instructions)		Before 1/1	On /After 1/1	
			1.00	0n/After 1/1 1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683	684 an 685 (see	0		41.00
41.00	instructions)	, 664 811 665. (See	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DR	Gs 652 682 683 684	0	0	41.01
	an 685. (see instructions)	00 002, 002, 000, 00,		Ű	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify	for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682,		0		43.00
	instructions)				
44.00	Ratio of average length of stay to one week (line 43 divided by	line 41 divided by 7	0.000000		44.00
	days)				
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.0	1)	10 (07 075		46.00
47.00 48.00	Subtotal (see instructions)	Il rural boonitals	42, 687, 875		47.00 48.00
40.00	Hospital specific payments (to be completed by SCH and MDH, sma only. (see instructions)	n i urar nospi tars	0		46.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			42, 687, 875	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and	Pt. II, as applicable)		3, 215, 537	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. I			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line	49 see instructions).		0	52.00
	Nursing and Allied Health Managed Care payment				
53.00	0 1 9			146, 914	53.00
54.00	Special add-on payments for new technologies			0	54.00
54. 00 54. 01	Special add-on payments for new technologies Islet isolation add-on payment			0 0	54. 00 54. 01
54. 00 54. 01 55. 00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0 0 0	54. 00 54. 01 55. 00
54.00 54.01 55.00 56.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc	tions)	arough 25)	0 0 0	54.00 54.01 55.00 56.00
54.00 54.01 55.00 56.00 57.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III	tions) , column 9, lines 30 tl	nrough 35).	0 0 0 211, 522	54.00 54.01 55.00 56.00 57.00
54.00 54.01 55.00 56.00 57.00 58.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV	tions) , column 9, lines 30 tl	nrough 35).	0 0 0 211, 522 117, 182	54.00 54.01 55.00 56.00 57.00 58.00
54.00 54.01 55.00 56.00 57.00 58.00 58.00 59.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58)	tions) , column 9, lines 30 tl	nrough 35).	0 0 211, 522 117, 182 46, 379, 030	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\end{array}$
54.00 54.01 55.00 56.00 57.00 58.00 59.00 60.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments	tions) , column 9, lines 30 tl , col. 11 line 200)	nrough 35).	0 0 211, 522 117, 182 46, 379, 030 22, 745	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 58.00 58.00 59.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus 1	tions) , column 9, lines 30 tl , col. 11 line 200)	nrough 35).	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 58.00 59.00 60.00 61.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments	tions) , column 9, lines 30 tl , col. 11 line 200)	nrough 35).	0 0 211, 522 117, 182 46, 379, 030 22, 745	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 58.00 59.00 60.00 61.00 62.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries	tions) , column 9, lines 30 tl , col. 11 line 200)	nrough 35).	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 58.00 59.00 60.00 61.00 62.00 63.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries	tions) , column 9, lines 30 tl , col. 11 line 200)	nrough 35).	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 366, 285 3, 591, 628 216, 407 1, 157, 528 752, 393	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 59.00 60.00 61.00 62.00 63.00 64.00 65.00 66.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Aljusted reimbursable bad debts (see instructions)	tions) , column 9, lines 30 tl , col. 11 line 200) ine 60)	nrough 35).	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628 216, 407 1, 157, 528 752, 393 395, 249	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 59.00 60.00 61.00 62.00 63.00 64.00 65.00 65.00 66.00 67.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63)	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions)		0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628 216, 407 1, 157, 528 752, 393 395, 249 43, 300, 643	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\end{array}$
54.00 54.01 55.00 56.00 57.00 59.00 60.00 61.00 62.00 63.00 64.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 65.00 6	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (se	ee instructions)	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628 216, 407 1, 157, 528 752, 393 395, 249 43, 300, 643 0	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 69.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 66.\ 00\\ 66.\ 00\\ 68.\ 00\\ 68.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 58.00 60.00 61.00 62.00 63.00 64.00 65.00 66.00 66.00 67.00 68.00 67.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments reconciliation (sum of lines 93, 95 and 96). (F	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (se	ee instructions)	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628 216, 407 1, 157, 528 752, 393 395, 249 43, 300, 643 0 0	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 69.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ \end{array}$
54.00 54.01 55.00 56.00 57.00 58.00 60.00 61.00 62.00 63.00 64.00 65.00 66.00 66.00 67.00 68.00 69.00 77.00	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY)	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions	ee instructions)	$\begin{array}{c} 0\\ 0\\ 0\\ 211, 522\\ 117, 182\\ 46, 379, 030\\ 22, 745\\ 46, 356, 285\\ 3, 591, 628\\ 216, 407\\ 1, 157, 528\\ 752, 393\\ 395, 249\\ 43, 300, 643\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ \end{array}$	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\end{array}$
54.00 54.01 55.00 57.00 58.00 59.00 60.00 61.00 62.00 63.00 64.00 65.00 64.00 65.00 64.00 67.00 68.00 67.00 68.00 70.00 70.50	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstra	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions	ee instructions)	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628 216, 407 1, 157, 528 752, 393 395, 249 43, 300, 643 0 0 0 0	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 63.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 70.\ 50\end{array}$
54.00 54.01 55.00 57.00 58.00 59.00 60.00 61.00 63.00 64.00 64.00 64.00 65.00 64.00 64.00 67.00 68.00 70.00 70.50 70.87	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstra Demonstration payment adjustment amount before sequestration	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions	ee instructions)	$\begin{array}{c} 0\\ 0\\ 0\\ 211, 522\\ 117, 182\\ 46, 379, 030\\ 22, 745\\ 46, 356, 285\\ 3, 591, 628\\ 216, 407\\ 1, 157, 528\\ 752, 393\\ 395, 249\\ 43, 300, 643\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 50\\ 70.\ 87\end{array}$
54.00 54.01 55.00 57.00 58.00 60.00 61.00 62.00 63.00 64.00 65.00 65.00 65.00 67.00 68.00 67.00 70.00 70.50 70.87 70.88	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstra Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only)	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions tion) adjustment (see i	ee instructions)	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628 216, 407 1, 157, 528 752, 393 395, 249 43, 300, 643 0 0 0 0	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 70.\ 50\\ 70.\ 87\\ 70.\ 88\end{array}$
54.00 54.01 55.00 57.00 58.00 60.00 61.00 62.00 63.00 64.00 65.00 65.00 65.00 67.00 68.00 67.00 70.00 70.50 70.88 70.88	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstra Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instru	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions tion) adjustment (see i	ee instructions)	$\begin{array}{c} 0\\ 0\\ 0\\ 211, 522\\ 117, 182\\ 46, 379, 030\\ 22, 745\\ 46, 356, 285\\ 3, 591, 628\\ 216, 407\\ 1, 157, 528\\ 752, 393\\ 395, 249\\ 43, 300, 643\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\$	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 58.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 70.\ 50\\ 70.\ 87\\ 70.\ 88\\ 70.\ 89\end{array}$
54.00 54.01 55.00 57.00 58.00 60.00 61.00 62.00 63.00 63.00 64.00 65.00 65.00 66.00 67.00 68.00 70.00 70.87 70.88 70.89 70.90	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments reconciliation (sum of lines 93, 95 and 96). (F OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (\$410A Demonstra Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instructions)	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions tion) adjustment (see i	ee instructions)	0 0 211, 522 117, 182 46, 379, 030 22, 745 46, 356, 285 3, 591, 628 216, 407 1, 157, 528 752, 393 395, 249 43, 300, 643 0 0 0 0 0 0 0	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 55.\ 00\\ 57.\ 00\\ 57.\ 00\\ 69.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 66.\ 00\\ 66.\ 00\\ 66.\ 00\\ 66.\ 00\\ 69.\ 00\\ 70.\ 80\\ 70.\ 87\\ 70.\ 88\\ 70.\ 89\\ 70.\ 90\end{array}$
54.00 54.01 55.00 57.00 57.00 59.00 60.00 61.00 62.00 63.00 63.00 63.00 65.00 65.00 66.00 67.00 68.00 70.87 70.87 70.87 70.87 70.90 70.91	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration SCH or MDH volume decrease adjustment amount before sequestration SCH or MDH volume decrease adjustment amount (see instructions) HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions tion) adjustment (see i	ee instructions)	$\begin{smallmatrix} & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 211, 522 \\ & 117, 182 \\ & 46, 379, 030 \\ & 22, 745 \\ & 46, 356, 285 \\ & 3, 591, 628 \\ & 216, 407 \\ & 1, 157, 528 \\ & 752, 393 \\ & 395, 249 \\ & 43, 300, 643 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 $	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 59.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 70.\ 00\\ 70.\ 50\\ 70.\ 88\\ 70.\ 89\\ 70.\ 90\\ 70.\ 90\\ 70.\ 91\end{array}$
54.00 54.01 55.00 57.00 58.00 60.00 61.00 62.00 63.00 63.00 64.00 65.00 65.00 66.00 67.00 68.00 70.00 70.87 70.88 70.89 70.90	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Coinsurance billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstra Demonstration payment adjustment amount before sequestration SCH or MDH volume decrease adjustment (contractor use only) Pioneer ACO demonstration payment adjustment amount (see instructions) HSP bonus payment HXBP adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions tion) adjustment (see i	ee instructions)	$\begin{smallmatrix} & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 211, 522 \\ 117, 182 \\ 46, 379, 030 \\ & 22, 745 \\ 46, 356, 285 \\ & 3, 591, 628 \\ & 216, 407 \\ 1, 157, 528 \\ & 752, 393 \\ & 395, 249 \\ 43, 300, 643 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & $	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 70.\ 50\\ 70.\ 88\\ 70.\ 89\\ 70.\ 90\\ 70.\ 91\\ 70.\ 91\\ 70.\ 92\end{array}$
54.00 54.01 55.00 57.00 57.00 58.00 60.00 61.00 62.00 63.00 64.00 65.00 64.00 65.00 64.00 67.00 68.00 70.50 70.88 70.89 70.91 70.91	Special add-on payments for new technologies Islet isolation add-on payment Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69) Cost of physicians' services in a teaching hospital (see intruc Routine service other pass through costs (from Wkst. D, Pt. III Ancillary service other pass through costs from Wkst. D, Pt. IV Total (sum of amounts on lines 49 through 58) Primary payer payments Total amount payable for program beneficiaries (line 59 minus I Deductibles billed to program beneficiaries Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see instru Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for ap Outlier payments (SEE INSTRUCTIONS) (SPECIFY) Rural Community Hospital Demonstration Project (§410A Demonstration SCH or MDH volume decrease adjustment amount before sequestration SCH or MDH volume decrease adjustment amount (see instructions) HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	tions) , column 9, lines 30 th , col. 11 line 200) ine 60) ctions) plicable to MS-DRGs (so or SCH see instructions tion) adjustment (see i	ee instructions)	$\begin{smallmatrix} & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 211, 522 \\ & 117, 182 \\ & 46, 379, 030 \\ & 22, 745 \\ & 46, 356, 285 \\ & 3, 591, 628 \\ & 216, 407 \\ & 1, 157, 528 \\ & 752, 393 \\ & 395, 249 \\ & 43, 300, 643 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 $	$\begin{array}{c} 54.\ 00\\ 54.\ 01\\ 55.\ 00\\ 56.\ 00\\ 57.\ 00\\ 60.\ 00\\ 61.\ 00\\ 62.\ 00\\ 63.\ 00\\ 63.\ 00\\ 64.\ 00\\ 65.\ 00\\ 65.\ 00\\ 66.\ 00\\ 67.\ 00\\ 68.\ 00\\ 69.\ 00\\ 70.\ 00\\ 70.\ 50\\ 70.\ 88\\ 70.\ 89\\ 70.\ 90\\ 70.\ 91\\ 70.\ 91\\ 70.\ 92\end{array}$

alth Financial Systems INGALLS MEMORIA ALCULATION OF REIMBURSEMENT SETTLEMENT	Provider C	CN: 14-0191	Peri od:	Worksheet E	
			From 07/01/2018 To 06/30/2019	Part A Date/Time Pre 11/25/2019 4:0	
	Title	× XVIII	Hospi tal		02 F
			′ (уууу)	PPS           Amount           1.00           0           0           0           0           0           0           0           343,764           42,903,080           858,062           0           42,046,633           0           -1,615           1,213,955           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0           0	
	· · · ·		0		_
). 96 Low volume adjustment for federal fiscal year (yyyy) (Enter i	n column O		0	0	70
the corresponding federal year for the period prior to 10/1) Low volume adjustment for federal fiscal year (yyyy) (Enter i the corresponding federal year for the period ending on or af			0	0	70
98 Low Volume Payment-3				0	70
9 HAC adjustment amount (see instructions)				-	
.00 Amount due provider (line 67 minus lines 68 plus/minus lines	69 & 70)			42, 903, 080	71
.01 Sequestration adjustment (see instructions)				858, 062	
.02 Demonstration payment adjustment amount after sequestration				-	71
00 Interim payments				42, 046, 633	
.00  Tentative settlement (for contractor use only) .00  Balance due provider/program (line 71 minus lines 71.01, 71.0	12 72 and			U 1 415	73
<ul> <li>.00 Balance due provider/program (line 71 minus lines 71.01, 71.0 73)</li> <li>.00 Protested amounts (nonallowable cost report items) in accorda</li> </ul>					
CMS Pub. 15-2, chapter 1, §115.2				1, 213, 733	'
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					1
00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum plus 2.04 (see instructions)	of 2.03			0	90
00 Capital outlier from Wkst. L, Pt. I, line 2				-	91
00 Operating outlier reconciliation adjustment amount (see instr				-	92
00 Capital outlier reconciliation adjustment amount (see instruc				-	93 94
00 The rate used to calculate the time value of money (see instr 00 Time value of money for operating expenses (see instructions)	,				94
.00 Time value of money for capital related expenses (see instructions)				-	
			Prior to 10/1		
		1	Prior to 10/1 1.00	On/After 10/1	
HSP Bonus Payment Amount		1	1.00	0n/After 10/1 2.00	
0.00 HSP bonus amount (see instructions)		I		0n/After 10/1 2.00	
0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment		1	1.00	0n/After 10/1 2.00 0	100
0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment 1.00 HVBP adjustment factor (see instructions)			1.00 0 0.0000000000	0n/After 10/1 2.00 0 0.0000000000	100
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<ul> <li>0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment</li> <li>1.00 HVBP adjustment factor (see instructions)</li> <li>2.00 HVBP adjustment amount for HSP bonus payment (see instruction HRR Adjustment for HSP Bonus Payment</li> </ul>			1.00 0 0.0000000000	0n/After 10/1 2.00 0 0.0000000000 0	100 101 102
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<ul> <li>0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment</li> <li>1.00 HVBP adjustment factor (see instructions)</li> <li>2.00 HVBP adjustment factor (see instructions)</li> <li>2.00 HVR adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment</li> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>6.00 Is this the first year of the current 5-year demonstration period.</li> <li>7.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir</li> <li>7.00 Medicare discharges (see instructions)</li> <li>8.00 Case-mix adjustment factor (see instructions)</li> <li>8.00 Case-mix adjustment factor (see instructions)</li> <li>8.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A,</li> <li>9.00 Adjustment to Medicare IPPS payments (see instructions)</li> <li>9.00 Reserved for future use</li> </ul>	s) ration) Adju riod under t e 49) first year first year ructions) line 59)	he 21st	1.00 0.000000000 0 0.0000 0	0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0 0 0 0 0 0 0 0 0 0 0	1000 1011 102 103 104 2000 201 202 203 206 207 208 209 2100
<ul> <li>0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment</li> <li>1.00 HVBP adjustment factor (see instructions)</li> <li>2.00 HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment (see instruction HRR adjustment factor (see instructions)</li> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst 0.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir 2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4.00 Medicare target amount</li> <li>5.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>5.00 Medicare number to Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see inst Adjustment to Medicare IPPS payments (see instructions)</li> <li>0.00 Medicare Part A inpatient Service costs (from Wkst. E, Pt. A, Adjustment to Medicare IPPS payments (see instructions)</li> <li>0.00 Reserved for future use</li> <li>0.01 Total adjustment to Medicare IPPS payments (see instructions)</li> <li>0.02 Comparision of PPS versus Cost Reimbursement</li> </ul>	is) ration) Adju rriod under t ne 49) first year rructions) line 59)	he 21st	1.00 0.000000000 0 0.0000 0	0n/After 10/1 2.00 0.000000000 0.0000 0.0000 0 0.0000 0 0 0 0 0 0 0 0 0 0 0 0	1000 1011 102 103 104 201 202 203 204 205 206 207 208 209 210 209 210
<ul> <li>0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment</li> <li>1.00 HVBP adjustment factor (see instructions)</li> <li>2.00 HVBP adjustment factor (see instructions)</li> <li>2.00 HRR adjustment for HSP Bonus Payment (see instruction HRR adjustment for HSP Bonus Payment (see instructions)</li> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst 0.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, lin 2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions)</li> <li>4.00 Medicare target amount</li> <li>5.00 Case-mix adjustment factor (see instructions)</li> <li>4.00 Medicare target amount</li> <li>5.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>6.00 Medicare part A inpatient service costs (from Wkst. E, Pt. A, Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see inst 8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 9.00 Adjustment to Medicare IPPS payments (see instructions)</li> <li>0.00 Reserved for future use</li> <li>1.00 Total adjustment to Medicare Part A IPPS payments (from line</li> </ul>	is) ration) Adju rriod under t ne 49) first year rructions) line 59)	he 21st	1.00 0.000000000 0 0.0000 0	0n/After 10/1 2.00 0 0.000000000 0 0.0000 0 0 0 0 0 0 0 0 0 0 0 0	100 101 102 103 104 200 201 202 203 204 205 206 207 208 209 210 211
<ul> <li>0.00 HSP bonus amount (see instructions) HVBP Adjustment for HSP Bonus Payment</li> <li>1.00 HVBP adjustment factor (see instructions)</li> <li>2.00 HVBP adjustment for HSP Bonus Payment (see instruction HRR Adjustment for HSP Bonus Payment (see instruction HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions Rural Community Hospital Demonstration Project (§410A Demonst 0.00 Is this the first year of the current 5-year demonstration per Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>1.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, Iir 2.00 Medicare discharges (see instructions)</li> <li>3.00 Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in period)</li> <li>4.00 Medicare target amount</li> <li>5.00 Case-mix adjusted target amount (line 203 times line 204)</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>7.00 Program reimbursement under the §410A Demonstration (see inst 8.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, 9.00 Adjustment to Medicare IPPS payments (see instructions)</li> <li>0.00 Reserved for future use</li> <li>1.00 Total adjustment to Medicare IPPS payments (see instructions)</li> </ul>	s) ration) Adju rriod under t ne 49) first year rructions) line 59)	of the curre	1.00 0.000000000 0 0.0000 0	0n/After 10/1 2.00 0.000000000 0.0000 0.0000 0 0.0000 0 0 0 0 0 0 0 0 0 0 0 0	100 101 102 103 104 200 201 202 203 204 205 206 207 208 209 210 211

.UW VC	DLUME CALCULATION EXHIBIT 4			Provider C		Period:	Worksheet E	
						From 07/01/2018 To 06/30/2019	Date/Time Pre	pare
				Title	XVIII	Hospi tal	11/25/2019 4:0 PPS	<u>υz</u> μ
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
00	DRG amounts other than outlier payments	1.00	0	0		0 0		
01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1. 01	9, 239, 445	0	9, 239, 44	5	9, 239, 445	1.
02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26, 667, 215	0		26, 667, 215	26, 667, 215	1
03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	0	1
04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1
00	Outlier payments for discharges (see instructions)	2.00	524, 082	0		0 524, 082	524, 082	2
01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0		o o	0	2
00	Operating outlier reconciliation	2.01	0	0		o o	0	3
00	Managed care simulated payments Indirect Medical Education Adju	3. 00	0	0		0 0	0	4
00	Amount from Worksheet E, Part	21.00	0. 000000	0. 000000	0.00000	0 0. 000000		5
00	A, line 21 (see instructions) IME payment adjustment (see	22.00	0	0		o o	0	6
01	instructions) IME payment adjustment for managed care (see	22.01	0	0		o o	0	6
	instructions)			1. 100 6 1				
00	Indirect Medical Education Adju IME payment adjustment factor	27.00	e Add-on for Se 0. 000000			0 0.00000		7
00	(see instructions) IME adjustment (see	28.00	0	0		0 0		
01	instructions) IME payment adjustment add on	28.01	0	0		0 0		
	for managed care (see instructions)							
00	Total IME payment (sum of lines 6 and 8)	29.00	0	0		0 0		
01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0		0 0	0	Ģ
. 00	Disproportionate Share Adjustme Allowable disproportionate	33.00	0. 2200	0. 2200	0. 220	0 0. 2200		10
. 50	share percentage (see instructions)	55.00	0. 2200	0.2200	0.220	0.2200		
. 00	Disproportionate share adjustment (see instructions)	34.00	1, 974, 867	0	508, 17	0 1, 466, 697	1, 974, 867	11
. 01	Uncompensated care payments	36.00	4, 282, 266	0		0 5, 186, 449	5, 186, 449	11
. 00	Additional payment for high per Total ESRD additional payment	46.00	RD beneficiary 0	di scharges 0		0 0	0	12
. 00	(see instructions) Subtotal (see instructions)	47.00	42, 687, 875	0	9, 747, 61	5 32, 940, 260	42, 687, 875	13
. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	48.00	0	0		0 0		14
. 00	(see instructions) Total payment for inpatient operating costs (see	49.00	42, 687, 875	0	9, 747, 61	5 32, 940, 260	42, 687, 875	15
. 00	instructions) Payment for inpatient program capital (from Wkst. L, Pt. I,	50.00	3, 215, 537	0	828, 88	3 2, 386, 654	3, 215, 537	16
. 00	if applicable) Special add-on payments for new technologies	54.00	0	0		0 0	0	17
7. 01 7. 02	Net organ aquisition cost Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0		o o	0	17 17

Heal th	Financial Systems		INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
LOW VO	LUME CALCULATION EXHIBIT 4			Provider C	F	Period: From 07/01/2018 To 06/30/2019		pared:
					XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01		
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	(	0	0	18.00
19 00	SUBTOTAL			0	10, 576, 498	3 35, 326, 914	45, 903, 412	19 00
19.00	JUDIOTAL	W/S L, line	(Amounts from L)	0	10, 370, 470	5 55, 520, 714	43, 703, 412	19.00
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1,00	2, 922, 004	0			2, 922, 004	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0	(		0	
21.00	Capital DRG outlier payments	2.00	48, 669	0	13, 316	35, 353	48, 669	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0	(	0 0	0	1
22.00	Indirect medical education percentage (see instructions)	5.00	0. 0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	(	0 0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0. 0838	0. 0838	0. 0838	0. 0838		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	244, 864	0	63, 060	181, 804	244, 864	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3, 215, 537	0	828, 883	3 2, 386, 654	3, 215, 537	26.00
		W/S E, Part A						
		line	Part A)					
	1	0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0. 000000			27.00
28. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A. Line)	70.96			(		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Ν					100. 00

HUSPI	TAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5			Period: From 07/01/2018 To 06/30/2019	Date/Time Prep 11/25/2019 4:0	pared:
		Wkst. E, Pt.	Amt. from	XVIII Period to	Hospital Period on	PPS Total (cols. 2	
		A, line	Wkst. E, Pt. A)	10/01	after 10/01	and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	9, 239, 445			9, 239, 445	1. 01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26, 667, 215		26, 667, 215	26, 667, 215	1. 02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1.03	0		0	0	1. 03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1.04	0		0	0	1. 04
2.00	October 1 Outlier payments for discharges (see instructions)	2.00	524, 082		0 524, 082	524, 082	2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2.02	0		0 0	0	2. 01
3.00	Operating outlier reconciliation	2.01	0		0 0		3.00
4.00	Managed care simulated payments	3.00	0		0 0	0	4.00
5.00	Indirect Medical Education Adjustment Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0. 000000	0.00000	0 0. 000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0		0 0	0	6.00
6. 01	IME payment adjustment for managed care (see instructions)	22.01	0		0 0	-	6. 01
	Indirect Medical Education Adjustment for the						
7.00	IME payment adjustment factor (see instructions)	27.00	0. 000000	0.00000	0 0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0		0 0	0	8.00
8. 01	IME payment adjustment add on for managed care (see instructions)	28.01	0		0 0	0	8. 01
9. 00 9. 01	Total IME payment (sum of lines 6 and 8) Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.00 29.01	0		0 0 0 0	0 0	9. 00 9. 01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0. 2200	0.220	0 0. 2200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1, 974, 867	508, 17	0 1, 466, 697	1, 974, 867	11.00
11. 01	Uncompensated care payments	36.00	4, 282, 266	955, 09	0 3, 327, 176	4, 282, 266	11.01
	Additional payment for high percentage of ESR						
12.00	Total ESRD additional payment (see instructions)	46.00	0		0 0	0	12.00
13.00	Subtotal (see instructions)	47.00	42, 687, 875	10, 702, 70	5 31, 985, 170	42, 687, 875	13.00
	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	48.00	0		0 0		14.00
15.00	instructions) Total payment for inpatient operating costs (see instructions)	49.00	42, 687, 875	10, 702, 70	5 31, 985, 170	42, 687, 875	15. 00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3, 215, 537	828, 88	3 2, 386, 654	3, 215, 537	16. 00
17. 00 17. 01	Special add-on payments for new technologies Net organ acquisition cost	54.00	0		0 0	0	17. 00 17. 01
17.02	0	68.00	0		0 0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0		0 0	0	18.00
19 00	SUBTOTAL			11, 531, 58	8 34, 371, 824	45, 903, 412	19.00

Health Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	TION EXHIBIT 5	Provider CO		Period: From 07/01/2018 To 06/30/2019		pared:
		Title	XVIII	Hospi tal	PPS	
	Wkst. L, line	(Amt. from Wkst. L)				
	0	1.00	2.00	3.00	4.00	
20.00 Capital DRG other than outlier	1.00	2, 922, 004	752, 50		2, 922, 004	20.00
20.01 Model 4 BPCI Capital DRG other than outlier	1.01	0	, 02, 0	0 0	0	
21.00 Capital DRG outlier payments	2.00	48, 669	13, 3 <sup>-</sup>	35, 353	48, 669	
21.01 Model 4 BPCI Capital DRG outlier payments	2.01	0		0 0	0	
22.00 Indirect medical education percentage (see	5.00	0.0000	0.000	0.0000		22.00
i nstructi ons)						
23.00 Indirect medical education adjustment (see instructions)	6.00	0		0 0	0	23.00
24.00 Allowable disproportionate share percentage (see instructions)	10.00	0. 0838	0. 083	0. 0838		24.00
25.00 Disproportionate share adjustment (see instructions)	11.00	244, 864	63, 00	50 181, 804	244, 864	25.00
26.00 Total prospective capital payments (see instructions)	12.00	3, 215, 537	828, 88	33 2, 386, 654	3, 215, 537	26.00
	Wkst. E, Pt.	(Amt. from				
	A, line	Wkst. E, Pt. A)				
	0	1.00	2.00	3.00	4.00	
27.00	0	1.00	2.00	3.00	4.00	27.00
28.00 Low volume adjustment prior to October 1	70, 96	0		0	0	
29.00 Low volume adjustment on or after October 1	70, 97	0		0	0	
30.00 HVBP payment adjustment (see instructions)	70, 93	40, 423	11, 85	50 28, 573	-	
30.01 HVBP payment adjustment for HSP bonus	70, 90	0	,	0 0	0	
payment (see instructions)	101.10			0		00101
31.00 HRR adjustment (see instructions)	70, 94	-94, 222	-70, 22	-24, 002	-94, 222	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 0	0	
					(Amt. to Wkst.	
					E, Pt. A)	
	0	1.00	2.00	3.00	4.00	
32.00 HAC Reduction Program adjustment (see instructions)	70. 99			0 343, 764	343, 764	32.00
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	In Lie Period: From 07/01/2018	Worksheet E	
			To 06/30/2019	Part B Date/Time Pre	
		Title XVIII	Hospi tal	11/25/2019 4: PPS	02 pr
			noopi tui		
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
00	Medical and other services (see instructions)			1, 800	
00	Medical and other services reimbursed under OPPS (see instruction	ons)		34, 529, 899	
00 00	OPPS payments Outlier payment (see instructions)			27, 107, 698 128, 520	
01	Outlier reconciliation amount (see instructions)			120, 320	
00	Enter the hospital specific payment to cost ratio (see instruct	i ons)		0.000	
00	Line 2 times line 5			0	6.
00 00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	
00	Ancillary service other pass through costs from Wkst. D, Pt. IV	. col. 13. line 200		167, 125	
. 00	Organ acqui si ti ons	,		0	10.
. 00	Total cost (sum of lines 1 and 10) (see instructions)			1, 800	11.
	COMPUTATION OF LESSER OF COST OR CHARGES				-
. 00	Ancillary service charges			11, 178	1 12.
. 00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, lin	e 69)		0	13.
. 00	Total reasonable charges (sum of lines 12 and 13)			11, 178	14.
00	Customary charges	mont for convious on	a charga bacilo	0	15.
. 00 . 00	Aggregate amount actually collected from patients liable for pay Amounts that would have been realized from patients liable for			0	
. 00	had such payment been made in accordance with 42 CFR §413.13(e)	pulyment for services (	on a onargobasi s	0	10.
. 00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	
. 00	Total customary charges (see instructions)	ifling 10 overede li	no 11) (coo	11, 178	
. 00	Excess of customary charges over reasonable cost (complete only instructions)	IT TIME 18 exceeds T	ne II) (see	9, 378	19.
. 00	Excess of reasonable cost over customary charges (complete only	ifline 11 exceeds li	ne 18) (see	0	20.
	instructions)				
. 00	Lesser of cost or charges (see instructions)			1,800	
	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see instru-	ctions)		0	22. 23.
. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			27, 403, 343	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
. 00	Deductibles and coinsurance amounts (for CAH, see instructions)	24 (for CAU coo inct	suctions)	0 E 172 800	
. 00 . 00	Deductibles and Coinsurance amounts relating to amount on line : Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) pl	-	,	5, 172, 890 22, 232, 253	
	instructions)		] (	,,,	
. 00	Direct graduate medical education payments (from Wkst. E-4, line	e 50)		0	
00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
0. 00 . 00	Subtotal (sum of lines 27 through 29) Primary payer payments			22, 232, 253 2, 020	
	Subtotal (line 30 minus line 31)			22, 230, 233	
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES	S)			
	Composite rate ESRD (from Wkst. I-5, line 11)			0	
. 00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			892, 585 580, 180	
. 00	Allowable bad debts for dual eligible beneficiaries (see instru	ctions)		304, 444	
. 00	Subtotal (see instructions)			22, 810, 413	
	MSP-LCC reconciliation amount from PS&R			1, 165	
00 2.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39. 39.
. 97	Demonstration payment adjustment amount before sequestration			0	
. 98	Partial or full credits received from manufacturers for replace	d devices (see instru	ctions)	0	39.
. 99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.
0.00	Subtotal (see instructions)			22, 809, 248	
). 01 ). 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			456, 185 0	
	Interim payments			22, 815, 719	
. 00	Tentative settlement (for contractors use only)			0	42.
. 00	Balance due provider/program (see instructions)	a with CMC Dut 15 C	abanta: 1	-462, 656	
. 00	Protested amounts (nonallowable cost report items) in accordance §115.2	e with CMS Pub. 15-2,	cnapter 1,	175, 000	44.
	TO BE COMPLETED BY CONTRACTOR				1
	Original outlier amount (see instructions)			0	
. 00	Outlier reconciliation adjustment amount (see instructions)			0	
. 00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	
. 00				0	1 70.

CALCUL	Financial Systems INGALLS MEMORIAL ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Peri od:	u of Form CMS-: Worksheet E	2002-10
		Component CCN: 14-T191	From 07/01/2018 To 06/30/2019		
		Title XVIII	Subprovider - IRF	11/25/2019 4: PPS	uz pili
				1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1.00	Medical and other services (see instructions)			0	
2.00 3.00	Medical and other services reimbursed under OPPS (see instruc OPPS payments	ctions)		0	
4.00	Outlier payment (see instructions)			0	
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instru	uctions)		0.000	
6.00 7.00	Line 2 times line 5 Sum of lines 3, 4, and 4.01, divided by line 6			0 0.00	6.00 7.00
8.00	Transitional corridor payment (see instructions)			0	
9.00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 13, line 200		0	
10.00 11.00	Organ acquisitions Total cost (sum of lines 1 and 10) (see instructions)			0	
11.00	COMPUTATION OF LESSER OF COST OR CHARGES			0	1 11.00
	Reasonabl e charges				1
12.00	Ancillary service charges	ing (0)		0	
13.00 14.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, I Total reasonable charges (sum of lines 12 and 13)	The 69)		0	
	Customary charges			0	
15.00	Aggregate amount actually collected from patients liable for			0	
16.00	Amounts that would have been realized from patients liable for had such payment been made in accordance with 42 CFR §413.13(		on a chargebasis	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0. 000000	17.00
18.00	Total customary charges (see instructions)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete or	nlyifline 18 exceeds li	ne 11) (see	0	19.00
20.00	instructions) Excess of reasonable cost over customary charges (complete or	nlvifline 11 exceeds li	ne 18) (see	0	20.00
201 00	instructions)		10 10) (000	0	20100
21.00	Lesser of cost or charges (see instructions)			0	21.00
22.00 23.00	Interns and residents (see instructions) Cost of physicians' services in a teaching hospital (see inst	tructions)		0	22.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT			0	
25.00	Deductibles and coinsurance amounts (for CAH, see instruction	าร)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on lin			0	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) instructions)	plus the sum of lines 22	2 and 23] (see	0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, I	ine 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	
30.00	Subtotal (sum of lines 27 through 29)			0	
31.00 32.00	Primary payer payments Subtotal (line 30 minus line 31)			0	31.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVI	CES)			
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00 35.00	Allowable bad debts (see instructions) Adjusted reimbursable bad debts (see instructions)			0	34.00 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see inst	tructions)		0	
37.00	Subtotal (see instructions)			0	
38.00 39.00	MSP-LCC reconciliation amount from PS&R OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	38.00 39.00
39.00 39.50	Pioneer ACO demonstration payment adjustment (see instruction	ıs)		0	39.00
39. 97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for repla	aced devices (see instruc	tions)	0	39.98
39.99 40.00	RECOVERY OF ACCELERATED DEPRECIATION Subtotal (see instructions)			0	
40.00	Sequestration adjustment (see instructions)			0	
40.02	Demonstration payment adjustment amount after sequestration			0	
41.00 42.00	Interim payments Tentative settlement (for contractors use only)			0	41.00
42.00	Balance due provider/program (see instructions)			0	42.00
44.00	Protested amounts (nonallowable cost report items) in accorda §115.2	ance with CMS Pub. 15-2,	chapter 1,	0	44.00
	TO BE COMPLETED BY CONTRACTOR				1
	Original outlier amount (see instructions)			0	
91.00 92.00	Outlier reconciliation adjustment amount (see instructions) The rate used to calculate the Time Value of Money			0	91.00 92.00
92.00 93.00	Time Value of Money (see instructions)			0.00	
	Total (sum of lines 91 and 93)				94.00

ANALY	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019		oared:
		Title	XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00 2.00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		40, 549, 0 1, 497, 62		21, 618, 046 1, 197, 673	1.00 2.00
3.00	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) Program to Provider					3.00
3.01	ADJUSTMENTS TO PROVIDER			0	0	3. 01
3. 02				0	0	3. 02
3.03				0	0	3.03
3.04 3.05				0	0	3.04 3.05
3.05	Provider to Program			0	0	3.00
3.50	ADJUSTMENTS TO PROGRAM			0	0	3.50
3.51				0	0	3.51
3.52				0	0	3.52
3.53 3.54				0	0	3.53 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3.99
	3. 50-3. 98)					
4.00	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, 046, 63	33	22, 815, 719	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					5.00
5.01	TENTATI VE TO PROVIDER			0	0	5.01
5.02				0	0	5.02
5.03				0	0	5.03
5.50	Provider to Program TENTATIVE TO PROGRAM			0	0	5.50
5.50 5.51	IENTATIVE TO PROGRAM			0	0	5.50
5.52				0	0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5.99
6. 00	5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6. 01	SETTLEMENT TO PROVIDER			0	0	6. Oʻ
6.02	SETTLEMENT TO PROGRAM		1, 6		462, 656	6.02
7.00	Total Medicare program liability (see instructions)		42, 045, 01		22, 353, 063	7.00
		С		Contractor Number 1.00	NPR Date (Mo/Day/Yr) 2.00	
8.00	Name of Contractor	Ĺ		1.00	2.00	8.00

NALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider C	CN: 14-0191 CCN: 14-S191	Period: From 07/01/2018 To 06/30/2019		pared:
		Title	e XVIII	Subprovider - IPF	PPS	
		I npati er	nt Part A		rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
. 00 . 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero List separately each retroactive lump sum adjustment		985, 1	88 0	0	1.0 2.0 3.0
	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) Program to Provider					
01	ADJUSTMENTS TO PROVIDER			0	0	3.0
. 02				0	0	3.0
. 03				0	0	3.0
. 04 . 05				0	0	3. C 3. C
. 05	Provider to Program			0	0	5.0
50	ADJUSTMENTS TO PROGRAM			0	0	3. !
51				0	0	3.
52				0	0	-
53				0	0	3.
54	Subtatal (sum of lines 2 01 2 40 minus sum of lines			0	0	3.
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	0	3.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		985, 1	88	0	4. (
	TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.
	Program to Provider		1			
01	TENTATI VE TO PROVI DER			0	0	5.
02				0	0	
03				0	0	5.
50	Provider to Program TENTATIVE TO PROGRAM		1	0	0	-
50 51	TENTATIVE TO PROGRAM			0	0	5. 5.
52				0	0	5.
99	Subtotal (sum of lines 5.01–5.49 minus sum of lines 5.50–5.98)			0	0	5.
00	Determined net settlement amount (balance due) based on the cost report. (1)					6.
01	SETTLEMENT TO PROVIDER		50, 5	38	0	6.
02	SETTLEMENT TO PROGRAM			0	0	
00	Total Medicare program liability (see instructions)		1, 035, 7		0	7.
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	

ALYS	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CO	CN: 14-0191 CCN: 14-T191	Period: From 07/01/20 To 06/30/20		pared
		Title	XVIII	Subprovi der I RF		
		Inpatien	t Part A		art B	
		mm/dd/yyyy	Amount	mm/dd/yyyy		
		1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		10, 411, 7	14 0	0	2. (
00	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) Program to Provider					3. (
01	ADJUSTMENTS TO PROVIDER			0	0	3.
02				0	0	
03				0	0	
04 05				0	0	
55	Provider to Program		I	0	0	J J.
50	ADJUSTMENTS TO PROGRAM			0	0	3
51				0	0	3
52				0	0	
53				0	0	
54 99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	
99	3. 50-3. 98)			0	0	3
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10, 411, 7	14	0	4
	TO BE COMPLETED BY CONTRACTOR		1			
00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.
11	Program to Provider					۰.
)1 )2	TENTATI VE TO PROVI DER			0	0	
)2				0	0	
	Provider to Program		1	-1		1
50	TENTATI VE TO PROGRAM			0	0	
51				0	0	
52				0	0	
9	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			U	0	
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
01	SETTLEMENT TO PROVIDER		134, 8	69	0	
)2	SETTLEMENT TO PROGRAM			0	0	
00	Total Medicare program liability (see instructions)		10, 546, 5		0	7.
				Contractor Number	NPR Date (Mo/Day/Yr)	
		(	)	1.00	2.00	

Heal th	Financial Systems INGALLS ME	EMORIAL HOSPITAL	In Lie	u of Form CMS	5-2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019		repared:
		Title XVIII	Hospi tal	PPS	
				1.00	_
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPO				_
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCU		4.4		1 4 66
	Total hospital discharges as defined in AARA §4102 from		e 14		1.00
	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of line				2.00
1	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2				3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of line				4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line				5.00
	Total hospital charity care charges from Wkst. S-10, co				6.00
7.00	CAH only - The reasonable cost incurred for the purchas line 168	e of certified HIT technology	Wkst. S-2, Pt. I		7.00
8.00	Calculation of the HIT incentive payment (see instructi	ons)			8.00
9.00	Sequestration adjustment amount (see instructions)				9.00
10.00	Calculation of the HIT incentive payment after sequestr	ation (see instructions)			10.00
I	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instruction	s)			30.00
31.00	Other Adjustment (specify)	•			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30	and line 31) (see instruction	ns)		32.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Peri od:	Worksheet E-3	2552
		Component CCN: 14-S191	From 07/01/2018 To 06/30/2019	Part II Date/Time Pre 11/25/2019 4:	pare
		Title XVIII	Subprovider -	PPS	<u>02 p</u>
				1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS				
00	Net Federal IPF PPS Payments (excluding outlier, ECT, and m	nedical education payments)		1, 111, 255	] 1.
00	Net IPF PPS Outlier Payments			44, 510	
00	Net IPF PPS ECT Payments			0	
00	Unweighted intern and resident FTE count in the most recent	cost report filed on or b	efore November	0.00	4
01	15, 2004. (see instructions)	what for real dents that war	a diaplaced by	0.00	
01	Cap increases for the unweighted intern and resident FTE co program or hospital closure, that would not be counted with			0.00	4
	CFR §412. 424(d)(1)(iii)(F)(1) or (2) (see instructions)		ment under 42		
00	New Teaching program adjustment. (see instructions)			0.00	5
00	Current year's unweighted FTE count of I&R excluding FTEs i	n the new program growth p	eriod of a "new	0.00	
	teaching program" (see instuctions)				
00	Current year's unweighted I&R FTE count for residents withi	n the new program growth p	eriod of a "new	0.00	7
	teaching program" (see instuctions)				
00	Intern and resident count for IPF PPS medical education adj	ustment (see instructions)		0.00	
00	Average Daily Census (see instructions)			8. 394521	
. 00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised t	to the power of .5150 -1}.		0.000000	
. 00	Teaching Adjustment (line 1 multiplied by line 10).			0	
00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11	-		1, 155, 765	
. 00	Nursing and Allied Health Managed Care payment (see instruc	ction)		0	
	Organ acquisition (DO NOT USE THIS LINE) Cost of physicians' services in a teaching hospital (see in	octructions)		0	14
. 00	Subtotal (see instructions)			1, 155, 765	
. 00	Primary payer payments			1, 133, 703	
. 00	Subtotal (line 16 less line 17).			1, 155, 765	
. 00	Deducti bl es			97, 176	
. 00	Subtotal (line 18 minus line 19)			1, 058, 589	20
. 00	Coinsurance			53, 295	21
. 00	Subtotal (line 20 minus line 21)			1, 005, 294	22
00	Allowable bad debts (exclude bad debts for professional ser	rvices) (see instructions)		64, 634	23
. 00	Adjusted reimbursable bad debts (see instructions)			42, 012	
	Allowable bad debts for dual eligible beneficiaries (see in	nstructions)		6, 711	
00	Subtotal (sum of lines 22 and 24)			1, 047, 306	
00	Direct graduate medical education payments (from Wkst. E-4,	line 49)		0	27
00	Other pass through costs (see instructions)			9, 557	
. 00	Outlier payments reconciliation			0	29
00 50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructi	005)		0	30
. 99	Demonstration payment adjustment amount before sequestration	· · · · · · · · · · · · · · · · · · ·		0	
. 00	Total amount payable to the provider (see instructions)			1, 056, 863	
. 01	Sequestration adjustment (see instructions)			21, 137	
02	Demonstration payment adjustment amount after sequestration	J		21,107	
	Interim payments			985, 188	
00	Tentative settlement (for contractor use only)			0	
. 00	Balance due provider/program (line 31 minus lines 31.01, 31	1.02, 32 and 33)		50, 538	34
. 00	Protested amounts (nonallowable cost report items) in accor §115.2	dance with CMS Pub. 15-2,	chapter 1,	0	35
	TO BE COMPLETED BY CONTRACTOR				
. 00	Original outlier amount from Worksheet E-3, Part II, line 2	2		44, 510	
. 00	Outlier reconciliation adjustment amount (see instructions)			0	
. 00	The rate used to calculate the Time Value of Money			0.00	52

	Financial Systems INGALLS MEMORIA			u of Form CMS-2	2552
ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Pre	oar
		•		11/25/2019 4:	
		Title XVIII	Subprovider -	PPS	
			-	1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		1		
00	Net Federal PPS Payment (see instructions)			8, 632, 994	1
00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0435	2
00 00	Inpatient Rehabilitation LIP Payments (see instructions)			323, 737	3
00	Outlier Payments Unweighted intern and resident FTE count in the most recent of	cost concrting poriod on	ding on or prior	1, 820, 482 0. 00	2
	to November 15, 2004 (see instructions)	1 5 1	5 1	0.00	
01	Cap increases for the unweighted intern and resident FTE cour program or hospital closure, that would not be counted withou CFR $\frac{12}{24}(d)(1)(iii)(F)(1)$ or (2) (see instructions)			0.00	Ę
00	New Teaching program adjustment. (see instructions)			0.00	e
00	Current year's unweighted FTE count of I&R excluding FTEs in	the new program growth p	eriod of a "new	0.00	7
00	teaching program" (see instructions) Current year's unweighted I&R FTE count for residents within	the new program growth p	eriod of a "new	0.00	8
00	teaching program" (see instructions) Intern and resident count for IRF PPS medical education adjus	stment (see instructions)		0.00	¢
. 00	Average Daily Census (see instructions)			25.695890	1(
. 00	Teaching Adjustment Factor (see instructions)			0.000000	
. 00	Teaching Adjustment (see instructions)			0.000000	1:
. 00	Total PPS Payment (see instructions)			10, 777, 213	1:
. 00	Nursing and Allied Health Managed Care payments (see instruct	tion)		0	14
. 00	Organ acquisition (DO NOT USE THIS LINE)				1!
. 00	Cost of physicians' services in a teaching hospital (see inst	tructions)		0	10
. 00	Subtotal (see instructions)			10, 777, 213	1
. 00	Primary payer payments			0	18
. 00	Subtotal (line 17 less line 18).			10, 777, 213	
. 00	Deductibles			17, 588	
. 00	Subtotal (line 19 minus line 20)			10, 759, 625	
. 00	Coinsurance			54, 182	
. 00	Subtotal (line 21 minus line 22)	cos) (coo instructions)		10, 705, 443	
. 00	Allowable bad debts (exclude bad debts for professional servi Adjusted reimbursable bad debts (see instructions)	ces) (see instructions)		20, 433 13, 281	24 2!
. 00	Allowable bad debts for dual eligible beneficiaries (see inst	tructions)		2, 680	2
. 00 . 00	Subtotal (sum of Lines 23 and 25)			10, 718, 724	2
. 00	Direct graduate medical education payments (from Wkst. E-4, I	ine 49)		10, 710, 724	28
0.00	Other pass through costs (see instructions)			43, 095	
. 00	Outlier payments reconciliation			0	30
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	3
. 50	Pioneer ACO demonstration payment adjustment (see instruction	าร)		0	3
. 99	Demonstration payment adjustment amount before sequestration			0	31
. 00	Total amount payable to the provider (see instructions)			10, 761, 819	
. 01	Sequestration adjustment (see instructions)			215, 236	
. 02	Demonstration payment adjustment amount after sequestration			0	
. 00	Interim payments			10, 411, 714	
. 00	Tentative settlement (for contractor use only)			0	34
5.00	Balance due provider/program (line 32 minus lines 32.01, 32.0		-h d	134, 869	35
6. 00	Protested amounts (nonallowable cost report items) in accorda §115.2	ance with CMS Pub. 15-2,	cnapter I,	13, 395	36
0.00	TO BE COMPLETED BY CONTRACTOR			1 000 400	E/
). 00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1, 820, 482	
2.00	Outlier reconciliation adjustment amount (see instructions)			0	5
	The rate used to calculate the Time Value of Money			0. 00 0	) ⊃∠

	Financial Systems INGALLS MEMORIAL			u of Form CMS-2	
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019		pared:
		Title XIX	Hospi tal	Cost	
			Inpati ent	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER COMPUTATION OF NET COST OF COVERED SERVICES	VICES FOR TITLES V OR X	X SERVICES		
1.00	Inpatient hospital/SNF/NF services		5, 597, 313		1.00
2.00	Medical and other services		0,077,010	0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5, 597, 313	0	4.00
5.00	Inpatient primary payer payments		0	_	5.00
6.00	Outpatient primary payer payments		F F07 010	0	
7.00	Subtotal (line 4 less sum of lines 5 and 6) COMPUTATION OF LESSER OF COST OR CHARGES		5, 597, 313	0	7.00
	Reasonable Charges				
8.00	Routi ne servi ce charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
12 00	CUSTOMARY CHARGES		0	0	12.00
13.00	Amount actually collected from patients liable for payment for basis	services on a charge	0	0	13.00
14.00	Amounts that would have been realized from patients liable for	payment for services o	n 0	0	14.00
11.00	a charge basis had such payment been made in accordance with 4			0	11.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	- ()	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete onl	y if line 16 exceeds	0	0	17.00
10.00	line 4) (see instructions)	vifling 4 avoada lin	E E07 212	0	10.00
18.00	Excess of reasonable cost over customary charges (complete onl 16) (see instructions)	y II IIne 4 exceeds IIn	e 5, 597, 313	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instr	ructions)	0	0	
21.00	Cost of covered services (enter the lesser of line 4 or line 1		0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be	completed for PPS provi	ders.		
22.00	Other than outlier payments		0	0	
23.00	Outlier payments		0	0	23.00
24.00 25.00	Program capital payments Capital exception payments (see instructions)		0		24.00 25.00
26.00	Routine and Ancillary service other pass through costs		0	0	
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		5, 597, 313	0	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	
32.00	Deducti bl es Coi nsurance		0	0	
	Allowable bad debts (see instructions)		0	0	
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	1 33)	0	0	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	
41.00	Interim payments		0	0	
42.00	Balance due provider/program (line 40 minus line 41) Protested amounts (nonallowable cost report items) in accordar	aco with CMS Dub 15 0	0	0	
43.00	chapter 1, §115.2	ICE WILLII CIVIS PUD 13-2,	0	0	43.00
	Tenderer 1, 3110.2		1 I		1

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Period: From 07/01/2018	Worksheet E-3 Part VII	
		Component CCN: 14-S191	To 06/30/2019	Date/Time Pre 11/25/2019 4:	
		Title XIX	Subprovider -	Cost	
			Inpatient 1.00	Outpatient 2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SEF	RVICES FOR TITLES V OR X		2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
00	Inpatient hospital/SNF/NF services		363, 716		1 1
00	Medical and other services			0	2
00	Organ acquisition (certified transplant centers only)		0		3
00	Subtotal (sum of lines 1, 2 and 3)		363, 716	0	
00	Inpatient primary payer payments		0	_	5
00	Outpatient primary payer payments		0/0 74/	0	
00	otal (line 4 less sum of lines 5 and 6)		363, 716	0	7
	COMPUTATION OF LESSER OF COST OR CHARGES				4
00	Reasonable Charges		0		1.
00 00	Routine service charges Ancillary service charges		0	0	6
. 00	Organ acquisition charges, net of revenue		0	0	10
. 00	Incentive from target amount computation		0		11
. 00	Total reasonable charges (sum of lines 8 through 11)		0	0	
. 00	CUSTOMARY CHARGES				1 ''
. 00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13
	basi s			-	
. 00	Amounts that would have been realized from patients liable for	r payment for services o	n 0	0	14
	a charge basis had such payment been made in accordance with	42 CFR §413.13(e)			
. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000	0.00000	15
. 00	Total customary charges (see instructions)		0	0	10
. 00	Excess of customary charges over reasonable cost (complete onl	y if line 16 exceeds	0	0	1
	line 4) (see instructions)			_	
. 00	Excess of reasonable cost over customary charges (complete onl	y if line 4 exceeds lin	ie 363, 716	0	18
. 00	16) (see instructions) Interns and Residents (see instructions)		0	0	19
. 00	Cost of physicians' services in a teaching hospital (see inst	suctions)	0	0	
. 00	Cost of covered services (enter the lesser of line 4 or line 2		0	0	
. 00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be			0	
. 00	Other than outlier payments		0	0	22
. 00	Outlier payments		0	0	
. 00	Program capital payments		0		24
. 00	Capital exception payments (see instructions)		0		2!
. 00	Routine and Ancillary service other pass through costs		0	0	26
. 00	Subtotal (sum of lines 22 through 26)		0	0	27
. 00	Customary charges (title V or XIX PPS covered services only)		0	0	28
. 00	Titles V or XIX (sum of lines 21 and 27)		0	0	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				4
. 00	Excess of reasonable cost (from line 18)		363, 716	0	
. 00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	)	0	0	
	Deducti bl es		0	0	
. 00	Coinsurance		0	0	
. 00 . 00	Allowable bad debts (see instructions)		0	0	34
. 00	Utilization review Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	4 33)	0	0	
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	a 557	0	0	
. 00	Subtotal (line $36 \pm 1$ line $37$ )		0	0	
. 00	Direct graduate medical education payments (from Wkst. E-4)		0	0	30
. 00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	
. 00	Interim payments		0	0	
. 00	Balance due provider/program (line 40 minus line 41)		0	0	
. 00	Protested amounts (nonallowable cost report items) in accordar	nce with CMS Pub 15-2.	0	0	
	chapter 1, §115.2	· · · · -1	-	-	1.11

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Pre	
		Title XIX	Subprovi der -	11/25/2019 4: Cost	02
			I RF		
			Inpatient 1.00	Outpatient 2.00	-
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER	VICES FOR TITLES V OR X	I	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES				1
00	Inpatient hospital/SNF/NF services		448, 379		] 1
00	Medical and other services			0	2
00	Organ acquisition (certified transplant centers only)		0		3
00	Subtotal (sum of lines 1, 2 and 3)		448, 379	0	
00	Inpatient primary payer payments		0	0	5
00	Outpatient primary payer payments		440.070	0	
00	Subtotal (line 4 less sum of lines 5 and 6)		448, 379	0	7
	COMPUTATION OF LESSER OF COST OR CHARGES				-
00	Reasonable Charges Routine service charges		0		8
00	Ancillary service charges		0	0	
00	Organ acquisition charges, net of revenue		0	0	10
00	Incentive from target amount computation		0		11
00	Total reasonable charges (sum of lines 8 through 11)		0	0	
	CUSTOMARY CHARGES		- <u>-</u> 1		1
00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13
	basi s	-			
00	Amounts that would have been realized from patients liable for		n 0	0	14
	a charge basis had such payment been made in accordance with 4	12 CFR §413.13(e)			
00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.00000	0.00000	
00	Total customary charges (see instructions)		0	0	
00	Excess of customary charges over reasonable cost (complete onl	y if line 16 exceeds	0	0	17
00	line 4) (see instructions) Excess of reasonable cost over customary charges (complete onl	vifling 4 avgode lin	ie 448, 379	0	18
00	16) (see instructions)	y II IIIle 4 exceeds III	440, 379	0	
00	Interns and Residents (see instructions)		0	0	19
00	Cost of physicians' services in a teaching hospital (see instr	ructions)	0	0	
00	Cost of covered services (enter the lesser of line 4 or line 1	-	0	0	
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be				
00	Other than outlier payments	· · ·	0	0	22
00	Outlier payments		0	0	23
00	Program capital payments		0		24
00	Capital exception payments (see instructions)		0		25
00	Routine and Ancillary service other pass through costs		0	0	
00	Subtotal (sum of lines 22 through 26)		0	0	
00	Customary charges (title V or XIX PPS covered services only)		0	0	
00	Titles V or XIX (sum of lines 21 and 27)		0	0	29
00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		448, 379	0	1 20
00	Excess of reasonable cost (from line 18) Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		440, 379	0	
	Deductiblies		0	0	
00	Coinsurance		0	0	
00	Allowable bad debts (see instructions)		0	0	
00	Utilization review		0	Ũ	35
00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	1 33)	0	0	
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	-	0	0	
00	Subtotal (line 36 ± line 37)		0	0	
00	Direct graduate medical education payments (from Wkst. E-4)		0		30
00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	
00	Interim payments		0	0	
00	Balance due provider/program (line 40 minus line 41)		0	0	
00	Protested amounts (nonallowable cost report items) in accordar	nco with CMS Dub 15 2	0	0	43

ALANC	Financial Systems INGALLS MEMORI E SHEET (If you are nonproprietary and do not maintain	Provider CO		Period:	u of Form CMS-2 Worksheet G	
und-t nly)	ype accounting records, complete the General Fund column			rom 07/01/2018 o 06/30/2019		
		General Fund	Specific Purpose Fund	Endowment Fund	11/25/2019 4: Plant Fund	02 p
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS		[			
00	Cash on hand in banks	323, 701	0	-	0	
00	Temporary investments	0		-	0	2
00 00	Notes receivable Accounts receivable	139, 928, 077		-	0	
00	Other receivable	4, 580, 643	-	-	0	
00	Allowances for uncollectible notes and accounts receivable	-100, 548, 278		-	0	
00	Inventory	6, 321, 366		, i	0	
00	Prepaid expenses	4, 045, 245		-	0	
00	Other current assets	56, 675, 737	0	0 0	0	9
0. 00	Due from other funds	0	0	0 0	0	10
I. 00	Total current assets (sum of lines 1-10)	111, 326, 491	C	0	0	11
	FIXED ASSETS					
2.00	Land	6, 464, 807	C	-	0	12
3.00	Land improvements	3, 237, 115			0	13
	Accumulated depreciation	-867, 649		-	0	
	Buildings	159, 851, 648		-	0	15
6.00	Accumulated depreciation	-16, 040, 264		-	0	16
7.00	Leasehold improvements Accumulated depreciation	0		-	0	17
	Fixed equipment	0		, i	0	19
0.00	Accumulated depreciation	0		-	0	20
	Automobiles and trucks	166, 371		-	0	
	Accumulated depreciation	-96, 939	-	-	0	
	Major movable equipment	53, 014, 088		-	0	23
	Accumulated depreciation	-19, 072, 021		-	0	24
	Minor equipment depreciable	9, 611, 591	0	0 0	0	25
6. 00	Accumulated depreciation	-4, 834, 987	c	0 0	0	26
7.00	HIT designated Assets	0	C	0 0	0	27
	Accumulated depreciation	0	C	-	0	28
	Minor equipment-nondepreciable	0	( C		0	29
D. 00	Total fixed assets (sum of lines 12-29)	191, 433, 760		0 0	0	30
	OTHER ASSETS	151 000 501				
	Investments	156, 232, 536		-	0	
2.00 3.00	Deposits on leases Due from owners/officers	0			0	32
4.00	Other assets	4, 321, 708		, i i i i i i i i i i i i i i i i i i i	0	34
4.00 5.00	Total other assets (sum of lines 31-34)	160, 554, 244		-	0	35
6.00	Total assets (sum of lines 11, 30, and 35)	463, 314, 495		-	0	
0.00	CURRENT LIABILITIES	403, 314, 473			0	1 30
7.00	Accounts payable	14, 107, 923	0	0 0	0	37
B. 00	Salaries, wages, and fees payable	8, 581, 412			0	
9.00	Payroll taxes payable	85, 600		0 0	0	39
0. 00	Notes and loans payable (short term)	2, 890, 000	0	0 0	0	40
	Deferred income	0	c	0 0	0	41
2.00	Accelerated payments	0				42
3.00	Due to other funds	366, 381	C	0 0	0	
	Other current liabilities	36, 627, 435			0	
5.00	Total current liabilities (sum of lines 37 thru 44)	62, 658, 751	0	0 0	0	45
	LONG TERM LIABILITIES					ł
6.00	Mortgage payable	0	0		0	
7.00	Notes payable	98, 685, 923		, i i i i i i i i i i i i i i i i i i i	0	47
B. 00	Unsecured Loans			-	0	48
9.00 0.00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49)	17, 491, 782 116, 177, 705		-	0	50
	Total liabilities (sum of lines 45 and 50)	178, 836, 456		-	0	51
	CAPITAL ACCOUNTS	170,000,400		, U	0	1 "
2. 00	General fund balance	284, 478, 039				52
3.00	Specific purpose fund	20., 170, 007	0	)		53
4.00	Donor created - endowment fund balance - restricted			0		54
5.00	Donor created - endowment fund balance - unrestricted			0		55
6.00	Governing body created - endowment fund balance			0		56
7.00	Plant fund balance - invested in plant				0	
8.00	Plant fund balance - reserve for plant improvement,				0	
	replacement, and expansion					
9.00	Total fund balances (sum of lines 52 thru 58)	284, 478, 039	( C	0 0	0	
0. 00	Total liabilities and fund balances (sum of lines 51 and		0	0		60

Health Financial Systems	INGALLS MEMORIA	L HOSPITAL		In Lie	u of Form CMS-2	2552-10
STATEMENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet G-1 Date/Time Pre 11/25/2019 4:0	pared:
	General	Fund	Speci al	Purpose Fund	Endowment Fund	
	1.00	2.00	3.00	4.00	5.00	
1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 29)3.00Total (sum of line 1 and line 2)4.00FUND BAL TEMP RESTRICTED5.006.006.00	5, 494 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	286, 958, 579 -2, 087, 262 284, 871, 317 5, 494 284, 876, 811 398, 772 284, 478, 039			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ \end{array}$
sheet (line 11 minus line 18)	Endowment Fund	Plant	Fund			
	6.00	7.00	8,00	_		
1.00Fund balances at beginning of period2.00Net income (loss) (from Wkst. G-3, line 29)3.00Total (sum of line 1 and line 2)4.00FUND BAL TEMP RESTRICTED5.006.007.008.009.009.00	0	000000000000000000000000000000000000000	0.00	0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
<pre>10.00 10.00 11.00 Subtotal (line 3 plus line 10) 12.00 0THER TRANSFERS 13.00 14.00 15.00 16.00 17.00 18.00 Total deductions (sum of lines 12-17) 19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)</pre>	0 0 0 0	0 0 0 0 0 0		000000000000000000000000000000000000000		9.00         10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00         19.00

STATEN	IENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CC	N: 14-0191	Period: From 07/01/2018 To 06/30/2019		pared:
	Cost Center Description		Inpati ent	Outpati ent	Total	
	·		1.00	2.00	3.00	
	PART I – PATIENT REVENUES					
	General Inpatient Routine Services					
1.00	Hospi tal		101, 122, 97	71	101, 122, 971	1.0
2.00	SUBPROVIDER - IPF		5, 778, 56	68	5, 778, 568	2.0
3.00	SUBPROVIDER - IRF		13, 782, 07	70	13, 782, 070	3.0
4.00	SUBPROVI DER					4.0
5.00	Swing bed - SNF			0	0	5.0
6.00	Swing bed - NF			0	0	6.0
7.00	SKILLED NURSING FACILITY					7.0
B. 00	NURSING FACILITY					8.0
9.00	OTHER LONG TERM CARE					9.0
10.00	Total general inpatient care services (sum of lines 1-9)		120, 683, 60	)9	120, 683, 609	10.0
	Intensive Care Type Inpatient Hospital Services	<b>`</b>			•	1
11.00	I NTENSI VE CARE UNI T		12, 911, 20	06	12, 911, 206	11.0
12.00	CORONARY CARE UNI T					12.0
13.00	BURN INTENSIVE CARE UNIT					13.0
14.00	SURGICAL INTENSIVE CARE UNIT					14.0
15.00	OTHER SPECIAL CARE (SPECIFY)					15.0
16.00	Total intensive care type inpatient hospital services (sum of 11-15)	<sup>™</sup> lines	12, 911, 20	06	12, 911, 206	16.0
17.00	Total inpatient routine care services (sum of lines 10 and 16	5)	133, 594, 81	15	133, 594, 815	17.0
18.00	Ancillary services	·	366, 423, 67			18.0
19.00	Outpati ent servi ces			0 0	0	19.0
20.00	RURAL HEALTH CLINIC			0 0	0	20.0
21.00	FEDERALLY QUALIFIED HEALTH CENTER			0 0	0	21.0
22.00	HOME HEALTH AGENCY			9, 849, 717	9, 849, 717	22.0
23.00	AMBULANCE SERVICES					23.0
24.00	СМНС					24.0
25.00	AMBULATORY SURGICAL CENTER (D. P.)					25.0
26.00	HOSPI CE			0 4, 987, 734	4, 987, 734	26.0
27.00	OTHER (SPECIFY)			0 0	0	27.0
27.01	AMBULANCE REVENUE			0 2, 369, 152	2, 369, 152	27.0
27.02	MED/SERVICE CAR TRIPS			0 0	0	27.0
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3	3 to Wkst.	500, 018, 48	898, 322, 035	1, 398, 340, 522	28.0
	G-3, line 1)					
	PART II - OPERATING EXPENSES				1	
29.00	Operating expenses (per Wkst. A, column 3, line 200)			315, 927, 611		29.0
30.00	ADD (SPECIFY)			0		30.0
31.00				0		31.0
32.00				0		32.0
33.00				0		33.0
34.00				0		34.0
35.00				0		35.0
36.00	Total additions (sum of lines 30-35)			0		36.0
37.00	DEDUCT (SPECI FY)			0		37.0
38.00				0		38.0
39.00				0		39.0
40.00				0		40.0
41.00				0		41.0
42.00	Total deductions (sum of lines 37-41)			0		42.0
43.00	Total operating expenses (sum of lines 29 and 36 minus line 4	12) (+ronofor		315, 927, 611	1	43.0

Heal th	Financial Systems	INGALLS MEMORIAL	HOSPI TAL	In Lie	u of Form CMS-2	2552-10
	ENT OF REVENUES AND EXPENSES		Provider CCN: 14-0191	Period: From 07/01/2018 To 06/30/2019	Worksheet G-3 Date/Time Pre	
					11/25/2019 4:0	J2 pm
					1.00	
1.00	Total patient revenues (from Wkst. G-2	Part L. column 3. line	28)		1, 398, 340, 522	1.00
2.00	Less contractual allowances and discou				1,098,057,327	2.00
3.00	Net patient revenues (line 1 minus lin	e 2)			300, 283, 195	3.00
4.00	Less total operating expenses (from Wk	st. G-2, Part II, line 4	3)		315, 927, 611	4.00
5.00	Net income from service to patients (I	ne 3 minus line 4)	,		-15, 644, 416	5.00
	OTHER INCOME					
6.00	Contributions, donations, bequests, et	2			1, 027, 958	6.00
7.00	Income from investments				5, 621, 951	7.00
8.00	Revenues from telephone and other misc	ellaneous communication	servi ces		0	8.00
9.00	Revenue from television and radio serv	се			0	9.00
10.00	Purchase di scounts				0	10.00
11.00	Rebates and refunds of expenses				0	11.00
12.00	Parking lot receipts				0	12.00
13.00	Revenue from laundry and linen service				0	13.00
14.00	Revenue from meals sold to employees a	nd guests			0	14.00
15.00	Revenue from rental of living quarters				0	15.00
	Revenue from sale of medical and surgi		an patients		0	16.00
	Revenue from sale of drugs to other th				0	17.00
	Revenue from sale of medical records a				0	
	Tuition (fees, sale of textbooks, unif				0	
20.00	Revenue from gifts, flowers, coffee sh	ops, and canteen			0	
21.00	Rental of vending machines				0	
22.00	Rental of hospital space				3, 151, 409	
23.00	Governmental appropriations				0	
24.00	OTHER MISC REVENUE				0	211.00
24.01	OTHER NON-OPERATING GAINS				2, 187, 565	
24.02	OTHER OPERATING INCOME				746, 717	
	HHA & HOSPICE OTHER OPERATING & INVE				821, 550	
	Total other income (sum of lines 6-24)				13, 557, 150	
	Total (line 5 plus line 25)				-2, 087, 266	
27.00	RECONCILING ITEM					27.00
	Total other expenses (sum of line 27 a				- 4	
29.00	Net income (or loss) for the period (I	ne 26 minus line 28)			-2, 087, 262	29.00

Addl YSI 5 OF HISPITAL JASED HOW IFEALT ALERACY 0X3TS         Provider CDL 14.0191 (a) markshowi if a marksho	Heal th	Financial Systems		INGALLS MEMORI	AL_HOSPITAL		In Lie	u of Form CMS-	2552-10
HW CX:         14-743         To         06.973/019         Bateria Hite Prepared Journal Control (1997)         Description (2016)         Description (2016) <thdescription (2016)         <thdescription (2016)</thdescription </thdescription 	ANALYS	IS OF HOSPITAL-BASED HOME HEALT	H AGENCY COSTS		Provider C	CN: 14-0191		Worksheet H	
Intense interset         Seal arises         Employee         Intense interset         Provided with the search of the search					HHA CCN:	14-7435	To 06/30/2019	Date/Time Pre	pared:
Sal Ari es         Employen Envirous         Employen (numeros)         Employen (numeros)         Transportation (numeros)         Other Costs (numeros)         Intel (numeros)         Intel (numeros) <thintel (numeros)</thintel 									
Image: constraint of the second sec			Sal ari es	Employee	Transportati or	Contracted/P		Total (sum of	
Incol         2.00         3.00         4.00         5.00         6.00           1.00         Capital evister - Biog & Capital evister - Capital evister - Biog & Capital evister - Capital evistere - Ca				Benefits					
1.00         Capit Lif Related - Bidg, a Fixtures         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			1.00	2.00			5.00		
D         Fixtures         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D<									1
2.00         Capit Laf Rel atod - Movable Faul memort All Different on A Mail nemance of 0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>1.00</td> <td></td> <td></td> <td></td> <td>C</td> <td>)</td> <td>0</td> <td>O</td> <td>1.00</td>	1.00				C	)	0	O	1.00
3.00         Priant Depration & Maintenance         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	2.00	Capital Related - Movable			С	þ	0	0	2.00
4.00         Transportation         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	3 00		0	0	, c		0	0	3 00
HAX RELIGENERALE SERVICES			0	0	C		0 0	0	
6.00         Skilled Nursing Care         1, 474, 171         202, 639         67, 299         0         997         1, 745, 152         0         9974, 499         7, 00         98, 00         0ccupational Iherapy         17, 45, 152         0         9974, 499         7, 00         98, 00         0ccupational Iherapy         18, 949         25, 933         0         15, 031         0         224, 460         8, 00           0.00         Medical Social Services         37, 612         5, 543         2, 043         5, 842         0         51, 037         10, 00         16, 564         11, 00         10         0         0         0         0         0         0         0         0         0         0         0         0         0         0         10, 00         11, 85, 021         10, 00         11, 00         10, 00         11, 00         10, 00         10, 00         0         0         0         0         0         0         0         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00         10, 00	5.00		2, 059, 142	457, 195	C		0 901, 055	3, 417, 392	5.00
7.00         Physical Therapy         762, 663         110, 169         4, 975         26, 622         0         004, 409         7.00           9.00         Speech Pathol ogy         16, 826         1, 997         0         36, 633         0         55, 642         0         55, 642         0         55, 642         0         55, 642         0         55, 642         0         56, 642         0         56, 642         0         16, 656         11, 00         16, 656         11, 00         16, 656         11, 00         16, 656         11, 00         16, 656         11, 00         16, 656         11, 00         16, 656         11, 00         16, 656         11, 00         0         0         0         0         0         16, 656         11, 00         16, 56         11, 00         16, 56         11, 00         16, 56         11, 00         16, 56         11, 00         16, 56         11, 00         16, 56         11, 00         16, 50         16, 56         11, 00         16, 56         11, 00         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50         16, 50 <t< td=""><td>6.00</td><td></td><td>1, 474, 217</td><td>202, 639</td><td>67, 299</td><td></td><td>0 997</td><td>1, 745, 152</td><td>6,00</td></t<>	6.00		1, 474, 217	202, 639	67, 299		0 997	1, 745, 152	6,00
9.00         Speech Pathology         16.82e         1.997         0         36.635         0         55.468         9.00           11.00         Heat Isolal Social Sorial Social S	7.00	Physical Therapy	762, 863	110, 169	4, 975	26, 4	92 0	904, 499	7.00
10. 00         Medic al Social Sorvices         37, 612         5, 540         2, 043         5, 842         0         51, 037         10. 00           12. 00         Supplies (see instructions)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0									
11.00         Isome Heal th Aide         14.760         1.432         314         0         0         15.06         11.00           12.00         Supplies (see instructions)         0         0         0         0         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.25         226.26         28         204.86         1.45         0         0         0         0         0         0         0         0         0         0         0         0         0         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         10.00         12.00         16.20         16.20         16.20         16.20         16.20         16.20         16.20         16.20         16.20         16.20         16.20         10.00         10.00         10.00         10.20         10.20         10.20         10.22         220.20         10.01         10.22         10.22 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
13. 00         Drugs         0         0         0         0         0         0         13. 00         0         0         0         13. 00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	11.00		14, 760	1, 432	314	Ļ	0 0	16, 506	11.00
14.00         DME         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O         O </td <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td>			-	-					
15:00         Ione Dial ysis Aide Services         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <		5	-	-	-		-		
16.00         Respiratory Therapy         0         0         0         0         0         0         10         10         10           10.00         Private Duty Nursing         1,575,086         204,486         1,458         0         6,441         17.787,471         17.00           10.00         Hold IP Pronotion Activities         0         0         0         0         0         0         0         0         0         0         19.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td>			1			1			
17.00       Private Duty Nursing       1,575,086       204,486       1,68       0       6,441       1,787,471       17.00         18.00       Clinic       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0				-			-		
18.00         Clinic         0         0         0         0         0         0         0         18.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0		Private Duty Nursing	-	-	-		-	-	
20.00         Day Care Program         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0	0	C	D	0 0		
21.00         Home Delivered Meals Program         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         <				0					
23.00         Ail Others (specify)         0         0         0         0         0         0         0         23.00           24.00         Total (sum of lines 1-23)         6.129.002         1.009.301         76.069         84.000         1.134.752         8.433.234         24.00           24.00         Total (sum of lines 1-23)         Reclassified on         Reclassified Trial Balance (col. 6 +         Reclassified (col. 7)         Net Expenses (col. 7)         Net E		3	0	0	C		0 0	0	
23.50         Tel emedicine         0         0         0         0         0         0         0         0         0         0         23.50           24.00         Total (sum of lines 1-23)         6,129,002         Reclassified Trial Balance (col. 6 + col. 7)         Adjustments (col. 8 + col. col. 7)         Net Expenses for Al location (col. 8 + col. col. 7)         8,433,234         24.00           100         Capital Related - Bidg. & Fixtures         0         0         0         0         0         0         1.00           200         Capital Related - Bidg. & Fixtures         0         0         0         0         0         0         0         0         0         1.00           00         Plat Related - Movable Equipment         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0	0	C		0 0	0	
24.00         Total (sum of Lines 1-23)         6,129,002         1,009,391         7,009         84,000         1,134,752         8,433,234         24.00           Image: Construct Stress of Construct Str				0			0 0		
on         Trial Balance (col. 6) + (col. 6) + (col. 6) + (col. 8) + col. 9)         for Allocation (col. 8) + col. 9)           1.00         Capital Related - Bldg. & Fixtures         0         0         0         0         10.00           2.00         Capital Related - Bldg. & Fixtures         0         0         0         0         0         2.00           3.00         Plant Operation & Maintenance         0         0         0         0         3.00         9.00         3.818,485         5.00           4.00         Transportation         0         0         0         0         3.01         4.00           5.00         Administrative and General         0         3.417,392         401,093         3.818,485         5.00           HHA REIMBUSSABLE SERVICES         6.00         51,455         0         1.745,152         0         1.745,152         6.00           0.00         Occupational Therapy         0         229,460         229,460         8.00         9.00           9.00         Speech Pathology         0         226,259         1.100         10.00         11.00           10.00         Medical Social Services         0         0         0         0         12.00         12.00 <tr< td=""><td>24.00</td><td>Total (sum of lines 1-23)</td><td></td><td></td><td></td><td></td><td></td><td>8, 433, 234</td><td>24.00</td></tr<>	24.00	Total (sum of lines 1-23)						8, 433, 234	24.00
Control (Coll 6 + Coll 7)         (Coll 8 + coll 9)         (Coll 8 + coll 8)         (Coll 8)         (Coll 8)         (Coll 8)         (Coll 8)         (Coll 8)					Adj ustments				
The second sec				(col. 6 +		(col. 8 + co			
GENERAL SERVICE COST CENTERS         Image: Control of the service of the servi			7.00		9.00				-
Fixtures         Construction         Fixtures         Construction         Construction <thconstruction< th="">         Construction</thconstruction<>		GENERAL SERVICE COST CENTERS		0.00		10.00		<u> </u>	
2.00         Capital Related - Movable         0         0         0         0         2.00           Equipment         1ant Operation & Maintenance         0         0         0         0         0         0         3.00         1ant Operation & Maintenance         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	1.00		0	0	C		0		1.00
Equipment         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o         o	2.00		0	0	C		0		2.00
4.00         Transportation         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0									
5.00         Administrative and General         0         3,417,392         401,093         3,818,485         5.00           HHA REIMBURSABLE SERVICES			-	-			0		
6.00       Skilled Nursing Care       0       1,745,152       0       1,745,152       6.00         7.00       Physical Therapy       0       904,499       0       904,499       7.00         8.00       Occupational Therapy       0       229,460       0       229,460       8.00         9.00       Speech Pathol ogy       0       55,458       0       55,458       9.00         10.00       Medical Social Services       0       51,037       0       51,037       10.00         11.00       Home Heal th Aide       0       16,506       16,506       11.00       13.00         12.00       Supplies (see instructions)       0       226,259       0       226,259       12.00         13.00       Drugs       0       0       0       0       13.00         14.00       HA       NOREI MBURSABLE SERVICES       14.00       14.00         14.00       HA       NOREI MBURSABLE SERVICES       15.00       15.00       16.00         17.00       Private Duty Nursing       0       1,787,471       1,787,471       17.00       18.00         19.00       Heal th Promotion Activities       0       0       0       0       20.00					401, 093	3, 818, 4	85		
7.00         Physical Therapy         0         904, 499         0         904, 499         7.00           8.00         Occupational Therapy         0         229, 460         0         229, 460         8.00           9.00         Speech Pathology         0         55, 458         0         55, 458         9.00           10.00         Medical Social Services         0         51, 037         0         51, 037         10.00           11.00         Home Heal th Aide         0         16, 506         0         16, 506         11.00           12.00         Supplies (see instructions)         0         226, 259         0         226, 259         12.00           13.00         Drugs         0         0         0         0         14.00           HA         NONREI MBURSABLE SERVICES         15.00         15.00         16.00         15.00           14.00         Private Duty Nursing         0         1,787,471         1,787,471         17.00           18.00         Clinic         0         0         0         0         19.00           18.00         Clinic         0         0         0         0         19.00           19.00         Heal th Pro	6 00			1 745 150		1 745 1	FO		1 6 00
8.00         Occupational Therapy         0         229,460         229,460         8.00           9.00         Speech Pathology         0         55,458         0         55,458         9.00           10.00         Medical Social Services         0         51,037         0         51,037         10.00           11.00         Home Heal th Ai de         0         16,506         0         16,506         11.00           12.00         Supplies (see instructions)         0         226,259         0         226,259         12.00           13.00         Drugs         0         0         0         0         0         13.00           14.00         DME         0         0         0         0         0         15.00           16.00         Respiratory Therapy         0         0         0         0         15.00           16.00         Respiratory Therapy         0         0         0         0         17.00         1,787,471         17.00         1,787,471         17.00         19.00         19.00           10.00         Heal th Promotion Activities         0         0         0         0         20.00         21.00         20.00         21.00									
10.00       Medical Social Services       0       51,037       0       51,037       10.00         11.00       Home Heal th Aide       0       16,506       0       16,506       11.00         12.00       Supplies (see instructions)       0       226,259       0       226,259       12.00         13.00       Drugs       0       0       0       0       13.00         14.00       Meme Dial ysis Aide Services       0       0       0       0       14.00         HHA NONREI MBURSABLE SERVI CES         15.00       Home Dial ysis Aide Services       0       0       0       0       16.00         17.00       Pri vate Duty Nursing       0       1,787,471       0       1,787,471       17.00         18.00       Cl in ic       0       0       0       0       18.00         19.00       Heal th Promotion Activities       0       0       0       20.00       21.00         20.00       Day Care Program       0       0       0       0       21.00         22.00       Home Meals Program       0       0       0       22.00       22.00         23.00       All Others (speci fy)       0	8.00	Occupational Therapy	0						8.00
11.00       Home Heal th Ai de       0       16,506       0       16,506       11.00         12.00       Supplies (see instructions)       0       226,259       0       226,259       12.00         13.00       Drugs       0       0       0       0       13.00         14.00       DME       0       0       0       0       13.00         HHA NONREI MBURSABLE SERVICES         15.00       Home Di al ysis Ai de Services       0       0       0       0       16.00         17.00       Respiratory Therapy       0       0       0       0       16.00       16.00         17.00       Private Duty Nursing       0       1,787,471       1,787,471       1,787,471       17.00         18.00       Clinic       0       0       0       0       0       19.00         20.00       Day Care Program       0       0       0       0       20.00       20.00         21.00       Home Del i vered Meal S Program       0       0       0       0       21.00         22.00       All Others (specify)       0       0       0       0       22.00         23.00       23.00			0						
13.00       Drugs       0       0       0       0       13.00         14.00       DME       0       0       0       0       14.00         HHA NONREI MBURSABLE SERVI CES         15.00       Home Di al ysis Ai de Servi ces       0       0       0       15.00         16.00       Respi ratory Therapy       0       0       0       16.00       16.00         17.00       Pri vate Duty Nursing       0       1,787,471       1,787,471       17.00       18.00         19.00       Heal th Promotion Activities       0       0       0       0       19.00         20.00       Day Care Program       0       0       0       0       20.00         21.00       Home Del i vered Meals Program       0       0       0       22.00       22.00         23.00       Al I Others (specify)       0       0       0       23.00       23.50			0						
14.00         DME         0         0         0         0         14.00           HHA NONREI MBURSABLE SERVI CES           15.00         Home Di al ysis Ai de Servi ces         0         0         0         15.00         15.00           16.00         Respi ratory Therapy         0         0         0         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         16.00         17.00         17.787,471         0         1,787,471         17.00         1,787,471         17.00         18.00         19.00         20.00         20.00         20.00         20.00         21.00         20.00         21.00         20.00         21.00         21.00         22.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00			0				59		
HHA NONREI MBURSABLE SERVI CES         0         0         0         15.00           15.00         Home Di al ysis Ai de Servi ces         0         0         0         0         15.00           16.00         Respi ratory Therapy         0         0         0         0         16.00           17.00         Pri vate Duty Nursing         0         1,787,471         0         1,787,471         17.00           18.00         Cl i ni c         0         0         0         0         18.00           19.00         Heal th Promoti on Activities         0         0         0         19.00           20.00         Day Care Program         0         0         0         20.00           21.00         Home Del i vered Meal s Program         0         0         0         21.00           22.00         Home Maker Service         0         0         0         22.00         23.00         23.00         23.00         23.00         23.50         7el emedi ci ne         0         0         0         0         23.50				-			0		
16.00       Respiratory Therapy       0       0       0       16.00         17.00       Private Duty Nursing       0       1,787,471       0       1,787,471       17.00         18.00       Clinic       0       0       0       0       18.00       18.00         19.00       Heal th Promotion Activities       0       0       0       0       19.00         20.00       Day Care Program       0       0       0       20.00       20.00       21.00       20.00       21.00       22.00       23.00       23.00       23.00       23.00       23.50       Tel emedicine       0       0       0       0       23.50	11.00	HHA NONREI MBURSABLE SERVI CES				·L	<u> </u>		1
17.00       Private Duty Nursing       0       1,787,471       0       1,787,471       17.00         18.00       Clinic       0       0       0       0       18.00         19.00       Heal th Promotion Activities       0       0       0       0       19.00         20.00       Day Care Program       0       0       0       0       20.00         21.00       Home Delivered Meals Program       0       0       0       21.00         22.00       Homemaker Service       0       0       0       22.00         23.00       All Others (specify)       0       0       0       23.00         23.50       Tel emedicine       0       0       0       0       23.50				-	-				
18.00       Clinic       0       0       0       0       18.00         19.00       Heal th Promotion Activities       0       0       0       0       19.00         20.00       Day Care Program       0       0       0       0       20.00         21.00       Home Delivered Meals Program       0       0       0       21.00       22.00         22.00       Homemaker Service       0       0       0       22.00       23.00         23.00       All Others (specify)       0       0       0       23.00       23.50				-			-		
20.00         Day Care Program         0         0         0         0         20.00           21.00         Home Delivered Meals Program         0         0         0         0         21.00           22.00         Homemaker Service         0         0         0         0         22.00           23.00         All Others (specify)         0         0         0         0         23.00           23.50         Tel emedicine         0         0         0         0         23.50	18.00	Clinic	0	0	C	)	0		18.00
21.00       Home Delivered Meals Program       0       0       0       21.00         22.00       Homemaker Service       0       0       0       22.00         23.00       All Others (specify)       0       0       0       23.00         23.50       Tel emedicine       0       0       0       0       23.50			0	0			0		
22.00       Homemaker Service       0       0       0       22.00         23.00       Al I Others (specify)       0       0       0       23.00         23.50       Tel emedicine       0       0       0       23.50		3	0	0			ŏ		
23.50         Tel emedicine         0         0         0         23.50			0	0	C		0		
			0	-		)	0		
					401, 093	8, 834, 3	27		

Heal th	Financial Systems		INGALLS MEMORIA	AL HOSPITAL		In Lie	u of Form CMS-	2552-10
	LLOCATION - HHA GENERAL SERVICE	COST			CN: 14-0191	Period: From 07/01/2018	Worksheet H-1	
				HHA CCN:	14-7435	To 06/30/2019	Date/Time Pre	pared:
						Home Health	11/25/2019 4: PPS	<u>02 pm</u>
						Agency I		
			Capital Rela	ated Costs				
		Net Expenses	BI dgs &	Movable	Plant	Transportati on		1
		for Cost Allocation	Fixtures	Equi pment	Operation & Maintenance		(cols. 0-4)	
		(from Wkst. H,						
		<u>col. 10)</u> 0	1.00	2.00	3.00	4.00	4A. 00	
	GENERAL SERVICE COST CENTERS		1.00	2.00		4.00	47.00	
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable	0		C			0	2.00
3.00	Equipment Plant Operation & Maintenance	0	0			0	0	3.00
3.00 4.00	Transportation	0	0	C		0 0		4.00
5.00	Administrative and General	3, 818, 485	0	C		0 0	3, 818, 485	5.00
6.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	1, 745, 152	0	C		0 0	1, 745, 152	6.00
7.00	Physical Therapy	904, 499	Ō	C		0 0	904, 499	7.00
8.00 9.00	Occupational Therapy Speech Pathology	229, 460 55, 458	0	C		0 0	229, 460 55, 458	•
9.00 10.00	Medical Social Services	51, 037	0	C		0 0	51, 037	•
11.00	Home Health Aide	16, 506	0	C		0 0	16, 506	1
12.00 13.00	Supplies (see instructions) Drugs	226, 259 0	0	C		0 0	226, 259 0	1
14.00	DME	0	0	C		0 0		•
15.00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	o	C		0 0	0	15.00
16.00	Respiratory Therapy	0	0	C		0 0		
17.00	Private Duty Nursing	1, 787, 471	О	C		0 0	1, 787, 471	•
18. 00 19. 00	Clinic Health Promotion Activities	0	0	C		0 0		
20.00	Day Care Program	0	0	C		0 0	0	
21.00	Home Delivered Meals Program	0	0	C		0 0	0	
22.00 23.00	Homemaker Service All Others (specify)	0	0					
23.50	Tel emedi ci ne	0	Ō	C		0 0	0	23.50
24.00	Total (sum of lines 1-23)	8, 834, 327 Admi ni strati ve	0 Total (cols	C	)	0 0	8, 834, 327	24.00
		& General	4A + 5)					
		5.00	6.00					
1.00	GENERAL SERVICE COST CENTERS Capital Related - Bldg. &							1.00
0.00	Fixtures							0.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00 5.00	Transportation Administrative and General	3, 818, 485						4.00 5.00
	HHA REIMBURSABLE SERVICES	1						
6.00 7.00	Skilled Nursing Care Physical Therapy	1, 121, 165 647, 938	2, 866, 317 1, 552, 437					6.00 7.00
7.00 8.00	Occupational Therapy	148, 029	377, 489					8.00
9.00	Speech Pathology	27, 636	83, 094					9.00
10. 00 11. 00	Medical Social Services Home Health Aide	53, 674 47, 129	104, 711 63, 635					10.00 11.00
12.00	Supplies (see instructions)	145, 866	372, 125					12.00
13.00	Drugs	0	0					13.00
14.00	DME HHA NONREI MBURSABLE SERVI CES	0	0					14.00
15.00	Home Dialysis Aide Services	0	0					15.00
16. 00 17. 00	Respiratory Therapy Private Duty Nursing	0 1, 627, 048	0 3, 414, 519					16.00 17.00
18.00	Clinic	0	3, 414, 519					18.00
19.00	Health Promotion Activities	0	0					19.00
20. 00 21. 00	Day Care Program Home Delivered Meals Program	0	0					20.00 21.00
22.00	Homemaker Service	0	0					22.00
	All Others (specify)	0	o					23.00
23.50 24.00	Telemedicine Total (sum of lines 1-23)	0	0 8, 834, 327					23.50 24.00

	Financial Systems		INGALLS MEMORI			In Lie	u of Form CMS-2	2552-10
COST A	ALLOCATION - HHA STATISTICAL BAS	SI S		Provider CO HHA CCN:	CN: 14-0191 14-7435	Period: From 07/01/2018 To 06/30/2019	Worksheet H-1 Part II Date/Time Pre 11/25/2019 4:	pared:
						Home Health Agency I	PPS	
		Capital Rel	ated Costs					
		BIdgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)		Transportati (MI LEAGE)	onReconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	(SQUARE FEET) 3.00	4.00	5A. 00	5.00	
	GENERAL SERVICE COST CENTERS	1.00	2.00	0.00	1.00	0/1.00	0.00	
1.00	Capital Related - Bldg. &	0				0		1.00
2.00	Fixtures Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0		0		4.00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	0	0		0 -3, 818, 485	5, 923, 004	5.00
6.00	Skilled Nursing Care	0	0	0		0 -6, 068	1, 739, 084	6.00
7.00	Physical Therapy	0	0	0		0 100, 544	1,005,043	7.00
8.00	Occupational Therapy	0	0	0		0 153		
9.00	Speech Pathol ogy	0	0	0		0 -12, 590		
10.00	Medical Social Services	0	0	0		0 32, 219		
11.00	Home Health Aide	0	0	0		0 56, 598		
12.00	Supplies (see instructions)	0	0	0		0 0	226, 259	
13.00 14.00	Drugs DME	0	-	-		0 0	-	
14.00	HHA NONREI MBURSABLE SERVI CES	0	0	0		0 0	0	14.00
15.00	Home Dialysis Aide Services	0	0	0		0 0	0	15.00
16.00	Respiratory Therapy	0	-			0 0		1
17.00	Private Duty Nursing	0	0	0		0 736, 306	2, 523, 777	
18.00	Clinic	0	0	0		0 0	0	
19.00	Health Promotion Activities	0	0	0		0 0	0	19.00
20.00	Day Care Program	0	0	0		0 0	0	20.00
21.00	Home Delivered Meals Program	0	0	0		0 0	0	21.00
22.00	Homemaker Service	0	0	0		0 0	0	22.00
23.00	All Others (specify)	0	0	0		0 0	0	23.00
23.50	Tel emedi ci ne	0	0	0		0 0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0		0 -2, 911, 323	5, 923, 004	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0		0	3, 818, 485	
26.00	Unit Cost Multiplier	0. 000000	0. 000000	0. 000000	0. 0000	00	0. 644687	26.00

LLOCA	TION OF GENERAL SERVICE COSTS T	O HHA COST CEN	TERS	Provider C	CN: 14-0191	Peri od:	Worksheet H-2	
				HHA CCN:	14-7435	From 07/01/2018 To 06/30/2019	Part I Date/Time Pre 11/25/2019 4:	pare 02
						Home Health Agency I	PPS	
			CAPITAL REL	ATED COSTS				
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS		ADMI NI STRATI VE & GENERAL	
		0	1.00	2.00	DEPARTMENT 4.00	4A	5.00	
00	Administrative and General	0	102, 305				22, 082	1
00	Skilled Nursing Care	2, 866, 317	0	0			1, 033, 270	
00	Physical Therapy	1, 552, 437	0	0			597, 142	
00	Occupational Therapy	377, 489	0	0			136, 424	
00	Speech Pathology	83, 094	0	0	3,8		25, 470	
00 00	Medical Social Services Home Health Aide	104, 711 63, 635	0	0	8, 5: 3, 3		49, 466 43, 434	
00 00	Supplies (see instructions)	372, 125	0	0		0 372, 125	129, 104	
00	Drugs	572, 125	0	0		0 372, 123	0	
00	DME	0	0	0		0 0	0	
00	Home Dialysis Aide Services	0	0	0		0 0	0	
00	Respiratory Therapy	o o	Ő	0		0 0	0	
00	Private Duty Nursing	3, 414, 519	0	0	356, 8	70 3, 771, 389	1, 499, 494	1:
00	Clinic	0	0	0		0 0	0	1
00	Health Promotion Activities	0	0	0		0 0	0	1!
00	Day Care Program	0	0	0		0 0	0	10
00	Home Delivered Meals Program	0	0	0		0 0	0	
00	Homemaker Service	0	0	0		0 0	0	18
00	All Others (specify)	0	0	0		0 0	0	
50	Tel emedi ci ne	0	0	0		0 0	0	19
00	Total (sum of lines 1-19) (2)	8, 834, 327	102, 305	0	1, 388, 6		3, 535, 886	
. 00	Unit Cost Multiplier: column					0. 000000		21
	26, line 1 divided by the sum of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.							
	Cost Center Description	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPI N	G DI ETARY	CAFETERI A	
		REPAI RS		LINEN SERVICE	0.00	10.00	11.00	
00	Administrative and General	6.00 71,418	7.00 219,248	8.00	9.00 96,5	10.00	11.00 39,571	1
00	Skilled Nursing Care	,1,410	217, 240	0		0 0	0	
0	Physical Therapy	0	0	0		0 0	0	
0	Occupational Therapy	l o	Ő	0		0 0	0	
0	Speech Pathol ogy	0	0	0		0 0	0	
0	Medical Social Services	0	0	0		0 0	0	
0	Home Health Aide	0	0	0		0 0	0	
0	Supplies (see instructions)	0	0	0		0 0	0	
0	Drugs	0	0	0		0 0	0	
	DME	0	0	0		0 0	0	
00	Home Dialysis Aide Services	0	0	0		U 0	0	
00	Respiratory Therapy	0	0	0		0 0	0	
00	Private Duty Nursing	0	0	0		0 0 0 0	0	
00 00	Clinic Health Promotion Activities		0	0			0	
00	Day Care Program		0	0		0 0	0	
00	Home Delivered Meals Program		0	0		0 0	0	
00	Homemaker Service	0	0	0		0 0	0	
00	All Others (specify)	0	0	0		0 0	0	
50	Tel emedi ci ne	0	0	0		0 0	0	
00	Total (sum of lines 1-19) (2)	71, 418	219, 248	0	96, 5	21 0	39, 571	
. 00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus							21
	column 26, line 1, rounded to 6 decimal places.							

(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.

Heal th	Financial Systems		INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-:	2552-10
	TION OF GENERAL SERVICE COSTS	TO HHA COST CEN		Provider C	CN: 14-0191	Period: From 07/01/2018	Worksheet H-2	
				HHA CCN:	14-7435	To 06/30/2019		pared: 02 pm
						Home Health Agency I	PPS	
	Cost Center Description	MAINTENANCE OF		CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE	
		PERSONNEL	ADMI NI STRATI ON	SERVICES & SUPPLY		RECORDS & LI BRARY		
1.00	Admini at native and Cananal	12.00 0	13.00	14.00	15.00	16.00 0 0	17.00	1.00
1.00 2.00	Administrative and General Skilled Nursing Care		-	0				
3.00	Physical Therapy	0	0	0	1	0 0	-	
4.00 5.00	Occupational Therapy Speech Pathology	0	0	0			0	
6.00	Medical Social Services		0	0		0 0	0	
7.00	Home Health Aide	0	0	0	1	0 0	0	
8.00 9.00	Supplies (see instructions) Drugs	0	0	0			0	
10.00	DME		0	0		0 0	-	
11.00	Home Dialysis Aide Services	0	0	0		0 0	-	
12.00 13.00	Respiratory Therapy Private Duty Nursing		0	0			0	
14.00	Clinic		0	0		0 0	0	
15.00	Health Promotion Activities	0	0	0		0 0	-	
16.00 17.00	Day Care Program Home Delivered Meals Program		0	0			0	
18.00	Homemaker Service		0	0		0 0	0	
19.00	All Others (specify)	0	0	0		0 0	-	
19. 50 20. 00	Telemedicine Total (sum of lines 1-19) (2)		0	0			0	
21.00	Unit Cost Multiplier: column		, , , , , , , , , , , , , , , , , , ,					21.00
	26, line 1 divided by the sum of column 26, line 20 minus							
	column 26, line 1, rounded to							
_	6 decimal places.				RESI DENTS			
	Cost Center Description	NONPHYSI CI AN ANESTHETI STS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTH PRGM COSTS	ER PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	
		10.00	20.00	APPRV	APPRV	22.00	22.01	
1.00	Administrative and General	19.00 0		21.00	22.00	23.00 0 0	23.01	1.00
2.00	Skilled Nursing Care	0	0	0		0 0	-	
3.00 4.00	Physical Therapy Occupational Therapy	0	0	0			0	
4.00 5.00	Speech Pathol ogy		0	0		0 0	0	
6.00	Medical Social Services	0	0	0		0 0	0	
7.00 8.00	Home Health Aide Supplies (see instructions)		0	0			0	
9.00	Drugs		0	0		0 0	-	
10.00	DME	0	-			0 0		
11. 00 12. 00	Home Dialysis Aide Services Respiratory Therapy		0	0			0	
13.00		0	0	0		0 0		
14.00 15.00	Clinic	0	0	0			-	
16.00	Health Promotion Activities Day Care Program		0	0	1		-	
17.00	Home Delivered Meals Program	0	0	0		0 0	0	17.00
18.00 19.00	Homemaker Service	0	0	0	1		0	
19.00 19.50	<li>, 1 37</li>		0	0			-	
20.00	Total (sum of lines 1-19) (2)	0	0	0		0 0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum							21.00
	of column 26, line 20 minus							
	column 26, line 1, rounded to 6 decimal places.							
	lo decrinar praces.	I	I		I	I	I	I.

(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.

Heal th	Financial Systems		INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
ALLOCA	TION OF GENERAL SERVICE COSTS T	O HHA COST CEN	TERS	Provider CC		Period: From 07/01/2018 To 06/30/2019		pared:
						Home Health Agency I	PPS	
	Cost Center Description	PARAMED ED PRGM - DI ETETI CS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	1, 017, 690	0	1, 017, 69	0		1.00
2.00	Skilled Nursing Care	0	4, 233, 603	0	4, 233, 60	3 324, 675	4, 558, 278	2.00
3.00	Physical Therapy	0	2, 322, 422	0	2, 322, 42	2 178, 107	2, 500, 529	3.00
4.00	Occupational Therapy	0	556, 621	0	556, 62	1 42, 687	599, 308	4.00
5.00	Speech Pathology	0	112, 376	0	112, 37	6 8, 618	120, 994	5.00
6.00	Medical Social Services	0	162, 699	0	162, 69	9 12, 477	175, 176	6.00
7.00	Home Health Aide	0	110, 413	0	110, 41	3 8, 468	118, 881	7.00
8.00	Supplies (see instructions)	0	501, 229	0	501, 22	9 38, 439	539, 668	8.00
9.00	Drugs	0	0	0		0 0	0	9.00
10.00	DME	0	0	0		0 0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0		0 0	0	11.00
12.00	Respiratory Therapy	0	0	0		0 0	0	12.00
13.00	Private Duty Nursing	0	5, 270, 883	0	5, 270, 88	3 404, 219	5, 675, 102	13.00
14.00	Clinic	0	0	0		0 0	0	14.00
15.00	Health Promotion Activities	0	0	0		0 0	0	15.00
16.00	Day Care Program	0	0	0		0 0	0	16.00
17.00	Home Delivered Meals Program	0	0	0		0 0	0	17.00
18.00	Homemaker Service	0	0	0		0 0	0	18.00
19.00	All Others (specify)	0	0	0		0 0	0	19.00
19.50	Tel emedi ci ne	0	0	0		0 0	0	19.50
20. 00 21. 00	Total (sum of lines 1–19) (2) Unit Cost Multiplier: column	0	14, 287, 936	0	14, 287, 93	6 1, 017, 690 0, 076690		20. 00 21. 00
50	26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							

<sup>(1)</sup> 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.

<u>Heal th</u>	Financial Systems		INGALLS MEMORI	AL_HOSPI TAL		In Lie	eu of Form CMS-:	2552-10
ALLOCA BASI S	TION OF GENERAL SERVICE COSTS T	TO HHA COST CEN	TERS STATISTICA			Period: From 07/01/2018		
				HHA CCN:	14-7435	To 06/30/2019	11/25/2019 4:	
						Home Health Agency I	PPS	
		CAPI TAL REI	ATED COSTS					
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	Reconciliatio	ADMI NI STRATI VE		
		(SQUARE FEET)	(DOLLAR VALUE)	BENEFITS DEPARTMENT (GROSS SALARIES)		& GENERAL (ACCUM. COST)	REPAIRS (SQUARE FEET)	
	1	1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	6, 181	0	2,059,142				1.00
2.00 3.00	Skilled Nursing Care Physical Therapy	0		1, 474, 217 762, 863				
4.00	Occupational Therapy	0		188, 496				
5.00	Speech Pathology	0	0	16, 826				
6.00	Medical Social Services	0	0	37,612				6.00
7.00 8.00	Home Health Aide Supplies (see instructions)	0	0	14, 760	58, 2	5 125, 194 0 372, 125		7.00 8.00
9.00	Drugs	0	0	0		0 372, 123	0	9.00
10.00	DME	0	0	C		0 0	0	10.00
11.00	Home Dialysis Aide Services	0		C		0 0	0	11.00
12.00 13.00	Respiratory Therapy Private Duty Nursing	0	0	1 575 00/		0 0	-	12.00
13.00	Clinic	0	0	1, 575, 086	550, 70	0 4, 322, 089	0	13.00 14.00
15.00	Health Promotion Activities	0	0	(		0 0	0	15.00
16.00	Day Care Program	0	0	C		0 0	0	16.00
17.00	Home Delivered Meals Program	0	0	C		0 0	0	17.00
18. 00 19. 00	Homemaker Service	0	0	0		0 0	0	18.00 19.00
19.00	All Others (specify) Telemedicine		0					19.00
20.00	Total (sum of lines 1-19)	6, 181	0	6, 129, 002	2	10, 191, 722	-	20.00
21.00	Total cost to be allocated	102, 305		1, 388, 660		3, 535, 886		
22.00		16. 551529		0. 226572	DI ETARY	0. 346937		22.00
	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI	HOUSEKEEPING (SQUARE FEET)		CAFETERI A (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER	
		7.00	ENT DAYS) 8.00	9.00	10.00	11.00	HOUSED) 12.00	
1.00	Administrative and General	6, 181	0	6, 181		0 32, 001	0	1.00
2.00	Skilled Nursing Care	0	0	0		0 0	-	2.00
3.00 4.00	Physical Therapy Occupational Therapy	0	0	(			0	3.00 4.00
5.00	Speech Pathol ogy	0	0	0		0 0	0	
6.00	Medical Social Services	0	0	C		0 0	0	
7.00	Home Health Aide	0	0	C		0 0	0	
8.00	Supplies (see instructions)	0	0	0			,	
9. 00 10. 00	Drugs DME	0	0	(		0 0	0	
11.00	Home Dialysis Aide Services	0	0	(		0 0	-	
12.00	Respiratory Therapy	0	0	C		0 0	0	
13.00	Private Duty Nursing	0	0	C		0 0	-	
14.00 15.00	Clinic Health Promotion Activities	0	0	0			0	
15.00 16.00	Day Care Program		0	(		0 0	-	
17.00	Home Delivered Meals Program	0	0	C		0 0	-	
18.00	Homemaker Service	0	0	C		0 0	0	18.00
19.00	All Others (specify)	0	0	C		0 0	0	
19.50	Telemedicine Total (sum of lines 1–19)	6, 181	0	6, 181	<i>ν</i>	0 0 32,001	0	19.50 20.00
20.00	Total cost to be allocated	219, 248	-	96, 521		0 39, 571		
	Unit cost multiplier	35. 471283		15. 615758				

Heal th	Financial Systems		INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
	ATION OF GENERAL SERVICE COSTS	TO HHA COST CEN			CN: 14-0191	Period: From 07/01/2018	Worksheet H-2 Part II	
DAGIS				HHA CCN:		To 06/30/2019		
						Home Health Agency I	PPS	
	Cost Center Description		CENTRAL	PHARMACY	MEDI CAL	SOCIAL SERVICE		
		ADMI NI STRATI ON	SUPPLY	(COSTED REQUI S. )	RECORDS & LI BRARY	(TOTAL PATI	ANESTHETI STS (ASSI GNED	
		(DI RECT NRSI NG HRS)	(COSTED REQUI S. )		(WS C CHARGES	) ENT DAYS)	TI ME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00 2.00	Administrative and General Skilled Nursing Care	0		0		0 0 0 0	0	1.00 2.00
3.00	Physical Therapy	0	-	0		0 0	0	
4.00	Occupational Therapy	0		0		0 0	0	
5.00	Speech Pathol ogy	0	-	0			0	
6.00 7.00	Medical Social Services Home Health Aide	0	0	0			0	
8.00	Supplies (see instructions)	0	0	0		0 0	0	8.00
9.00	Drugs	0	0	0		0 0	0	
10. 00 11. 00	DME Home Dialysis Aide Services	0	0	0		0 0 0 0	0	
12.00	Respiratory Therapy	0	-	0		0 0	0	
13.00	Private Duty Nursing	0	0	0		0 0	0	13.00
14.00	Clinic	0	-	0		0 0	0	
15.00 16.00	Health Promotion Activities Day Care Program	0	0	0			0	
17.00	Home Delivered Meals Program	0	0	0		0 0	0	
18.00	Homemaker Service	0	0	0		0 0	0	
19. 00 19. 50	All Others (specify) Telemedicine	0	0	0			0	
20.00	Total (sum of lines 1-19)		-	0			0	19.50 20.00
21.00	Total cost to be allocated	0	0	0		0 0	0	21.00
22.00	Unit cost multiplier	0. 000000	0. 000000 I NTERNS &	0. 000000 RESI DENTS	0.00000	0 0.00000	0. 000000	22.00
	Cost Center Description	NURSING SCHOOL	SERVICES-SALARS Y & FRINGES	PRGM COSTS	PARAMED ED	PARAMED ED PRGM - EMS	PARAMED ED PRGM -	
		(ASSI GNED	APPRV	APPRV	(ASSI GNED	(TIME SPENT)	DI ETETI CS	
		TIME)	(ASSI GNED	(ASSI GNED	TIME)		(ASSI GNED	
		20.00	TIME) 21.00	TIME) 22.00	23.00	23.01	TIME) 23.02	
1.00	Administrative and General	0		0		0 0		1.00
2.00	Skilled Nursing Care	0	-	0		0 0	0	
3.00 4.00	Physical Therapy Occupational Therapy	0	0	0			0	
5.00	Speech Pathol ogy	0	0	0		0 0	0	
6.00	Medical Social Services	0	0	0		0 0	0	6.00
7.00	Home Health Aide	0	0	0			0	
8.00 9.00	Supplies (see instructions) Drugs		-	0			0	
10.00	DME	0		0		0 0		
11.00	Home Dialysis Aide Services	0	-	0		0 0	0	
12.00 13.00	Respiratory Therapy Private Duty Nursing	0		0		0 0 0 0	0	
14.00	Clinic	0	0	0		0 0	0	
15.00	Health Promotion Activities	0	0	0		0 0	0	
16.00	Day Care Program	0	0	0		0 0	0	
17.00 18.00	Home Delivered Meals Program Homemaker Service	0	-	0			0	
19.00	All Others (specify)	0	-	0		0 0	0	
19.50	Tel emedi ci ne	0	-	0		0 0	0	
20.00 21.00	Total (sum of lines 1–19) Total cost to be allocated	0	-	0			0	
21.00		0. 000000		0. 000000	0. 00000	0.00000	-	
22.00								

пеаг เก	Financial Systems		INGALLS MEMORI	AL HOSPITAL		In Lie	u of Form CMS-2	2552-10
	TIONMENT OF PATIENT SERVICE COST	ſS		Provider C		Period:	Worksheet H-3	
				HHA CCN:		From 07/01/2018 To 06/30/2019		pared: 02 pm
				Title	e XVIII	Home Health Agency I	PPS	
	Cost Center Description	From, Wkst.	Facility Costs	Shared	Total HHA	Total Visits	Average Cost	
		H-2, Part I,	(from Wkst.		Costs (cols.	1	Per Visit	
		col. 28, line	H-2, Part I)	Costs (from	+ 2)		(col. 3 ÷ col.	
			1.00	Part II)	0.00		4)	
	PART I - COMPUTATION OF LESSER	0	1.00	2.00	3.00	4.00	5.00	
	BENEFICIARY COST LIMITATION	OF AGGREGATE F	RUGRAM CUSI, A	GGREGATE OF TH	IE PRUGRAM LIM	TATION COST, OF	K	
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	4, 558, 278		4, 558, 27	8 21, 032	216. 73	1.00
2.00	Physical Therapy	3.00						2.00
3.00	Occupational Therapy	4.00						
4.00	Speech Pathol ogy	5.00						4.00
5.00	Medical Social Services	6.00			175, 17			
6.00	Home Health Aide	7.00		(04.040	118, 88		158.09	
7.00	Total (sum of lines 1-6)		8, 073, 166		8,758,11 Program Visit			7.00
						s rt B		
	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject t	-		
	cost center beschiption		600A NO. (1)	Tart A	Deductibles &			
					Coi nsurance			
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation					-		
8.00	Skilled Nursing Care		16974	0				8.00
9.00	Physical Therapy		16974	0				9.00
10.00	Occupational Therapy		16974	0	.,			10.00
11.00	Speech Pathol ogy		16974	0				11.00
12.00	Medical Social Services		16974	0				12.00
13.00	Home Heal th Ai de		16974	0	1			13.00
14.00		From Wicot 11.2	Facility Casta	0 Shared	21,06 Total HHA		Ratio (col. 3	14.00
	Cost Center Description	From Wkst. H-2 Part I, col.	(from Wkst.		Costs (cols.		÷ col. 4)	
		28, line	H-2, Part I)	Costs (from	+ 2)	Records)	÷ COI. 4)	
		20, 11110	11 2, Turt 1)	Part II)	1 2)	Records)		
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Comput	ations						
15.00	Cost of Medical Supplies	8.00	539, 668	0	539, 66	8 348, 221	1. 549786	15.00
16.00	Cost of Drugs	9.00				0 0	0. 000000	16.00
			Program Visits		Cost of			
					Servi ces			
	Cost Conton Decerintian	Dort A	Par Nat Subi aat ta		Dort A	Part B	Subject to	
	Cost Center Description	Part A	Not Subject to Deductibles &		Part A	Not Subject to Deductibles &	Subject to Deductibles &	
			Coi nsurance	Coi nsurance		Coi nsurance	Coi nsurance	
		6.00					11.00	
		0.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER							
	BENEFICIARY COST LIMITATION							
	BENEFICIARY COST LIMITATION Cost Per Visit Computation	OF AGGREGATE F	PROGRAM COST, A	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF	{	
1.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care	OF AGGREGATE F	ROGRAM COST, A	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF	2	1.00
2.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF 0 2, 549, 828 0 1, 650, 645	2	2.00
2.00 3.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy	OF AGGREGATE F	ROGRAM COST, A 11,765 6,417 1,637	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF 0 2, 549, 828 0 1, 650, 645 0 413, 081	2	2.00 3.00
2.00 3.00 4.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF 0 2, 549, 828 0 1, 650, 645 0 413, 081 0 86, 640	2	2.00 3.00 4.00
2.00 3.00 4.00 5.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	OF AGGREGATE F 0 0 0 0 0 0 0 0 0 0 0	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709	2	2.00 3.00 4.00 5.00
2.00 3.00 4.00 5.00 6.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	OF AGGREGATE F 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203	2	2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6)	OF AGGREGATE F 0 0 0 0 0 0 0 0 0 0 0	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709	2	2.00 3.00 4.00 5.00
2.00 3.00 4.00 5.00 6.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	OF AGGREGATE F 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501	GGREGATE OF TH	E PROGRAM LIM	TATION COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203	2	2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00 6.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6)	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00 6.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00
2.00 3.00 4.00 5.00 6.00 7.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00 7.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00 7.00 8.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	BENEFICIARY COST LIMITATION Cost Per Visit Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Total (sum of lines 1-6) Cost Center Description Limitation Cost Computation Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services	OF AGGREGATE F	ROGRAM COST, A 11, 765 6, 417 1, 637 440 300 501 21, 060	GGREGATE OF TH	E PROGRAM LIM	TATI ON COST, OF           0         2, 549, 828           0         1, 650, 645           0         413, 081           0         86, 640           0         119, 709           0         79, 203           0         4, 899, 106		2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00

	Financial Systems		INGALLS MEMORI				eu of Form CMS-2	
APPORT	FIONMENT OF PATIENT SERVICE COST	S		Provider CO	CN: 14-0191	Period: From 07/01/2018	Worksheet H-3 Part I	
				HHA CCN:	14-7435	To 06/30/2019		pared <sup>.</sup>
							11/25/2019 4:	
				Title	XVIII	Home Health	PPS	
		-				Agency I		
		Prog	ram Covered Cha	irges	Cost of			
					Servi ces			
			Par	+ B		Part B		
	Cost Center Description	Part A	Not Subject to		Part A	Not Subject to	Subject to	
	cost center bescription			Deductibles &			Deductibles &	
			Coi nsurance	Coi nsurance		Coi nsurance	Coi nsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computa	ations						
15.00	Cost of Medical Supplies	0	245, 614	0		0 380, 649	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
	Cost Center Description	Total Program						
		Cost (sum of						
		cols. 9-10)	-					-
		12.00						
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE I	PROGRAM COST, A	GGREGATE OF TH	E PROGRAM LI	MITATION COST, OF	< compared by the second secon	
	Cost Per Visit Computation							-
1.00	Skilled Nursing Care	2, 549, 828						1.00
2.00	Physical Therapy	1, 650, 645						2.00
3.00	Occupational Therapy	413, 081						3.00
4.00	Speech Pathol ogy	86, 640						4.00
5.00	Medical Social Services	119, 709						5.00
6.00	Home Health Aide	79, 203						6.00
7.00	Total (sum of lines 1-6)	4, 899, 106						7.00
	Cost Center Description							
		12.00						
	Limitation Cost Computation		1					
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathol ogy							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8–13)	I						14.00

Heal th	n Financial Systems		INGALLS MEMORI	AL_HOSPITAL		In Lie	eu of Form CMS-2	2552-10
APPOR	TIONMENT OF PATIENT SERVICE COST	S		Provider C	CN: 14-0191	Period:	Worksheet H-3	
				HHA CCN:	14-7435	From 07/01/2018 To 06/30/2019		
					XVIII	Home Health	PPS	
	Cost Center Description	From Wkst C	Cost to Charge	Total HHA	HHA Shared	Agency I Transfer to		
	obst center beschiption	Part I, col.	Ratio	Charge (from		Part I as		
		9, line		provi der	Costs (col.			
				records)	x col. 2)			
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COS	T OF HHA SERVI	CES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	ITS		
1.00	Physical Therapy	66.00	0. 220037	2, 278, 670	501, 39	92 col. 2, line 2	. 00	1.00
2.00	Occupational Therapy	67.00	0. 291290	546, 630	159, 22	28 col. 2, line 3	. 00	2.00
3.00	Speech Pathology	68.00	0. 234076	103, 930	24, 32	28 col. 2, line 4	. 00	3.00
4.00	Cost of Medical Supplies	71.00	1. 722319	0		0 col. 2, line 1	5.00	4.00
5.00	Cost of Drugs	73.00	0. 161106	0		0 col. 2, line 1	6. 00	5.00
5.01	Cost of Drugs 1	73.01	1. 654528	0		0 col. 2, line 1	6. 01	5.01
5.03	Cost of Drugs 3	73.03	0. 155463	0		0 col. 2, line 1	6. 03	5.03
5.04	Cost of Drugs 4	73.04	0. 106362	0		0 col. 2, line 1	6. 04	5.04

Heal th	Financial Systems INGALLS MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CC	N: 14-0191	Peri od:	Worksheet H-4	
		HHA CCN:	14-7435	From 07/01/2018 To 06/30/2019	Part I-II Date/Time Prep 11/25/2019 4:0	
		Title	XVIII	Home Health	PPS	<u> </u>
				Agency I	t B	
			Part A	Not Subject to	Subject to	
				Deductibles & Coinsurance	Deductibles & Coinsurance	
		-	1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTO	MARY CHARGES	8			
1.00	Reasonable Cost of Part A & Part B Services Reasonable cost of services (see instructions)			0 0	0	1.00
2.00	Total charges			0 0		2.00
	Customary Charges			-		
3.00	Amount actually collected from patients liable for payment for on a charge basis (from your records)	r services		0 0	0	3.00
4.00	Amount that would have been realized from patients liable for	payment		0 0	0	4.00
	for services on a charge basis had such payment been made in a with 42 CFR §413.13(b)	accordance				
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000	0. 000000	0.000000	5.00
6.00	Total customary charges (see instructions)			0 0	0	6.00
7.00	Excess of total customary charges over total reasonable cost only if line 6 exceeds line 1)	(complete		0 0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete on	yifline		0 0	0	8.00
9.00	1 exceeds line 6) Primary payer amounts			0 0	0	9.00
				Part A	Part B	
				Services 1.00	Services 2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)			0	0	
11. 00 12. 00	Total PPS Reimbursement - Full Episodes without Outliers Total PPS Reimbursement - Full Episodes with Outliers			0	4, 081, 510 62, 355	11. 00 12. 00
13.00	Total PPS Reimbursement - LUPA Episodes			0	103, 653	
14.00	Total PPS Reimbursement - PEP Episodes			0	34, 109	
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	14, 549	15. 00 16. 00
16.00 17.00	Total PPS Outlier Reimbursement – PEP Episodes Total Other Payments			0	628 0	17.00
18.00	DME Payments			0	0	18.00
19.00	Oxygen Payments			0	0	19.00
20. 00 21. 00	Prosthetic and Orthotic Payments Part B deductibles billed to Medicare patients (exclude coinsu	Irance)		0	0	20. 00 21. 00
21.00	Subtotal (sum of lines 10 thru 20 minus line 21)	an ance)		0	4, 296, 804	22.00
23.00	Excess reasonable cost (from line 8)			0	0	23.00
24.00	Subtotal (line 22 minus line 23)			0	4, 296, 804	24.00
25.00 26.00	Coinsurance billed to program patients (from your records) Net cost (line 24 minus line 25)			0	0 4, 296, 804	25.00 26.00
27.00	Reimbursable bad debts (from your records)				1, 270, 001	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see in					28.00
29.00 30.00	Total costs - current cost reporting period (line 26 plus line OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	e 27)		0	4, 296, 804 0	29. 00 30. 00
30.50	Pioneer ACO demonstration payment adjustment (see instructions	5)		0	0	30.50
30. 99	Demonstration payment adjustment amount before sequestration	-		0	0	30. 99
31.00	Subtotal (see instructions)			0	4, 296, 804	31.00
31. 01 31. 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			0	85, 936 0	31. 01 31. 02
32.00	Interim payments (see instructions)			0	4, 210, 869	32.00
33.00	Tentative settlement (for contractor use only)			0	0	33.00
34.00 35.00	Balance due provider/program (line 31 minus lines 31.01, 32, a Protested amounts (nonallowable cost report items) in accorda		Dub 15 0	0	-1 0	34.00 35.00
33.00	chapter 1, §115.2	ICE WILLI UNS	rub. 10-Z,		0	33.00

	SIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED	Provider CO	CN: 14-0191		eriod:	Worksheet H-5	
PRO	IGRAM BENEFI CI ARI ES	HHA CCN:	14-7435		rom 07/01/2018 o 06/30/2019	Date/Time Prep 11/25/2019 4:0	
					Home Health Agency I	PPS	
		I npati en	t Part A			t B	
		mm/dd/yyyy	Amount		mm/dd/yyyy	Amount	
0	Tatal interim novemente neid te previder	1.00	2.00	0	3.00	4.00	1
)0 )0	Total interim payments paid to provider Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0		4, 210, 869 0	1 2
0	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)						3
	Program to Provider						
1				0		0	3
12 13				0		0	0000
4				0		0	3
15				0		0	3
_	Provider to Program			_			
0 1				0		0	
2				0		0	
3				0		0	3
4				0		0	3
9	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0		0	3
0	3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99)			0		4, 210, 869	Z
0	(transfer to Wkst. H-4, Part II, column as appropriate, line 32)			U		4, 210, 009	
	TO BE COMPLETED BY CONTRACTOR						
0	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						Ę
	Program to Provider						
1				0 0		0	е; Е
12 13				0		0	5
-	Provider to Program						
0				0		0	Ę
1				0		0	5
2 9	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0		0	Е Е
0	5.50-5.98) Determined net settlement amount (balance due) based on			U		0	6
-	the cost report. (1)						
)1	SETTLEMENT TO PROVIDER			0		0	6
)2	SETTLEMENT TO PROGRAM			0		1	6
00	Total Medicare program liability (see instructions)			0	Contractor	4, 210, 868 NPR Date	7
					Number	(Mo/Day/Yr)	
		(	)		1.00	2.00	

	Financial Systems SIS OF HOSPITAL-BASED HOSPICE COSTS	INGALLS MEMORIA		CN: 14-0191	Peri od:	eu of Form CMS-2 Worksheet O	2552-10
			Hospi ce CC	CN: 14-1535	From 07/01/2018 To 06/30/2019		pared: 02 pm
					Hospi ce I		<u></u>
		SALARI ES	OTHER	SUBTOTAL (cc 1 plus col.		SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS	- F		1			
1.00	CAP REL COSTS-BLDG & FIXT*		18, 000			18,000	
2.00	CAP REL COSTS-MVBLE EQUIP*		)	-	0 0	0	
3.00	EMPLOYEE BENEFITS DEPARTMENT*	11( 207	206, 727			206, 727	
4.00	ADMINISTRATIVE & GENERAL*	416, 307	240, 421	1 656, 7	28 0	656, 728	
5.00 6.00	PLANT OPERATION & MAINTENANCE* LAUNDRY & LINEN SERVICE*	0	(		0 0	0	
7.00	HOUSEKEEPI NG*	0	(		0 0	0	
8.00	DI ETARY*	0	(			0	1
9.00	NURSI NG ADMI NI STRATI ON*	0	(		0 0	0	1
10.00	ROUTINE MEDICAL SUPPLIES*	0	(		0 0	0	
11.00	MEDI CAL RECORDS*	0	(		0 0	0	1
12.00	STAFF TRANSPORTATI ON*	0	(		0 0	0	1
13.00	VOLUNTEER SERVICE COORDINATION*	0	(		0 0	0	1
14.00	PHARMACY*	0	187, 011	1 187, 0	011 0	187, 011	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	(		0 0	0	1
16.00	OTHER GENERAL SERVI CE*	0	(	D	0 0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		(	D	0 0	0	25.00
26.00	PHYSICIAN SERVICES**	0	262, 064	4 262, 0	064 0	262, 064	26.00
27.00	NURSE PRACTITIONER**	13, 557	(	0 13,5		13, 557	27.00
28.00	REGI STERED NURSE**	610, 415	(	0 610, 4		610, 415	
29.00	LPN/LVN**	113, 737	34, 465	5 148, 2	.02 0	148, 202	
30.00	PHYSI CAL THERAPY**	0	(	D	0 0	0	1
31.00	OCCUPATIONAL THERAPY**	0	(	D	0 0	0	
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	(	)	0 0	0	
33.00	MEDICAL SOCIAL SERVICES**	65, 583	(	65,5	83 0	65, 583	
34.00	SPI RI TUAL COUNSELI NG**	0				0	
35.00		0	9, 859	9,8	159 U	9, 859	1
36.00 37.00	COUNSELING - OTHER** HOSPICE AIDE & HOMEMAKER SERVICES**	224 010	(	) 224 (	10 0	226, 019	36.00 37.00
37.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	226, 019	(	226,0	0 0	220, 019	37.00
39.00	PATIENT TRANSPORTATION**	0	28, 732	2 28,7	22	28, 732	1
40.00	I MAGI NG SERVI CES**	0	20, 732	20, /	0 0	20,732	
41.00	LABS & DI AGNOSTI CS**	0	273		273 0	273	1
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE**	0	270		0 0	0	1
42.50	DRUGS CHARGED TO PATI ENTS**	0	(		0 0	o o	1
43.00	OUTPATI ENT SERVI CES**	0	(		0 0	0	
44.00	PALLIATIVE RADIATION THERAPY**	0	C		0 0	0	1
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	b	0 0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	4, 326	Ę	5 4, 3	31 0	4, 331	46.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	(	D	0 0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	D I	0 0	0	61.00
62.00	FUNDRAI SI NG*	0	0	ס	0 0	0	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	(	)	0 0	0	
64.00	PALLIATIVE CARE PROGRAM*	0	(	D	0 0	0	
65.00	OTHER PHYSI CI AN SERVI CES*	0	(	D	0 0	0	
66.00	RESIDENTIAL CARE*	0	(	D .	0 0	0	
67.00	ADVERTI SI NG*	0	(		0 0	0	
68.00	TELEHEALTH/TELEMONI TORI NG*	0	(	ון	0 0	0	
69.00	THRIFT STORE*	0	0		0 0	0	
70.00	NURSING FACILITY ROOM & BOARD*	0	(		0	0	
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	(	ין	U 0	0	71.00
100.00		1, 449, 944	987, 557	7 2, 437, 5	01 0	2, 437, 501	100 00

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYS	SIS OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN:	14-0191	Period: From 07/01/2018	Worksheet 0	
			Hospi ce CCN:	14-1535	To 06/30/2019	Date/Time Prep 11/25/2019 4:0	
		ADJUSTMENTS T	OTAL (col. 5		Hospi ce I		
			± col. 6)				
	GENERAL SERVICE COST CENTERS	6.00	7.00				
. 00	CAP REL COSTS-BLDG & FIXT*	0	18, 000				1.0
. 00	CAP REL COSTS-MVBLE EQUIP*	0	0				2.0
. 00	EMPLOYEE BENEFITS DEPARTMENT*	0	206, 727				3. (
. 00	ADMINISTRATIVE & GENERAL*	0	656, 728				4.0
. 00	PLANT OPERATION & MAINTENANCE*	0	0				5.0
. 00	LAUNDRY & LINEN SERVICE*	0	0				6. (
. 00	HOUSEKEEPI NG*	0	0				7.0
. 00		0	0				8.
00	NURSI NG ADMI NI STRATI ON*	0	0				9.
0.00 1.00	ROUTINE MEDICAL SUPPLIES* MEDICAL RECORDS*	0	0				10. 11.
2.00	STAFF TRANSPORTATION*	0	0				12.
3.00	VOLUNTEER SERVICE COORDINATION*	0	0				13.
4.00	PHARMACY*	0	187, 011				14.
5.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0				15.
5.00	OTHER GENERAL SERVICE*	0	0				16.
7.00	PATIENT/RESIDENTIAL CARE SERVICES						17.
	DIRECT PATIENT CARE SERVICE COST CENTERS						
5.00	INPATIENT CARE-CONTRACTED**	0	0				25.
5.00	PHYSICIAN SERVICES**	0	262, 064				26.
7.00	NURSE PRACTITIONER**	0	13, 557				27.
3. 00	REGI STERED NURSE**	0	610, 415				28.
9.00	LPN/LVN**	0	148, 202				29.
0.00	PHYSICAL THERAPY**	0	0				30.
1.00 2.00	OCCUPATIONAL THERAPY**	0	0				31. 32.
3.00	SPEECH/LANGUAGE PATHOLOGY** MEDI CAL SOCI AL SERVI CES**	0	65, 583				32. 33.
4.00	SPIRITUAL COUNSELING**	0	05, 585				33. 34.
5.00	DI ETARY COUNSELI NG**	0	9, 859				35.
6.00	COUNSELING - OTHER**	0	, 007				36.
7.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	226, 019				37.
3. 00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0				38.
9.00	PATI ENT TRANSPORTATI ON**	0	28, 732				39.
D. 00	I MAGI NG SERVI CES**	0	0				40.
1. 00	LABS & DI AGNOSTI CS**	0	273				41.
2.00	MEDI CAL SUPPLI ES-NON-ROUTI NE**	0	0				42.
2.50	DRUGS CHARGED TO PATIENTS**	0	0				42.
3.00	OUTPATIENT SERVICES**	0	0				43.
4.00	PALLIATIVE RADIATION THERAPY**	0	0				44.
5.00	PALLIATIVE CHEMOTHERAPY**	0	0				45.
6. 00	OTHER PATIENT CARE SERVICES (SPECIFY)** NONREIMBURSABLE COST CENTERS	U	4, 331				46.
0. 00	BEREAVEMENT PROGRAM *	0	0				60.
1.00	VOLUNTEER PROGRAM *	0	0				61.
2.00	FUNDRAI SI NG*	0	0				62.
3.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0				63.
4.00	PALLIATIVE CARE PROGRAM*	0	0				64.
5.00	OTHER PHYSI CI AN SERVI CES*	0	Ő				65.
5.00	RESIDENTIAL CARE*	0	0				66.
7.00	ADVERTI SI NG*	0	0				67.
3. 00	TELEHEALTH/TELEMONI TORI NG*	0	О				68.
9.00	THRI FT STORE*	0	О				69.
D. 00	NURSING FACILITY ROOM & BOARD*	0	0				70.
	OTHER NONREIMBURSABLE (SPECIFY)*	0	0				71.
00 00	TOTAL	0	2, 437, 501				100.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

Health F	inancial Systems	INGALLS MEMORIAL	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
	G OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPIC	E ROUTINE HOME	Provider C	CN: 14-0191	Peri od:	Worksheet 0-2	
CARE			Hospi ce CCI	N: 14-1535	From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	
					Hospi ce I		
		SALARI ES	OTHER	SUBTOTAL (col	. RECLASSI FI -	SUBTOTAL	
				1 + col. 2)	CATIONS		
		1.00	2.00	3.00	4.00	5.00	
DI	RECT PATIENT CARE SERVICE COST CENTERS						
25.00	NPATIENT CARE-CONTRACTED						25.00
26.00 P	HYSI CI AN SERVI CES	0	215, 967	215, 90	57 0	215, 967	26.00
27.00 N	URSE PRACTITIONER	0	0		0 0	0	27.00
28.00 R	EGI STERED NURSE	159, 976	0	159, 9	76 0	159, 976	28.00
29.00 L	PN/LVN	107, 348	0	107, 34	18 0	107, 348	29.00
30. 00 P	HYSI CAL THERAPY	0	0		0 0	0	30.00
31.00 0	CCUPATIONAL THERAPY	0	0		0 0	0	31.00
32.00 S	PEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
33.00 M	EDICAL SOCIAL SERVICES	65, 583	0	65, 58	33 0	65, 583	33.00
34.00 S	PIRITUAL COUNSELING	0	0		0 0	0	34.00
35.00 D	I ETARY COUNSELING	0	0		0 0	0	35.00
36. 00 C	OUNSELING - OTHER	0	0		0 0	0	36.00

3	0.00	COUNSELING - OTTER	0	0	0	0	0	30.00
3	7.00	HOSPICE AIDE & HOMEMAKER SERVICES	79, 484	0	79, 484	0	79, 484	37.00
3	8.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
3	9.00	PATI ENT TRANSPORTATI ON	0	28, 732	28, 732	0	28, 732	39.00
4	0.00	I MAGI NG SERVI CES	0	0	0	0	0	40.00
4	1.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
4	2.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0	0	0	0	42.00
4	2.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
4	3.00	OUTPATI ENT SERVI CES	0	0	0	0	0	43.00
4	4.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
4	5.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
4	6.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5	5	0	5	46.00
1	00.00	TOTAL *	412, 391	244, 704	657, 095	0	657, 095	100.00
*	Tran	sfer the amount in column 7 to Wkst. 0-5, colu	umn 1, line 51.					

* Transfer the amount in column 7 to Wkst. 0-5, column 1,	line	í
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		ADJUSTMENTS	TOTAL (col. 5		
			± col. 6)		
		6.00	7.00		
	DI RECT PATI ENT CARE SERVI CE COST CENTERS	1			
25.00	INPATIENT CARE-CONTRACTED			25.0	
	PHYSI CI AN SERVI CES	0	215, 967		
	NURSE PRACTITIONER	0	0	27.0	
	REGI STERED NURSE	0	159, 976		
29.00	LPN/LVN	0	107, 348		
	PHYSI CAL THERAPY	0	0	30.0	
	OCCUPATIONAL THERAPY	0	0	31.0	
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.0	. 00
33.00	MEDICAL SOCIAL SERVICES	0	65, 583	33. (	. 00
34.00	SPI RI TUAL COUNSELI NG	0	0	34.0	+. OO
35.00	DI ETARY COUNSELI NG	0	0	35.0	. 00
36.00	COUNSELING - OTHER	0	0	36.0	». OO
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	79, 484	37.0	. 00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.0	3. 00
39.00	PATI ENT TRANSPORTATI ON	0	28, 732	39.0	1. 00
40.00	I MAGI NG SERVI CES	0	0	40.0	). 00
41.00	LABS & DIAGNOSTICS	0	0	41.0	. 00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.0	2.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.5	2.50
43.00	OUTPATIENT SERVICES	0	0	43.0	i. 00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.0	. 00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.0	. 00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	5	46.0	o. 00
100.00	TOTAL *	0	657, 095	100. (	). 00
* Tran	sfer the amount in column 7 to Wkst. 0-5, col	umn 1. line 51.		•	

Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

Health Financial Systems	INGALLS MEMORIAL	HOSPITAL		In Lie	u of Form CMS-	2552-10
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR	R HOSPICE INPATIENT	Provider CO	CN: 14-0191	Peri od:	Worksheet 0-3	
RESPITE CARE		Hospi ce CCI	N: 14-1535	From 07/01/2018 To 06/30/2019	Date/Time Pre	nared
				10 00/00/2017	11/25/2019 4:	
				Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (col		SUBTOTAL	
			1 + col. 2)	CATIONS		
	1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENT	ERS					
25.00 INPATIENT CARE-CONTRACTED		0		0 0	0	
26. 00 PHYSI CI AN SERVI CES	0	0		0 0	0	
27.00 NURSE PRACTITIONER	13, 557	0	13, 55		13, 557	
28.00 REGI STERED NURSE	1, 190	0	1, 10	90 0	1, 190	
29.00 LPN/LVN	0	0		0 0	0	
30. 00 PHYSI CAL THERAPY	0	0		0 0	0	00.00
31.00 OCCUPATIONAL THERAPY	0	0		0 0	0	
32.00 SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	
33.00 MEDICAL SOCIAL SERVICES	0	0		0 0	0	33.00
34.00 SPI RI TUAL COUNSELI NG	0	0		0 0	0	34.00
35. 00 DI ETARY COUNSELI NG	0	0		0 0	0	35.00
36.00 COUNSELING - OTHER	0	0		0 0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	0	0		0 0	0	37.00
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
39.00 PATIENT TRANSPORTATION	0	0		0 0	0	39.00
40.00 I MAGI NG SERVI CES	0	0		0 0	0	40.00
41.00 LABS & DIAGNOSTICS	0	0		0 0	0	41.00
42.00 MEDICAL SUPPLIES-NON-ROUTINE	0	0		0 0	0	42.00
42.50 DRUGS CHARGED TO PATIENTS	0	0	1	0 0	0	42.50
43.00 OUTPATIENT SERVICES	0	0		0 0	0	43.00
44.00 PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45.00 PALLIATIVE CHEMOTHERAPY	0	0		0 0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		0 0	0	46.00
100.00 TOTAL *	14, 747	0	14, 74	17 0	14, 747	100.00

 100.00
 TOTAL \*
 14,747

 \* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5		
		6,00	<u>± col. 6)</u> 7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS	0.00	7.00		
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
25.00	PHYSICIAN SERVICES	0	0		26.00
28.00	NURSE PRACTITIONER	0	13, 557		27.00
27.00	REGI STERED NURSE	0	1, 190		27.00
28.00		0	1, 190		
29.00 30.00	LPN/LVN PHYSI CAL THERAPY	0	0		29.00 30.00
		0	0		
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPI RI TUAL COUNSELI NG	0	0		34.00
35.00	DI ETARY COUNSELI NG	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	1	38.00
39.00	PATI ENT TRANSPORTATI ON	0	0		39.00
40.00	I MAGI NG SERVI CES	0	0		40.00
41.00	LABS & DI AGNOSTI CS	0	0	I	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATI ENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	14, 747	10	00.00
* Trar	sfer the amount in column 7 to Wkst. 0-5, colu	umn 1, line 52.			

	Financial Systems S OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPIC	INGALLS MEMORIA	Provider C	N. 14_0101	Peri od:	u of Form CMS-: Worksheet 0-4	
	INT CARE			5N. 14-0171	From 07/01/2018	WOLKSHEEL 0-4	
			Hospice CCM	N: 14-1535	To 06/30/2019	Date/Time Pre	
						11/25/2019 4:	02 pm
		041 451 50			Hospi ce I		
		SALARI ES	OTHER	SUBTOTAL (col		SUBTOTAL	
		1.00	2.00	<u>1 + col. 2)</u> 3.00	CATI ONS 4.00	5.00	
lr.	DIRECT PATIENT CARE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	INPATIENT CARE-CONTRACTED		0		0 0	0	25.00
	PHYSICIAN SERVICES	0	46, 097	46, 09		46, 097	26.00
	NURSE PRACTITIONER	0	40, 097	40, 0		40,097	27.00
	REGI STERED NURSE	449, 249	0	449, 24	10 0	449, 249	
	LPN/LVN	6, 389	34, 465	40, 85		40, 854	29.00
	PHYSI CAL THERAPY	0, 307	04, 400 0	40, 00	0 0	40,004	30.00
	OCCUPATIONAL THERAPY	0	0		0 0	0	31.00
	SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
	MEDI CAL SOCI AL SERVI CES	0	0		0 0	0	33.00
	SPIRITUAL COUNSELING	0	0		0 0	0	34.00
	DI ETARY COUNSELING	0	9, 859	9, 8	59 0	9, 859	
	COUNSELING - OTHER	0	0	.,	0 0	0	36.00
	HOSPICE AIDE & HOMEMAKER SERVICES	146, 535	0	146, 53	35 0	146, 535	37.00
	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	
39.00	PATI ENT TRANSPORTATI ON	0	0		0 0	0	39.00
40.00	I MAGI NG SERVI CES	0	0		0 0	0	40.00
41.00	LABS & DIAGNOSTICS	0	273	2	73 0	273	41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0		0 0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	42.50
43.00	OUTPATI ENT SERVI CES	0	0		0 0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	o	0		0 0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		0 0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	4, 326	0	4, 32	26 0	4, 326	46.00
100.00	TOTAL *	606, 499	90, 694	697, 19	93 0	697, 193	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5		
		6,00	<u>± col. 6)</u> 7.00	-	
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSI CI AN SERVI CES	0	46, 097	,	26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGI STERED NURSE	0	449, 249		28.00
29.00	LPN/LVN	0	40, 854		29.00
30.00	PHYSI CAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPI RI TUAL COUNSELI NG	0	0		34.00
35.00	DI ETARY COUNSELI NG	0	9, 859		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	146, 535		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATI ENT TRANSPORTATI ON	0	0		39.00
40.00	I MAGI NG SERVI CES	0	0		40.00
41.00	LABS & DI AGNOSTI CS	0	273		41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATI ENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	4, 326		46.00
100.00	TOTAL *	0	697, 193	·	100.00
* Tran	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 53.			

Heal th	Financial Systems INGALLS MEMORI.	AL HOSPITAL		In Lie	eu of Form CMS-2	2552-10
COST A	ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET	Provider C		Peri od:	Worksheet 0-5	
EXPENS	SES FOR ALLOCATION			From 07/01/2018		
		Hospi ce CC	N: 14-1535	To 06/30/2019	Date/Time Pre 11/25/2019 4:	
				Hospi ce I	11/23/2019 4.	
	Descriptions		HOSPICE DIREC		TOTAL EXPENSES	
			EXPENSES (see		(sum of cols.	
				EXPENSES FROM	1 + 2)	
				WKST B PART I	,	
				(see		
				instructions)		
			1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS			_	-	
1.00	CAP REL COSTS-BLDG & FIXT		18, 00	0 0	18, 000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP			0 0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT		206, 72	7 328, 517	535, 244	3.00
4.00	ADMI NI STRATI VE & GENERAL		656, 72	8 988, 771	1, 645, 499	4.00
5.00	PLANT OPERATION & MAINTENANCE			0 0	0	5.00
6.00	LAUNDRY & LINEN SERVICE			0 0	0	6.00
7.00	HOUSEKEEPING			0 0	0	7.00
8.00	DI ETARY			0 0	0	8.00
9.00	NURSI NG ADMI NI STRATI ON			0 0	0	9.00
10.00	ROUTI NE MEDI CAL SUPPLI ES			0 0	0	10.00
11.00	MEDI CAL RECORDS			0 0	0	11.00
12.00	STAFF TRANSPORTATION			0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	13.00
14.00	PHARMACY		187, 01	1 0	187, 011	14.00
15.00	PHYSI CI AN ADMI NI STRATI VE SERVI CES			0	0	15.00
16.00	OTHER GENERAL SERVICE			0 0		16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES			0	0	17.00
	LEVEL OF CARE		-	1	1	
50.00	HOSPI CE CONTI NUOUS HOME CARE			0	0	
51.00	HOSPICE ROUTINE HOME CARE		657, 09		657, 095	
52.00	HOSPICE INPATIENT RESPITE CARE		14, 74		14, 747	
53.00	HOSPICE GENERAL INPATIENT CARE		697, 19	3	697, 193	53.00
	NONREI MBURSABLE COST CENTERS		1		1	
60.00	BEREAVEMENT PROGRAM			0	0	
61.00	VOLUNTEER PROGRAM			0	0	61.00
62.00	FUNDRAI SI NG			0	0	62.00
63.00	HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	64.00
65.00	OTHER PHYSI CI AN SERVI CES			0	0	65.00
66.00	RESIDENTIAL CARE			0	0	66.00
67.00	ADVERTI SI NG			0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG			0	0	68.00
69.00	THRIFT STORE			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	71.00 99.00
99.00	NEGATI VE COST CENTER		2, 437, 50	0		
100.00			1 2,437,50	1, 517, 200	3,734,707	1.00.00

	Financial Systems	INGALLS MEMORIA			In Lie	u of Form CMS-2	
COST A	LLOCATI ON - HOSPI TAL-BASED HOSPI CE GENERAL	SERVI CE COSTS	Provider CC Hospice CCM		Period: From 07/01/2018 To 06/30/2019		pared:
					Hospi ce I	11/23/2019 4.	<u>oz pili</u>
	Descriptions	TOTAL EXPENSES	AP REL BLDG & FIX	CAP REL MVBL EQUI P		SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	18, 000	18, 000				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	535, 244	0		0 535, 244		3.00
4.00	ADMI NI STRATI VE & GENERAL	1, 645, 499	18, 000		0 146, 923	1, 810, 422	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0		0 0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0 0	0	6.00
7.00	HOUSEKEEPING	0	0		0 0	0	7.00
8.00	DI ETARY	0	0		0 0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0 0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0 0	0	10.00
11.00	MEDI CAL RECORDS	0	0		0 0	0	11.00
12.00	STAFF TRANSPORTATION	0	0		0 0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0 0	0	13.00
14.00	PHARMACY	187, 011	0		0 0	187, 011	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0 0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0		0 0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	657, 095			154, 586	811, 681	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	14, 747	0		0 5, 457	20, 204	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	697, 193	0		0 228, 278	925, 471	53.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0 0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0 0	0	61.00
62.00	FUNDRAI SI NG	0	0		0 0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0 0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0 0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0 0	0	65.00
66.00	RESI DENTI AL CARE	0	0		0 0	0	66.00
67.00	ADVERTI SI NG	0	0		0 0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	68.00
69.00	THRI FT STORE	0	0		0 0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0 0		99.00
	TOTAL	3, 754, 789	18, 000		0 535, 244	3, 754, 789	1100 00

COST A	Financial Systems ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL		AL HOSPITAL Provider C	CN: 14-0191 N: 14-1535		eriod: rom 07/01/2018	u of Form CMS Worksheet O- Part I Date/Time Pr	-6	
			nospi ce cc	N. 14-1555		0 00/30/2019	11/25/2019 4	ер 1: 0	2 pm
						Hospi ce I			
	Descriptions	ADMI NI STRATI VE		LAUNDRY &		HOUSEKEEPI NG	DI ETARY		
		& GENERAL	OPERATION &	LINEN SERVIC	CF				
		4.00	MAI NTENANCE 5. 00	6.00		7.00	8.00	+	
	GENERAL SERVICE COST CENTERS	4.00	5.00	0.00		7.00	0.00	+	
1.00	CAP REL COSTS-BLDG & FIXT								1.00
2.00	CAP REL COSTS-MVBLE EQUIP								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMI NI STRATI VE & GENERAL	1, 810, 422							4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0						5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0				6.00
7.00	HOUSEKEEPING	0	0		Ŭ	0			7.00
8.00	DI ETARY	0	0			0		0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		Ĭ	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0			10.00
11.00	MEDICAL RECORDS	0	0			0			11.00
12.00	STAFF TRANSPORTATION	0	0			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0			13.00
14.00	PHARMACY	174, 128	0			0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0			15.00
16.00	OTHER GENERAL SERVICE	0	0			0			16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES	0	0			0			17.00
17.00	LEVEL OF CARE			1		0			17.00
50.00	HOSPICE CONTINUOUS HOME CARE	0							50.00
51.00	HOSPI CE ROUTI NE HOME CARE	755, 765							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	18, 812	C		0	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	861, 717	0		0			õ	53.00
00.00	NONREI MBURSABLE COST CENTERS	0017717						-	00.00
60,00	BEREAVEMENT PROGRAM	0	C			0			60.00
61.00	VOLUNTEER PROGRAM	0	C			0			61.00
62.00	FUNDRAI SI NG	0	C			0			62.00
63.00	HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS	0	C			0			63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0			64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0			65.00
66.00	RESI DENTI AL CARE	0	0		0	0		0	66.00
67.00	ADVERTISING	0	0		-	0			67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0			0			68.00
69.00	THRI FT STORE	0	0			0			69.00
	NURSING FACILITY ROOM & BOARD					-			70.00
71.00	OTHER NONREI MBURSABLE (SPECIFY)	0	C		0	о		0	71.00
	NEGATIVE COST CENTER	0	0		0	0			99.00
	TOTAL	1, 810, 422	0		0	0			100.00

	Financial Systems	INGALLS MEMORIA				u of Form CMS-	
COSTA	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL	SERVICE COSIS	Provider C	CN: 14-0191	Period: From 07/01/2018	Worksheet 0-6	
			Hospi ce CCI	N: 14-1535	To 06/30/2019	Date/Time Pre	pared:
						11/25/2019 4:	02 pm
					Hospi ce I		
	Descriptions	NURSI NG	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	
		ADMI NI STRATI ON	MEDI CAL	RECORDS	TRANSPORTATI ON		
			SUPPLI ES			COORDI NATI ON	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS			1			
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.0
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.0
11.00	MEDI CAL RECORDS	0			0		11.0
	STAFF TRANSPORTATION	0			0		12.0
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	
	PHARMACY	0			0	0	
	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	
	OTHER GENERAL SERVICE	0			0	0	
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES						17.00
	LEVEL OF CARE			1		-	
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		0 0	0	
	HOSPICE ROUTINE HOME CARE	0	0	1	0 0	0	51.0
	HOSPICE INPATIENT RESPITE CARE	0	0		0 0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0 0	0	53.0
	NONREI MBURSABLE COST CENTERS			1			1 / 0 0
60.00	BEREAVEMENT PROGRAM	0			0	0	
61.00	VOLUNTEER PROGRAM	0			0	0	61.0
62.00	FUNDRALSING	0			0	0	62.0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.0
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.0
65.00	OTHER PHYSI CI AN SERVI CES	0			0	0	65.0
66.00	RESIDENTIAL CARE	0			0	0	66.0
	ADVERTI SI NG	0			0	0	67.0
	TELEHEALTH/TELEMONI TORI NG	0			0	0	68.0
	THRIFT STORE	0			0	0	
	NURSING FACILITY ROOM & BOARD				_	~	70.0
	OTHER NONREI MBURSABLE (SPECI FY)	0	-		0	0	
	NEGATIVE COST CENTER	0	0	1	0 0	0	
100.00	TOTAL	0	0	1	0 0	0	100.00

COST A	ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL S	ERVICE COSTS	Provider Co Hospice CC		Period: From 07/01/2018 To 06/30/2019	Worksheet 0-6 Part I Date/Time Pre 11/25/2019 4:	epared:
					Hospi ce I		
	Descriptions	PHARMACY	PHYSI CI AN ADMI NI STRATI VE SERVI CES	OTHER GENERA SERVI CE	AL PATI ENT/ RESI DENTI AL CARE SERVI CES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSI NG ADMI NI STRATI ON						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDI CAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	361, 139					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
F0 00	LEVEL OF CARE			1			5 50 00
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		0	1 00/ 00/	
51.00 52.00	HOSPICE ROUTINE HOME CARE	358, 950	0		0 0 0	1, 926, 396	
52.00 53.00	HOSPICE INPATIENT RESPITE CARE HOSPICE GENERAL INPATIENT CARE	2, 189 0	0		0 0	41, 205 1, 787, 188	
55.00	NONREI MBURSABLE COST CENTERS	<u> </u>	0	1	0 0	1, 707, 100	5 55.00
60.00	BEREAVEMENT PROGRAM	0			0	C	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	
62.00	FUNDRAI SI NG	0			0	(	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	C	
64.00	PALLIATIVE CARE PROGRAM	0			0	(	
65.00	OTHER PHYSI CI AN SERVI CES	0			0	(	
66.00	RESI DENTI AL CARE	0	0		0 0	(	
67.00	ADVERTI SI NG	0	-		0	(	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0			0	C	
69.00	THRI FT STORE	0			0	C	69.00
70.00	NURSING FACILITY ROOM & BOARD					C	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	C	71.00
99.00	NEGATIVE COST CENTER	0	0		0 0	C	
100 00	TOTAL	361, 139	0		0 0	3, 754, 789	2100 00

Heal th	Financial Systems	INGALLS MEMORIA	L HOSPI TAL		In Lie	u of Form CMS-:	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL	SERVICE COSTS	Provider CC		Peri od:	Worksheet 0-6	
STATI S	TI CAL BASI S				From 07/01/2018		
			Hospice CCN	N: 14-1535	To 06/30/2019	Date/Time Pre 11/25/2019 4:	pared:
					Hospi ce I	11/23/2019 4.	uz pili
	Cost Center Descriptions	CAP REL BLDG & C	AP REL MVRLE	EMPLOYEE	RECONCI LI ATI ON	ADMI NI STRATI VE	
	cost center beschiptions	FIX	EQUI P	BENEFITS	RECONCILIATION	& GENERAL	
		(SQUARE FEET) (D		DEPARTMENT		(ACCUMULATED	
			, o , i ( , i , i , i , i , i , i , i , i ,	(GROSS		COSTS)	
				SALARI ES)		,	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		100				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1, 449, 94	4		3.00
4.00	ADMI NI STRATI VE & GENERAL	100	100	398, 00	5 -1, 810, 422	1, 944, 367	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0		0 0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0 0	0	6.00
7.00	HOUSEKEEPING	0	0		0 0	0	7.00
8.00	DI ETARY	0	0		0 0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0 0	0	9.00
10.00	ROUTI NE MEDI CAL SUPPLI ES	0	0		0 0	0	10.00
11.00	MEDI CAL RECORDS	0	0		0 0	0	11.00
12.00	STAFF TRANSPORTATION	0	0		0 0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0 0	0	13.00
14.00	PHARMACY	0	0		0 0	187, 011	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0 0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0		0 0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						1
50.00	HOSPICE CONTINUOUS HOME CARE				0 0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			418, 76	4 0	811, 681	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	14, 78	4 0	20, 204	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	618, 39	1 0	925, 471	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0 0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0 0	0	61.00
62.00	FUNDRAI SI NG	0	0		0 0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0 0	0	
64.00	PALLIATIVE CARE PROGRAM	0	0		0 0	0	
65.00	OTHER PHYSICIAN SERVICES	0	0		0 0	0	
66.00	RESI DENTI AL CARE	0	0		0 0	0	
67.00	ADVERTI SI NG	0	0		0 0	0	
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	
69.00	THRI FT STORE	0	0		0 0	0	
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREI MBURSABLE (SPECIFY)	0	0		0 0	0	
	NEGATIVE COST CENTER						99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part		0	535, 24		1, 810, 422	•
101.00	UNIT COST MULTIPLIER	180. 000000	0. 000000	0. 36914	8	0. 931111	101. 00

	Financial Systems	INGALLS MEMOR		<u></u>		u of Form CMS-2	
	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SI TICAL BASIS	ERVICE COSTS	Provider C	JN: 14-0191	Period: From 07/01/2018	Worksheet 0-6 Part II	
STATIS	ITCAL DASIS		Hospi ce CC	N: 14-1535	To 06/30/2019	Date/Time Prep 11/25/2019 4:0	pared:
					Hospi ce I	11/20/2017 114	02 p
	Cost Center Descriptions	PLANT	LAUNDRY &	HOUSEKEEPI N		NURSI NG	
		OPERATION &	LINEN SERVICE	(SQUARE FEET		ADMI NI STRATI ON	
		MAI NTENANCE	(IN-FACILITY		DAYS)		
		(SQUARE FEET)	DAYS)			(DI RECT NURS.	
		5.00	(	7.00		HRS.)	
		5.00	6.00	7.00	8.00	9.00	
1 00	GENERAL SERVICE COST CENTERS						1.00
1.00 2.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP						2.00
	EMPLOYEE BENEFITS DEPARTMENT						
3.00 4.00	ADMINISTRATIVE & GENERAL						3.00 4.00
4.00 5.00	PLANT OPERATION & MAINTENANCE	1, 221					4.00 5.00
6.00	LAUNDRY & LINEN SERVICE	1, 221	0				6.00
7.00	HOUSEKEEPING	0	-		0		7.00
8.00	DI ETARY	0			0 0		8.00
9.00	NURSI NG ADMI NI STRATI ON	0			0 0	0	9.00
9.00 10.00	ROUTINE MEDICAL SUPPLIES	0			0	0	10.00
11.00	MEDICAL RECORDS	0			0	0	11.00
12.00	STAFF TRANSPORTATION	0			0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	12.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSI CI AN ADMI NI STRATI VE SERVI CES	0			0	0	14.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES	0			0	Ű	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	82	0		0 0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1, 139	0		0 0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAI SI NG	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0	0		0 0	0	66.00
67.00	ADVERTI SI NG	0			0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREI MBURSABLE (SPECI FY)	0	0		0 0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I) UNIT COST MULTIPLIER			0 0000			100.00
	UNII GUSI WULTIPLIEK	0. 000000	0. 000000	0.0000	00 0. 000000	0.000000	00 . רטין

Heal th	Financial Systems	INGALLS MEMORI	AL HOSPITAL		In Lie	eu of Form CMS-	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE	RVICE COSTS	Provider C	CN: 14-0191	Period:	Worksheet 0-6	,
STATI S	TICAL BASIS				From 07/01/2018		
			Hospi ce CC	N: 14-1535	To 06/30/2019	Date/Time Pre 11/25/2019 4:	
					Hospi ce I	11/25/2019 4.	uz pili
	Cost Center Descriptions	ROUTI NE	MEDI CAL	STAFF	VOLUNTEER	PHARMACY	
		MEDICAL	RECORDS	TRANSPORTATI		(CHARGES)	
			(PATIENT DAYS)		COORDI NATI ON	(	
		(PATIENT DAYS)	````	(MI LEAGE)	(HOURS OF		
		ľ í			SERVICE)		
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDI CAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION				0		12.00
13.00	VOLUNTEER SERVICE COORDINATION				0 100		13.00
14.00	PHARMACY				0 0	13, 530	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0 0	0	15.00
16.00	OTHER GENERAL SERVICE				0 0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE	· · · · · · · · · · · · · · · · · · ·					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		0 0		
51.00	HOSPICE ROUTINE HOME CARE	0	0		0 0		1
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0 0		1
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0 0	0	53.00
	NONREI MBURSABLE COST CENTERS	<u>т т</u>		1		1	
60.00	BEREAVEMENT PROGRAM				0 0		
61.00	VOLUNTEER PROGRAM				0 100		
62.00	FUNDRAI SI NG				0 0		
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS				0 0	0	1
64.00	PALLIATIVE CARE PROGRAM				0 0	0	
65.00	OTHER PHYSI CI AN SERVI CES				0 0	0	
66.00	RESI DENTI AL CARE				0 0	0	
67.00	ADVERTI SI NG				0 0	0	
68.00	TELEHEALTH/TELEMONI TORI NG				0 0	0	
69.00	THRIFT STORE				0 0	0	
70.00	NURSING FACILITY ROOM & BOARD				-	_	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)				0	0	
	NEGATIVE COST CENTER		-			0/4.400	99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0.0000		361, 139	1
101.00	UNIT COST MULTIPLIER	0. 000000	0. 000000	0.0000	0. 000000	26. 691722	101.00

Heal th	Financial Systems	INGALLS MEMORI	IAL HOSPITAL		In Lie	u of Form CMS-	-2552-10	
COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS			Provider C	CN: 14-0191	Peri od:	Worksheet 0-		
STATI STI CAL BASI S			Hospi ce CC	N: 14-1535	From 07/01/2018 To 06/30/2019	Part II Date/Time Pro		
					Hospi ce I	11/25/2019 4	. uz pili	
	Cost Center Descriptions	PHYSI CI AN	OTHER GENERAL	PATI ENT/				
		ADMI NI STRATI VE		RESI DENTI AL				
		SERVI CES	(SPECI FY	CARE SERVICE	S			
		(PATIENT DAYS)	BASIS)	(IN-FACILIT	Y			
				DAYS)				
		15.00	16.00	17.00				
	GENERAL SERVICE COST CENTERS		1	1				
1.00	CAP REL COSTS-BLDG & FIXT						1.00	
2.00	CAP REL COSTS-MVBLE EQUIP						2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00	
4.00	ADMINISTRATIVE & GENERAL						4.00	
5.00	PLANT OPERATION & MAINTENANCE						5.00	
6.00	LAUNDRY & LINEN SERVICE						6.00	
7.00	HOUSEKEEPING						7.00	
8.00	DI ETARY						8.00	
9.00	NURSING ADMINISTRATION						9.00	
10.00	ROUTINE MEDICAL SUPPLIES						10.00	
11.00	MEDI CAL RECORDS						11.00	
12.00	STAFF TRANSPORTATION						12.00	
13.00	VOLUNTEER SERVICE COORDINATION						13.00	
14.00	PHARMACY						14.00	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0					15.00	
16.00	OTHER GENERAL SERVICE		0				16.00	
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00	
	LEVEL OF CARE	1		1			_	
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00	
51.00	HOSPICE ROUTINE HOME CARE	0					51.00	
52.00	HOSPICE INPATIENT RESPITE CARE	0			0		52.00	
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0		53.00	
(0.00	NONREI MBURSABLE COST CENTERS	1					1 (0.00	
60.00	BEREAVEMENT PROGRAM		0				60.00	
61.00	VOLUNTEER PROGRAM		0				61.00	
62.00			0				62.00	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0				63.00	
64.00	PALLIATIVE CARE PROGRAM						64.00	
65.00	OTHER PHYSICIAN SERVICES				0		65.00	
66.00	RESIDENTIAL CARE	0			0		66.00	
67.00	ADVERTI SI NG						67.00	
68.00	TELEHEALTH/TELEMONI TORI NG						68.00	
69.00	THRIFT STORE			1			69.00	
70.00	NURSING FACILITY ROOM & BOARD				0		70.00	
71.00 99.00	OTHER NONREIMBURSABLE (SPECIFY) NEGATIVE COST CENTER	0		1	U		71.00 99.00	
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	_			0		100.00	
	UNIT COST MULTIPLIER	0. 000000	0. 000000	0.0000			100.00	
101.00	UNIT COST MULTIFLIER	0.00000	0.00000	1 0.0000	50		101.00	

Heal th	Financial Systems	INGALLS MEMORIA	L HOSPITAL		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY		Provider CCN: 14-0191		Peri od:	Worksheet 0-7		
LEVEL	OF CARE		Hospi ce CCI	N: 14-1535	From 07/01/2018 To 06/30/2019	Date/Time Pre 11/25/2019 4:	
					Hospi ce I		
				Charges by	y LOC (from Provi	der Records)	
	Cost Center Descriptions	From Wkst. C, Co Part I, Col. 9	ost to Charge Ratio	HCHC	HRHC	HI RC	
		line	Ratio				
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSI CAL THERAPY	66.00	0. 220037		0 0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0. 291290		0 0	0	
3.00	SPEECH PATHOLOGY	68.00	0. 234076		0 0	0	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0. 161106		0 0	0	
4.01	INFUSION THERAPY	73.01	1. 654528		0 0	0	
4.03	PHARMACY VACCINE	73.03	0. 155463		0 0	0	4.03
4.04	FCC INFUSION THERAPY	73.04	0. 106362		0 0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0. 099665		0 0	0	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1. 722319		0 0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADI OLOGY-THERAPEUTI C	55.00					9.00
10. 97	CARDI AC REHABI LI TATI ON	76. 97	0. 900599		0 0	0	
10. 98	HYPERBARI C OXYGEN THERAPY	76. 98	0. 182701		0 0	0	
10. 99	LI THOTRI PSY	76. 99	0. 000000		0 0	0	
11.00	Totals (sum of lines 1–11)						11.00
		Charges by LOC		Shared Serv	ice Costs by LOC		
		(from Provider					
	Cast Castas Descriptions	Records)	0110 (1 1				
	Cost Center Descriptions	HGI P HG			xHIRC (col. 1 x col. 4)	col. 5)	
		5.00	6.00	7.00	8.00	9,00	
	ANCI LLARY SERVICE COST CENTERS	5.00	0.00	7.00	0.00	9.00	
1.00	PHYSICAL THERAPY	0	0		0 0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0		0 0	0	
3.00	SPEECH PATHOLOGY	0	0		0 0	0	
4.00	DRUGS CHARGED TO PATI ENTS	0	0		0 0	0	
4.01	INFUSION THERAPY	0	0		0 0	0	
4.03	PHARMACY VACCINE	0	0		0 0	0	
4.04	FCC INFUSION THERAPY	0	0		0 0	0	
5.00	DURABLE MEDICAL EQUIP-RENTED		0		0	0	5.00
6.00	LABORATORY	0	0		0 0	0	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	o	0		0 0	0	•
8.00	OTHER OUTPATIENT SERVICE COST CENTER		0				8.00
9.00	RADI OLOGY-THERAPEUTI C						9.00
10.97	CARDI AC REHABI LI TATI ON	0	0		0 0	0	
10.98	HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	•
10.99	LI THOTRI PSY	0	0		0 0	0	
11.00	Totals (sum of lines 1–11)		0		0 0	0	•
		· ·					-

		INGALLS MEMORIAL		N 14 0101		u of Form CMS-2	
ALCULATI	ON OF HOSPITAL-BASED HOSPICE PER DIEM COS		Provider C	JN: 14-0191	Period: From 07/01/2018	Worksheet 0-8	
			Hospi ce CCI	N: 14-1535	To 06/30/2019	Date/Time Pre	pared
						11/25/2019 4:	
					Hospi ce I		
				TITLE XVIII	TI TLE XI X	TOTAL	
				MEDI CARE	MEDI CAI D		
				1.00	2.00	3.00	
	SPICE CONTINUOUS HOME CARE						
	otal cost (Wkst. 0-6, Part I, col. 18, line	e 50 plus Wkst. O-1	7, col. 6,			0	1. (
	ne 11)						
	otal unduplicated days (Wkst. S-9, col. 4,					0	2.
	otal average cost per diem (line 1 divided					0.00	3.
	nduplicated program days (Wkst. S-9 col. as	s appropriate, line	e 10)		0 0		4.
	rogram cost (line 3 times line 4)				0 0		5.
	SPICE ROUTINE HOME CARE				1		
	otal cost (Wkst. 0-6, Part I, col. 18, line	e 51 plus Wkst. O-1	7, col. 7,			1, 926, 396	6.
	ne 11)						
	otal unduplicated days (Wkst. S-9, col. 4,					14, 346	7.
	otal average cost per diem (line 6 divided					134.28	8.
.00 Un	nduplicated program days (Wkst. S-9, col. a	as appropriate, lin	ne 11)	12, 75	54 995		9.
	ogram cost (line 8 times line 9)			1, 712, 60	07 133, 609		10.
	SPICE INPATIENT RESPITE CARE						
	otal cost (Wkst. 0-6, Part I, col. 18, line	e 52 plus Wkst. O-1	7, col. 8,			41, 205	11.
	ne 11)						
	otal unduplicated days (Wkst. S-9, col. 4,						12.
	otal average cost per diem (line 11 divideo					235.46	
	nduplicated program days (Wkst. S-9, col. a	as appropriate, lin	ne 12)	10			14.
	rogram cost (line 13 times line 14)			24, 48	38 4, 003		15.
	SPICE GENERAL INPATIENT CARE						
	otal cost (Wkst. 0-6, Part I, col. 18, line	e 53 plus Wkst. O-1	7, col. 9,			1, 787, 188	16.
	ne 11)						
	otal unduplicated days (Wkst. S-9, col. 4,					1, 355	
	otal average cost per diem (line 16 divideo					1, 318. 96	
	nduplicated program days (Wkst. S-9, col. a	as appropriate, lin	ne 13)	1, 04			19.
	ogram cost (line 18 times line 19)			1, 382, 27	70 262, 473		20.
	TAL HOSPICE CARE						
	otal cost (sum of line 1 + line 6 + line 1					3, 754, 789	
	otal unduplicated days (Wkst. S-9, col. 4,					15, 876	
3.00 Av	verage cost per diem (line 21 divided by li	ine 22)				236.51	23

CALCULATION OF CAPITAL PAYMENT		Provider CCN	Provider CCN: 14-0191		Worksheet L Parts I-III Date/Time Pre		
		Title	XVIII	Hospi tal	11/25/2019 4: PPS	02 pr	
				nospi tui			
					1.00		
PART	I - FULLY PROSPECTIVE METHOD						
	TAL FEDERAL AMOUNT						
	tal DRG other than outlier				2, 922, 004	1.	
	el 4 BPCI Capital DRG other than outlier				0		
	tal DRG outlier payments				48, 669		
	el 4 BPCI Capital DRG outlier payments				0	1	
	I inpatient days divided by number of days		d (see inst	ructions)	146.38		
	per of interns & residents (see instruction				0.00		
	rect medical education percentage (see ins	· · · · · · · · · · · · · · · · · · ·			0.00		
1.01	rect medical education adjustment (multipl)(see instructions)	5 5			0 6. 87		
30)	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)						
						8.	
					39.74		
	0 Allowable disproportionate share percentage (see instructions)				8.38		
	proportionate share adjustment (see instru				244, 864		
. 00  Tota	l prospective capital payments (see instru	ctions)			3, 215, 537	12.	
					1.00		
DADT	II - PAYMENT UNDER REASONABLE COST				1.00		
	ram inpatient routine capital cost (see in				0	1 1.	
	ram inpatient ancillary capital cost (see in				0		
	I inpatient program capital cost (line 1)				0	1	
	tal cost payment factor (see instructions)				0		
	I inpatient program capital cost (line 3 x	line 4)			0		
00 1.010							
DADT	III - COMPUTATION OF EXCEPTION PAYMENTS				1.00		
	ram inpatient capital costs (see instructi	ons)			0	1 1.	
	ram inpatient capital costs (see fistidet)	2	uctions)		0		
	program inpatient capital costs (line 1 mi	5	actions)		0		
	icable exception percentage (see instructi				0.00	-	
· · · · · · · ·	tal cost for comparison to payments (line				0,00		
	centage adjustment for extraordinary circu				0.00		
	istment to capital minimum payment level for		s (line 2 >	(line 6)	0		
	tal minimum payment level (line 5 plus lin	2		,	0		
	rent year capital payments (from Part I, li				0		
	ent year comparison of capital minimum pay		ts (line 8	less line 9)	0	10.	
	yover of accumulated capital minimum payme sheet L, Part III, line 14)	nt level over capital payment	t (from pri	or year	0	11.	
.00 Net	comparison of capital minimum payment leve	l to capital payments (line ´	10 plus lir	ne 11)	0	12.	
	ent year exception payment (if line 12 is				0	13.	
	yover of accumulated capital minimum paym line 12 is negative, enter the amount on	nt level over capital payment			0	14.	
						1	
(if		avment (see instructions)			0	I 15.	
if 0.00 Curr	ent year allowable operating and capital period of the second sec				0		