

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ XX ] MCR CODE 1

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MERCY HOSPITAL & MEDICAL CENTER (14-0158) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	
2	SUBPROVIDER I	3975935	1167495	2459906	1
2.01	SUBPROVIDER II	57173			2
3	SWING BED - SNF	365562			2.01
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	4398670	1167495	2459906	9
					100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2525 SOUTH MICHIGAN AVENUE  
 1.01 CITY: CHICAGO STATE: IL

P.O.BOX:  
 ZIP CODE: 60616-2477 COUNTY: COOK

1  
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	MERCY HOSPITAL & MEDICAL CENTER	14-0158	07/01/1966	N	P	O	2
3	SUBPROVIDER I	MERCY HOSPITAL & MEDICAL CENTER	14-S158	07/01/1984	N	T	O	3
3.01	SUBPROVIDER II	MERCY HOSPITAL & MEDICAL CENTER	14-T158	07/01/1984	N	P	O	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2007	TO: 06/30/2008	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20
20.01	SUBPROVIDER II	5	20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES		21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.			21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N	N	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1			21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO			21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.				24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.				24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES			40
40.01	NAME: ENTER NAME IN COLUMN 1	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O.BOX:		40.02
40.03	CITY:		STATE: ZIP CODE:		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO				52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO				52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD: BEGINNING: ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO				54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO				55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56	
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		YES	NO		58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59	
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES	NO		60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01	
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61	
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS		
	12	13	14	15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5231	1	14804	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
7.01	NURSERY INTENSIVE CARE CENTER					7.01
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		5231	1	14804	12
13	RPCH VISITS					13
14	SUBPROVIDER I		245	1	1038	14
14.01	REHAB		181	23	386	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	86065828		86065828	3212552.00	26.79		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	617671		617671	7343.00	84.12		4
4.01 TEACHING PHYSICIAN SALARIES	1436178		1436178	18996.00	75.60		4.01
5 PHYSICIAN - PART B	1959947		1959947	22432.00	87.37		5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	4557647	-1403151	3154496	141354.00	22.32		6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	11707854	72065	11779919	377050.00	31.24		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	10073122		10073122	214404.00	46.98		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1047373		1047373	15693.00	66.74		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	13797398		13797398			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1961217		1961217			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A	66527		66527			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	164872		164872			CMS 339	18.01
19 PHYSICIAN PART B	206498		206498			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	649483		649483			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1756044		1756044	61311.00	28.64		21
22 ADMINISTRATIVE & GENERAL	13359765	73728	13433493	508378.00	26.42		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	700000		700000	3500.00	200.00		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2114145		2114145	93890.00	22.52		24
25 LAUNDRY & LINEN SERVICE	268534		268534	21995.00	12.21		25
26 HOUSEKEEPING	2043699		2043699	186308.00	10.97		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	242		242	9.00	26.89		27
27.01 DIETARY UNDER CONTRACT	2163563		2163563	101920.00	21.23		27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1369424		1369424	31482.00	43.50		30
31 CENTRAL SERVICES AND SUPPLY	833386		833386	22151.00	37.62		31
32 PHARMACY							32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1064736		1064736	55149.00	19.31		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5		
1 NET SALARIES	78112056	1403151	79515207	3029770.00	26.24		1
2 EXCLUDED AREA SALARIES	11707854	72065	11779919	377050.00	31.24		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	66404202	1331086	67735288	2652720.00	25.53		3
4 SUBTOTAL OTHER WAGES & REL COSTS	11120495		11120495	230097.00	48.33		4
5 SUBTOTAL WAGE-RELATED COSTS	13863925		13863925		20.47%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	91388622	1331086	92719708	2882817.00	32.16		6
7 NET SALARIES							7
8 EXCLUDED AREA SALARIES							8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10 SUBTOTAL OTHER WAGES & REL COSTS							10
11 SUBTOTAL WAGE-RELATED COSTS							11
12 TOTAL (SUM OF LINES 9 THRU 11)							12
13 TOTAL OVERHEAD COSTS	25673538	73728	25747266	1086093.00	23.71		13

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	61425316 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	61425316 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.321244 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	143984490 28
29	TOTAL GROSS MEDICAID COST	46254154 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	26108149 30
31	UNCOMPENSATED CARE COST	8387086 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	46254154 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
69.40	6940								69.40
71	7100								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95		77177955	120139283	197317238	443415	197760653	-21429383	176331270	95
NONREIMBURSABLE COST CENTERS									
96	9600								96
97	9700		19893	19893		19893		19893	97
98	9800	8625841	4499363	13125204	-536916	12588288		12588288	98
98.01	9801	39850	146553	186403		186403		186403	98.01
98.02	9802	40721	133098	173819		173819		173819	98.02
98.03	9804								98.03
98.04	9805								98.04
98.05	9803	181461	45176	226637		226637		226637	98.05
100	7950								100
100.01	7951								100.01
100.02	7952				93501	93501		93501	100.02
100.03	7953								100.03
101	TOTAL	86065828	124983366	211049194		211049194	-21429383	189619811	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		149315
2					
3 D&T COST ALLOCATION	B	ADMINISTRATIVE & GENERAL	6		816528
4					
5 DEPRECIATION EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		3420287
6	C	NEW CAP REL COSTS-MVBLE EQUIP	4		4110735
7					
8 SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	27.01	863450	148156
9					
10 TEACHING COMPENSATION	E	I&R SERVICES-SALARY & FRINGES	22	214011	
11	E				
12	E				
13	E				
14	E				
15					
16					
17					
18					
19					
20 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		1663875
21					
22					
23 PHYSICIAN ADMIN SALARIES	H	ADMINISTRATIVE & GENERAL	6	180984	
24					
25 ENT COSTS	I	OTHER NONREIMBURSABLE COST CE	100.02	72065	
26	I	OTHER NONREIMBURSABLE COST CE	100.02		21436
27					
28 TEACHING SALARIES	J	I&R SERVICES-OTHER PRGM COSTS	23	1436178	
29					
30 MEDICAL SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO P	55		1495491
31					
32 BILLING FEES	L	ADMINISTRATIVE & GENERAL	6		750248
33	L				
34					
35					
36 TOTAL RECLASSIFICATIONS				2766688	12576071

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		149315	9 1
2						2
3 D&T COST ALLOCATION	B	CLINIC	60		816528	3
4						4
5 DEPRECIATION EXPENSE	C	ADMINISTRATIVE & GENERAL	6		7531022	9 5
6	C					9 6
7						7
8 SPECIAL CARE NURSERY	D	NURSERY	33	863450	148156	8
9						9
10 TEACHING COMPENSATION	E	ADMINISTRATIVE & GENERAL	6	107256		10
11	E	RADIOISOTOPE	43	907		11
12	E	CARDIOVASCULAR LAB	59.01	28740		12
13	E	MENTAL HEALTH CENTER	59.12	54429		13
14	E	CLINIC	60	22679		14
15						15
16						16
17						17
18						18
19						19
20 INTEREST EXPENSE	G	ADMINISTRATIVE & GENERAL	6		1663875	9 20
21						21
22						22
23 PHYSICIAN ADMIN SALARIES	H	I&R SERVICES-SALARY & FRINGES	22	180984		23
24						24
25 ENT COSTS	I	MERCY ENT	59.03	72065		25
26	I	MERCY ENT	59.03		21436	26
27						27
28 TEACHING SALARIES	J	I&R SERVICES-SALARY & FRINGES	22	1436178		28
29						29
30 MEDICAL SUPPLIES	K	CENTRAL SERVICES & SUPPLY	15		1495491	30
31						31
32 BILLING FEES	L	CLINIC	60		213332	32
33	L	PHYSICIANS' PRIVATE OFFICES	98		536916	33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2766688	12576071	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	5288314				156996	5131318		1
2 LAND IMPROVEMENTS	3198277	95457		95457	1458834	1834900		2
3 BUILDINGS AND FIXTURES	61692389	891736		891736	2763372	59820753		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	47751345	1453750		1453750	464321	48740774		5
6 MOVABLE EQUIPMENT	120876034	2667049		2667049	47505941	76037142		6
7 SUBTOTAL	238806359	5107992		5107992	52349464	191564887		7
8 RECONCILING ITEMS								8
9 TOTAL	238806359	5107992		5107992	52349464	191564887		9



ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-493587	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER	B	-567198	ADMINISTRATIVE & GENERAL	6	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6969672			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-686824			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-915464	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		SPEECH PATHOLOGY	52	36
37					37
37.05 MISCELLANEOUS REVENUE	B	-23342	EMPLOYEE BENEFITS	5	37.05
37.61 MARKETING COSTS	A	-503517	ADMINISTRATIVE & GENERAL	6	37.61
37.62 AMBULANCE COSTS	A	-51577	NURSING ADMINISTRATION	14	37.62
37.63 LOBBYING COSTS	A	-22196	ADMINISTRATIVE & GENERAL	6	37.63
37.73 MISCELLANEOUS INCOME	B	-132572	ADMINISTRATIVE & GENERAL	6	37.73
37.75 MISCELLANEOUS INCOME	B	-4300	OPERATION OF PLANT	8	37.75
37.78 MISCELLANEOUS INCOME	B	-4223	RADIOLOGY-DIAGNOSTIC	41	37.78
37.79 REFERRAL LAB REVENUE	B	-276979	LABORATORY	44	37.79
37.80 THERAPY CONTRACT REVENUE	B	-1000	OCCUPATIONAL THERAPY	51	37.80
37.81 THERAPY CONTRACT SERVICES	B	-13387	SPEECH PATHOLOGY	52	37.81
37.83 MISCELLANEOUS INCOME	B	-2180	CARDIAC REHAB	59.05	37.83
37.84 D&T SUBSIDY	A	-600000	ADMINISTRATIVE & GENERAL	6	37.84
37.86 PRIOR YEAR LAPSING SCHEDULE	A	15209	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.86
37.87 PRIOR YEAR LAPSING SCHEDULE	A	-18915	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.87
37.88 AMORTIZATION OF GOODWILL	A	-32500	ADMINISTRATIVE & GENERAL	6	37.88
37.89 MISC INCOME	B	-18000	I&R SERVICES-OTHER PRGM COSTS A	23	37.89
37.90 MISC INCOME	B	-732	PHYSICAL THERAPY	50	37.90
37.91 MISC INCOME	B	-56	WOUND CARE CENTER	59.04	37.91
37.92 MRI OTHER REVENUE	B	-185	MRI CENTER	41.01	37.92
37.93 CATH LAB OTHER REVENUE	B	-1750	PSYCH PARTIAL HOSPITAL	59.10	37.93
37.94 MISC REVENUE	B	-594	UROLOGY	59.08	37.94
37.95 PROVIDER TAX	A	-6039734	ADMINISTRATIVE & GENERAL	6	37.95
37.98 OTHER NON-ALLOWABLE EXPENSES	A	-166491	ADMINISTRATIVE & GENERAL	6	37.98
38 MISC INCOME	B	-13774	CLINIC	60	38
39 ELMINATE COSTS	A	-83	ADDP OP	59.09	39
40 D&T BAD DEBTS	A	-178627	CLINIC	60	40
41 PHYSICIANS MALPRACTICE EXPENSES	A	-2303397	ADMINISTRATIVE & GENERAL	6	41
42 PHYSICIANS PART B BENEFITS	A	-798614	EMPLOYEE BENEFITS	5	42
43 OCCUPATIONAL MEDICINE ADMIN	A	-603122	ADMINISTRATIVE & GENERAL	6	43

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
12/03/2008 12:13

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL		-21429383				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6	ADMINISTRATIVE & GENERAL	618481	618481		1
2	41	RADIOLOGY-DIAGNOSTIC	660473	1347297	-686824	2
3						3
4						4
5	TOTALS		1278954	1965778	-686824	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	B SISTERS OF MERCY	100.00			RELIGIOUS ORDER		1
2							2
3							3
4							4
5							5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	957452	682129	275323	177200	2921	248847	12442
2	17	MEDICAL RECORDS & LIBRAR	22450		22450	177200	225	19168	958
3	23	I&R SERVICES-OTHER PRGM	2528112	19153	2508959	177200	18996	1618313	80916
4	25	ADULTS & PEDIATRICS	591229	589949	1280	177200	16	1363	68
5	26	INTENSIVE CARE UNIT	322761	194280	128481	177200	1672	142442	7122
6	31	SUBPROVIDER I	72345	38697	33648	177200	207	17635	882
7	31.01	REHAB	120000		120000	177200	1200	102231	5112
8	33	NURSERY	1458911	1458911					
9	41	RADIOLOGY-DIAGNOSTIC	36000		36000	177200	360	30669	1533
10	42	RADIOLOGY-THERAPEUTIC	200200	200200					
11	44	LABORATORY	25000		25000	177200	250	21298	1065
12	59.01	CARDIOVASCULAR LAB	696227	396227	300000	177200	3000	255577	12779
13	59.10	PSYCH PARTIAL HOSPITAL	51850	26000	25850	177200	259	22065	1103
14	59.12	MENTAL HEALTH CENTER	240113	190507	49606	177200	496	42255	2113
15	60	CLINIC	1323455	1187295	136160	177200	6001	511239	25562
16	61	EMERGENCY	947113	947113		177200	1	85	4
17	43	RADIOISOTOPE	21767		21767	177200	218	18572	929
18	59.05	CARDIAC REHAB	21270	15045	6225	177200	74	6304	315
19	37.01	GI LAB	19231		19231	177200	200	17038	852
101		TOTAL	9655486	5945506	3709980		36096	3075101	153755

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE				248847	26476	708605
2	17	MEDICAL RECORDS & LIBRAR	AGGREGATE				19168	3282	3282
3	23	I&R SERVICES-OTHER PRGM	AGGREGATE				1618313	890646	909799
4	25	ADULTS & PEDIATRICS	AGGREGATE				1363		589949
5	26	INTENSIVE CARE UNIT	AGGREGATE				142442		194280
6	31	SUBPROVIDER I	AGGREGATE				17635	16013	54710
7	31.01	REHAB	AGGREGATE				102231	17769	17769
8	33	NURSERY	AGGREGATE						1458911
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				30669	5331	5331
10	42	RADIOLOGY-THERAPEUTIC	AGGREGATE						200200
11	44	LABORATORY	AGGREGATE				21298	3702	3702
12	59.01	CARDIOVASCULAR LAB	AGGREGATE				255577	44423	440650
13	59.10	PSYCH PARTIAL HOSPITAL	AGGREGATE				22065	3785	29785
14	59.12	MENTAL HEALTH CENTER	AGGREGATE				42255	7351	197858
15	60	CLINIC	AGGREGATE				511239		1187295
16	61	EMERGENCY	AGGREGATE				85		947113
17	43	RADIOISOTOPE	AGGREGATE				18572	3195	3195
18	59.05	CARDIAC REHAB	AGGREGATE				6304		15045
19	37.01	GI LAB	AGGREGATE				17038	2193	2193
101		TOTAL					3075101	1024166	6969672



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
	0	3	4	5	5A	6	8	9	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	176331270	4436865	4133747	17532193	175188208	29597403	14122827	1335538	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5685			5685	1180	28474		96
97 RESEARCH	19893				19893	4129			97
98 PHYSICIANS' PRIVATE OFFICES	12588288		120647	789018	13497953	2801662			98
98.01 DNBAR CLINIC	186403			9272	195675	40615		10736	98.01
98.02 PHILLIPS HEALTH	173819			9475	183294	38045			98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE		109254			109254	22677	547247		98.04
98.05 DOCTORS OFFICE	226637	38771	1950	42222	309580	64257	194203		98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT	93501			16768	110269	22888			100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	189619811	4590575	4256344	18398948	189619811	32592856	14892751	1346274	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	
	10	11	12	14	15	16	17	22	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	4420098	4595453	2018984	2539115	1850202	15921592	2414585	8291849	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	9698								96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES	32045		234140		14300				98
98.01 DNBAR CLINIC			1968		270				98.01
98.02 PHILLIPS HEALTH			1752		283				98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE	73366								98.04
98.05 DOCTORS OFFICE	65355		11814		2164				98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01SENIOR FRIENDS									100.01
100.02OTHER NONREIMBURSABLE COST CENT			9240						100.02
100.03OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4600562	4595453	2277898	2539115	1867219	15921592	2414585	8291849	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	23	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A	1912945				23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	1092739	41038884	-5829318	35209566	25
26 INTENSIVE CARE UNIT	73265	6742933	-390840	6352093	26
27 CORONARY CARE UNIT	27575	2836360	-147102	2689258	27
27.01 NURSERY INTENSIVE CARE CENTER	53942	1895313	-287761	1607552	27.01
31 SUBPROVIDER I		4461989		4461989	31
31.01 REHAB	24556	2589533	-130996	2458537	31.01
33 NURSERY		1774136		1774136	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	161022	17665193	-858989	16806204	37
37.01 GI LAB		1381685		1381685	37.01
38 RECOVERY ROOM		1186964		1186964	38
39 DELIVERY ROOM & LABOR ROOM		5549317		5549317	39
40 ANESTHESIOLOGY		641394		641394	40
41 RADIOLOGY-DIAGNOSTIC	246565	11150481	-1315327	9835154	41
41.01 MRI CENTER		1139630		1139630	41.01
42 RADIOLOGY-THERAPEUTIC		991490		991490	42
43 RADIOISOTOPE		1436801		1436801	43
44 LABORATORY		11528781		11528781	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		2737484		2737484	49
50 PHYSICAL THERAPY		1483288		1483288	50
51 OCCUPATIONAL THERAPY		1247650		1247650	51
52 SPEECH PATHOLOGY		469290		469290	52
54 ELECTROENCEPHALOGRAPHY		130820		130820	54
55 MEDICAL SUPPLIES CHARGED TO PAT		2787410		2787410	55
56 DRUGS CHARGED TO PATIENTS		16365182		16365182	56
57 RENAL DIALYSIS		873733		873733	57
59 EMG		95789		95789	59
59.01 CARDIOVASCULAR LAB		10864848		10864848	59.01
59.02 MERCY EYE CENTER		713056		713056	59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER		682290		682290	59.04
59.05 CARDIAC REHAB		479818		479818	59.05
59.06 PRE-BIRTH CENTER		271141		271141	59.06
59.07 SLEEP LAB		267199		267199	59.07
59.08 UROLOGY		124351		124351	59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL		819904		819904	59.10
59.11 DIABETES TREATMENT		169340		169340	59.11
59.12 MENTAL HEALTH CENTER		1172796		1172796	59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		5682071		5682071	60
61 EMERGENCY	233281	9507356	-1244461	8262895	61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	23	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	1912945	170955700	-10204794	160750906
NONREIMBURSABLE COST CENTERS				95
96 GIFT, FLOWER, COFFEE SHOP & CAN		45037		45037
97 RESEARCH		24022		24022
98 PHYSICIANS' PRIVATE OFFICES		16580100		16580100
98.01 DNBAR CLINIC		249264		249264
98.02 PHILLIPS HEALTH		223374		223374
98.03 OTHER HOME HEALTH				98.03
98.04 VITAS HOSPICE		752544		752544
98.05 DOCTORS OFFICE		647373		647373
100 OTHER NONREIMBURSABLE COST CENT				100
100.01 SENIOR FRIENDS				100.01
100.02 OTHER NONREIMBURSABLE COST CENT		142397		142397
100.03 OTHER NONREIMBURSABLE COST CENT				100.03
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	1912945	189619811	-10204794	179415017



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1813105	4436865	4133747	10383717	32300	2626710	995520	112671	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5685		5685		105	2007		96
97 RESEARCH						366			97
98 PHYSICIANS' PRIVATE OFFICES			120647	120647	1455	248646			98
98.01 DNBAR CLINIC					17	3605		906	98.01
98.02 PHILLIPS HEALTH					17	3376			98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE		109254		109254		2013	38576		98.04
98.05 DOCTORS OFFICE		38771	1950	40721	78	5703	13689		98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01SENIOR FRIENDS									100.01
100.02OTHER NONREIMBURSABLE COST CENT									100.02
100.03OTHER NONREIMBURSABLE COST CENT					31	2031			100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1813105	4590575	4256344	10660024	33898	2892555	1049792	113577	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES
	10	11	12	14	15	16	17	22
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	128320	257488	113127	113002	123535	290367	77383	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	282							96
97 RESEARCH								97
98 PHYSICIANS' PRIVATE OFFICES	930		13119		955			98
98.01 DNBAR CLINIC			110		18			98.01
98.02 PHILLIPS HEALTH			98		19			98.02
98.03 OTHER HOME HEALTH								98.03
98.04 VITAS HOSPICE	2130							98.04
98.05 DOCTORS OFFICE	1897		662		144			98.05
100 OTHER NONREIMBURSABLE COST CENT								100
100.01SENIOR FRIENDS								100.01
100.02OTHER NONREIMBURSABLE COST CENT			518					100.02
100.03OTHER NONREIMBURSABLE COST CENT								100.03
101 CROSS FOOT ADJUSTMENTS								127843 101
102 NEGATIVE COST CENTER								102
103 TOTAL	133559	257488	127634	113002	124671	290367	77383	127843 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R	SUBTOTAL	I&R COST &	TOTAL
	PROGRAM COSTS		POST STEP-DOWN ADJS	
	23	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A	178401			23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		1722599		1722599
26 INTENSIVE CARE UNIT		221198		221198
27 CORONARY CARE UNIT		85470		85470
27.01 NURSERY INTENSIVE CARE CENTER		28446		28446
31 SUBPROVIDER I		271238		271238
31.01 REHAB		128612		128612
33 NURSERY		70491		70491
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		1465235		1465235
37.01 GI LAB		230437		230437
38 RECOVERY ROOM		69997		69997
39 DELIVERY ROOM & LABOR ROOM		307432		307432
40 ANESTHESIOLOGY		117998		117998
41 RADIOLOGY-DIAGNOSTIC		1004447		1004447
41.01 MRI CENTER		263077		263077
42 RADIOLOGY-THERAPEUTIC		142009		142009
43 RADIOISOTOPE		107790		107790
44 LABORATORY		640980		640980
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		168423		168423
50 PHYSICAL THERAPY		62978		62978
51 OCCUPATIONAL THERAPY		88131		88131
52 SPEECH PATHOLOGY		15134		15134
54 ELECTROENCEPHALOGRAPHY		13076		13076
55 MEDICAL SUPPLIES CHARGED TO PAT		180314		180314
56 DRUGS CHARGED TO PATIENTS		332705		332705
57 RENAL DIALYSIS		23115		23115
59 EMG		3774		3774
59.01 CARDIOVASCULAR LAB		828127		828127
59.02 MERCY EYE CENTER		103879		103879
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER		230385		230385
59.05 CARDIAC REHAB		28180		28180
59.06 PRE-BIRTH CENTER		4520		4520
59.07 SLEEP LAB		4184		4184
59.08 UROLOGY		3992		3992
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL		28825		28825
59.11 DIABETES TREATMENT		3145		3145
59.12 MENTAL HEALTH CENTER		52058		52058
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		272022		272022
61 EMERGENCY		409547		409547
62 OBSERVATION BEDS (NON-DISTINCT)				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	23	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS		9733970		9733970
NONREIMBURSABLE COST CENTERS				95
96 GIFT, FLOWER, COFFEE SHOP & CAN		8079		8079
97 RESEARCH		366		366
98 PHYSICIANS' PRIVATE OFFICES		385752		385752
98.01 DNBAR CLINIC		4656		4656
98.02 PHILLIPS HEALTH		3510		3510
98.03 OTHER HOME HEALTH				98.03
98.04 VITAS HOSPICE		151973		151973
98.05 DOCTORS OFFICE		62894		62894
100 OTHER NONREIMBURSABLE COST CENT				100
100.01 SENIOR FRIENDS				100.01
100.02 OTHER NONREIMBURSABLE COST CENT		2580		2580
100.03 OTHER NONREIMBURSABLE COST CENT				100.03
101 CROSS FOOT ADJUSTMENTS	178401	306244		306244
102 NEGATIVE COST CENTER				102
103 TOTAL	178401	10660024		10660024







COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY COSTED REQUI	
	9	10	11	12	13	14	15	16	
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1544836	10483	337087	2074435	10000	1296027	19309252	13940745	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		23							96
97 RESEARCH									97
98 PHYSICIANS' PRIVATE OFFICES		76		240570			149243		98
98.01 DNBAR CLINIC	12418			2022			2816		98.01
98.02 PHILLIPS HEALTH				1800			2953		98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE		174							98.04
98.05 DOCTORS OFFICE		155		12138			22580		98.05
100 OTHER NONREIMBURSABLE COST CE									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CE				9494					100.02
100.03 OTHER NONREIMBURSABLE COST CE									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1346274	4600562	4595453	2277898		2539115	1867219	15921592	103
104 UNIT COST MULT-WS B PT I	.864518		13.632840				.095819		104
104 UNIT COST MULT-WS B PT I		421.644396		.973270		1.959153		1.142090	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	113577	133559	257488	127634		113002	124671	290367	107
108 UNIT COST MULT-WS B PT III	.072934		.763862				.006398		108
108 UNIT COST MULT-WS B PT III		12.240766		.054534		.087191		.020829	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	I&R	I&R	
	RECORDS + LIBRARY GROSS REVENUE	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	17	22	23	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	500401139			17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES		9504		22
23 I&R SERVICES-OTHER PRGM COSTS			9504	23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	66688836	5429	5429	25
26 INTENSIVE CARE UNIT	8483795	364	364	26
27 CORONARY CARE UNIT	3203919	137	137	27
27.01 NURSERY INTENSIVE CARE CENTER	4805309	268	268	27.01
31 SUBPROVIDER I	7645206			31
31.01 REHAB	2956178	122	122	31.01
33 NURSERY	4845641			33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	34554199	800	800	37
37.01 GI LAB	5189819			37.01
38 RECOVERY ROOM	3014357			38
39 DELIVERY ROOM & LABOR ROOM	20762843			39
40 ANESTHESIOLOGY	4502046			40
41 RADIOLOGY-DIAGNOSTIC	48262779	1225	1225	41
41.01 MRI CENTER	6571347			41.01
42 RADIOLOGY-THERAPEUTIC	4622594			42
43 RADIOISOTOPE	7812086			43
44 LABORATORY	77221456			44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY	15192609			49
50 PHYSICAL THERAPY	3343491			50
51 OCCUPATIONAL THERAPY	1964445			51
52 SPEECH PATHOLOGY	969886			52
54 ELECTROENCEPHALOGRAPHY	350530			54
55 MEDICAL SUPPLIES CHARGED TO P	4171823			55
56 DRUGS CHARGED TO PATIENTS	53502833			56
57 RENAL DIALYSIS	4212237			57
59 EMG	548989			59
59.01 CARDIOVASCULAR LAB	53419889			59.01
59.02 MERCY EYE CENTER	1224837			59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	902268			59.04
59.05 CARDIAC REHAB	783156			59.05
59.06 PRE-BIRTH CENTER	716259			59.06
59.07 SLEEP LAB	1324764			59.07
59.08 UROLOGY	106863			59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	2931330			59.10
59.11 DIABETES TREATMENT	92863			59.11
59.12 MENTAL HEALTH CENTER	1014424			59.12
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	6359303			60
61 EMERGENCY	36125930	1159	1159	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
	17	22	23	
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	500401139	9504	9504	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
97 RESEARCH				97
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 DNBAR CLINIC				98.01
98.02 PHILLIPS HEALTH				98.02
98.03 OTHER HOME HEALTH				98.03
98.04 VITAS HOSPICE				98.04
98.05 DOCTORS OFFICE				98.05
100 OTHER NONREIMBURSABLE COST CE				100
100.01 SENIOR FRIENDS				100.01
100.02 OTHER NONREIMBURSABLE COST CE				100.02
100.03 OTHER NONREIMBURSABLE COST CE				100.03
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	2414585	8291849	1912945	103
104 UNIT COST MULT-WS B PT I	.004825		201.277883	104
104 UNIT COST MULT-WS B PT I		872.458859		104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	77383	127843	178401	107
108 UNIT COST MULT-WS B PT III	.000155		18.771149	108
108 UNIT COST MULT-WS B PT III		13.451494		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	35209566		35209566		35209566	25
26 INTENSIVE CARE UNIT	6352093		6352093		6352093	26
27 CORONARY CARE UNIT	2689258		2689258		2689258	27
27.01 NURSERY INTENSIVE CARE CENT	1607552		1607552		1607552	27.01
31 SUBPROVIDER I	4461989		4461989	16013	4478002	31
31.01 REHAB	2458537		2458537	17769	2476306	31.01
33 NURSERY	1774136		1774136		1774136	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16806204		16806204		16806204	37
37.01 GI LAB	1381685		1381685	2193	1383878	37.01
38 RECOVERY ROOM	1186964		1186964		1186964	38
39 DELIVERY ROOM & LABOR ROOM	5549317		5549317		5549317	39
40 ANESTHESIOLOGY	641394		641394		641394	40
41 RADIOLOGY-DIAGNOSTIC	9835154		9835154	5331	9840485	41
41.01 MRI CENTER	1139630		1139630		1139630	41.01
42 RADIOLOGY-THERAPEUTIC	991490		991490		991490	42
43 RADIOISOTOPE	1436801		1436801	3195	1439996	43
44 LABORATORY	11528781		11528781	3702	11532483	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2737484		2737484		2737484	49
50 PHYSICAL THERAPY	1483288		1483288		1483288	50
51 OCCUPATIONAL THERAPY	1247650		1247650		1247650	51
52 SPEECH PATHOLOGY	469290		469290		469290	52
54 ELECTROENCEPHALOGRAPHY	130820		130820		130820	54
55 MEDICAL SUPPLIES CHARGED TO	2787410		2787410		2787410	55
56 DRUGS CHARGED TO PATIENTS	16365182		16365182		16365182	56
57 RENAL DIALYSIS	873733		873733		873733	57
59 EMG	95789		95789		95789	59
59.01 CARDIOVASCULAR LAB	10864848		10864848	44423	10909271	59.01
59.02 MERCY EYE CENTER	713056		713056		713056	59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	682290		682290		682290	59.04
59.05 CARDIAC REHAB	479818		479818		479818	59.05
59.06 PRE-BIRTH CENTER	271141		271141		271141	59.06
59.07 SLEEP LAB	267199		267199		267199	59.07
59.08 UROLOGY	124351		124351		124351	59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	819904		819904	3785	823689	59.10
59.11 DIABETES TREATMENT	169340		169340		169340	59.11
59.12 MENTAL HEALTH CENTER	1172796		1172796	7351	1180147	59.12
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	5682071		5682071		5682071	60
61 EMERGENCY	8262895		8262895		8262895	61
62 OBSERVATION BEDS (NON-DISTI	1348673		1348673		1348673	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	162099579		162099579	103762	162203341	101
102 LESS OBSERVATION BEDS	1348673		1348673		1348673	102
103 TOTAL	160750906		160750906	103762	160854668	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	64705414		64705414			25
26 INTENSIVE CARE UNIT	8483795		8483795			26
27 CORONARY CARE UNIT	3203919		3203919			27
27.01 NURSERY INTENSIVE CARE CENT	4805309		4805309			27.01
31 SUBPROVIDER I	7645206		7645206			31
31.01 REHAB	2956178		2956178			31.01
33 NURSERY	4845641		4845641			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	18081103	16473096	34554199	.486372	.486372	.486372 37
37.01 GI LAB	1526905	3662914	5189819	.266230	.266230	.266652 37.01
38 RECOVERY ROOM	1373230	1641127	3014357	.393770	.393770	.393770 38
39 DELIVERY ROOM & LABOR ROOM	19975374	787469	20762843	.267272	.267272	.267272 39
40 ANESTHESIOLOGY	2375522	2126524	4502046	.142467	.142467	.142467 40
41 RADIOLOGY-DIAGNOSTIC	11361511	36901268	48262779	.203783	.203783	.203894 41
41.01 MRI CENTER	1242804	5328543	6571347	.173424	.173424	.173424 41.01
42 RADIOLOGY-THERAPEUTIC	490692	4131902	4622594	.214488	.214488	.214488 42
43 RADIOISOTOPE	2169836	5642250	7812086	.183920	.183920	.184329 43
44 LABORATORY	42398071	34823385	77221456	.149295	.149295	.149343 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	14424890	767719	15192609	.180185	.180185	.180185 49
50 PHYSICAL THERAPY	1836320	1507171	3343491	.443635	.443635	.443635 50
51 OCCUPATIONAL THERAPY	1092752	871693	1964445	.635116	.635116	.635116 51
52 SPEECH PATHOLOGY	697286	272600	969886	.483861	.483861	.483861 52
54 ELECTROENCEPHALOGRAPHY	185594	164936	350530	.373206	.373206	.373206 54
55 MEDICAL SUPPLIES CHARGED TO	3872575	299248	4171823	.668152	.668152	.668152 55
56 DRUGS CHARGED TO PATIENTS	38172338	15330495	53502833	.305875	.305875	.305875 56
57 RENAL DIALYSIS	4161760	50477	4212237	.207427	.207427	.207427 57
59 EMG	31218	517771	548989	.174483	.174483	.174483 59
59.01 CARDIOVASCULAR LAB	40998621	12421268	53419889	.203386	.203386	.204217 59.01
59.02 MERCY EYE CENTER	5635	1219202	1224837	.582164	.582164	.582164 59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	8138	894130	902268	.756194	.756194	.756194 59.04
59.05 CARDIAC REHAB	27897	755259	783156	.612672	.612672	.612672 59.05
59.06 PRE-BIRTH CENTER	61826	654433	716259	.378552	.378552	.378552 59.06
59.07 SLEEP LAB		1324764	1324764	.201696	.201696	.201696 59.07
59.08 UROLOGY	31167	75696	106863	1.163649	1.163649	1.163649 59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	4875	2926455	2931330	.279704	.279704	.280995 59.10
59.11 DIABETES TREATMENT	66	92797	92863	1.823547	1.823547	1.823547 59.11
59.12 MENTAL HEALTH CENTER	671	1013753	1014424	1.156120	1.156120	1.163367 59.12
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		6359303	6359303	.893505	.893505	.893505 60
61 EMERGENCY	12499827	23626103	36125930	.228725	.228725	.228725 61
62 OBSERVATION BEDS (NON-DISTI	95018	1888404	1983422	.679973	.679973	.679973 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	315848984	184552155	500401139			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	315848984	184552155	500401139			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1722599		1722599	25
26 INTENSIVE CARE UNIT				221198		221198	26
27 CORONARY CARE UNIT				85470		85470	27
27.01 NURSERY INTENSIVE CARE CENTER				28446		28446	27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				271238		271238	31
31.01 REHAB				128612		128612	31.01
33 NURSERY				70491		70491	33
101 TOTAL				2528054		2528054	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	48846	21719			35.27	766029	25
26 INTENSIVE CARE UNIT	3932	2064			56.26	116121	26
27 CORONARY CARE UNIT	1475	1111			57.95	64382	27
27.01 NURSERY INTENSIVE CARE CENTER	2892				9.84		27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	6747	1968			40.20	79114	31
31.01 REHAB	2913	1704			44.15	75232	31.01
33 NURSERY	4909				14.36		33
101 TOTAL	71714	28566				1100878	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1465235	34554199	6124271			.042404	259694 37
37.01 GI LAB		230437	5189819	847772			.044402	37643 37.01
38 RECOVERY ROOM		69997	3014357	403061			.023221	9359 38
39 DELIVERY ROOM & LABOR ROOM		307432	20762843	30235			.014807	448 39
40 ANESTHESIOLOGY		117998	4502046	692953			.026210	18162 40
41 RADIOLOGY-DIAGNOSTIC		1004447	48262779	8556280			.020812	178073 41
41.01 MRI CENTER		263077	6571347	597132			.040034	23906 41.01
42 RADIOLOGY-THERAPEUTIC		142009	4622594	282218			.030721	8670 42
43 RADIOISOTOPE		107790	7812086	1248328			.013798	17224 43
44 LABORATORY		640980	77221456	19271810			.008301	159975 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		168423	15192609	7818877			.011086	86680 49
50 PHYSICAL THERAPY		62978	3343491	844365			.018836	15904 50
51 OCCUPATIONAL THERAPY		88131	1964445	151648			.044863	6803 51
52 SPEECH PATHOLOGY		15134	969886	415193			.015604	6479 52
54 ELECTROENCEPHALOGRAPHY		13076	350530	105076			.037304	3920 54
55 MEDICAL SUPPLIES CHARGED TO P		180314	4171823	1672298			.043222	72280 55
56 DRUGS CHARGED TO PATIENTS		332705	53502833	17581029			.006218	109319 56
57 RENAL DIALYSIS		23115	4212237	2462628			.005488	13515 57
59 EMG		3774	548989	20196			.006874	139 59
59.01 CARDIOVASCULAR LAB		828127	53419889	23428870			.015502	363194 59.01
59.02 MERCY EYE CENTER		103879	1224837	2846			.084810	241 59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		230385	902268	7931			.255340	2025 59.04
59.05 CARDIAC REHAB		28180	783156	11244			.035983	405 59.05
59.06 PRE-BIRTH CENTER		4520	716259				.006311	59.06
59.07 SLEEP LAB		4184	1324764				.003158	59.07
59.08 UROLOGY		3992	106863	6969			.037356	260 59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		28825	2931330				.009833	59.10
59.11 DIABETES TREATMENT		3145	92863				.033867	59.11
59.12 MENTAL HEALTH CENTER		52058	1014424	531			.051318	27 59.12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		272022	6359303				.042775	60
61 EMERGENCY		409547	36125930	5366582			.011337	60841 61
62 OBSERVATION BEDS (NON-DISTINC		65982	1983422				.033267	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7271898	403755677	97950343				1455186 101

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
 12/03/2008 12:13

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					48846		21719	25
26 INTENSIVE CARE UNIT					3932		2064	26
27 CORONARY CARE UNIT					1475		1111	27
27.01 NURSERY INTENSIVE CARE CENTER					2892			27.01
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					6747		1968	31
31.01 REHAB					2913		1704	31.01
33 NURSERY					4909			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					71714		28566	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							3
37 OPERATING ROOM							37
37.01 GI LAB							37.01
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 EMG							59
59.01 CARDIOVASCULAR LAB							59.01
59.02 MERCY EYE CENTER							59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER							59.04
59.05 CARDIAC REHAB							59.05
59.06 PRE-BIRTH CENTER							59.06
59.07 SLEEP LAB							59.07
59.08 UROLOGY							59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL							59.10
59.11 DIABETES TREATMENT							59.11
59.12 MENTAL HEALTH CENTER							59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34554199			6124271		4317053 37
37.01 GI LAB		5189819			847772		37.01
38 RECOVERY ROOM		3014357			403061		193818 38
39 DELIVERY ROOM & LABOR ROOM		20762843			30235		2944 39
40 ANESTHESIOLOGY		4502046			692953		398844 40
41 RADIOLOGY-DIAGNOSTIC		48262779			8556280		6042972 41
41.01 MRI CENTER		6571347			597132		1243345 41.01
42 RADIOLOGY-THERAPEUTIC		4622594			282218		1565284 42
43 RADIOISOTOPE		7812086			1248328		1929421 43
44 LABORATORY		77221456			19271810		932322 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		15192609			7818877		388772 49
50 PHYSICAL THERAPY		3343491			844365		50
51 OCCUPATIONAL THERAPY		1964445			151648		54961 51
52 SPEECH PATHOLOGY		969886			415193		52
54 ELECTROENCEPHALOGRAPHY		350530			105076		46262 54
55 MEDICAL SUPPLIES CHARGED TO P		4171823			1672298		68060 55
56 DRUGS CHARGED TO PATIENTS		53502833			17581029		4011115 56
57 RENAL DIALYSIS		4212237			2462628		16604 57
59 EMG		548989			20196		104043 59
59.01 CARDIOVASCULAR LAB		53419889			23428870		4981016 59.01
59.02 MERCY EYE CENTER		1224837			2846		640166 59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		902268			7931		449765 59.04
59.05 CARDIAC REHAB		783156			11244		346493 59.05
59.06 PRE-BIRTH CENTER		716259					335 59.06
59.07 SLEEP LAB		1324764					293247 59.07
59.08 UROLOGY		106863			6969		15943 59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2931330					692640 59.10
59.11 DIABETES TREATMENT		92863					18908 59.11
59.12 MENTAL HEALTH CENTER		1014424			531		233967 59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6359303					573293 60
61 EMERGENCY		36125930			5366582		3072909 61
62 OBSERVATION BEDS (NON-DISTINC		1983422					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		403755677			97950343		32634502 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 GI LAB					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 EMG					59
59.01 CARDIOVASCULAR LAB					59.01
59.02 MERCY EYE CENTER					59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER					59.04
59.05 CARDIAC REHAB					59.05
59.06 PRE-BIRTH CENTER					59.06
59.07 SLEEP LAB					59.07
59.08 UROLOGY					59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL					59.10
59.11 DIABETES TREATMENT					59.11
59.12 MENTAL HEALTH CENTER					59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0158) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.486372	.486372	.486372			37
37.01 GI LAB	.266230	.266230	.266230			37.01
38 RECOVERY ROOM	.393770	.393770	.393770			38
39 DELIVERY ROOM & LABOR ROOM	.267272	.267272	.267272			39
40 ANESTHESIOLOGY	.142467	.142467	.142467			40
41 RADIOLOGY-DIAGNOSTIC	.203783	.203783	.203783			41
41.01 MRI CENTER	.173424	.173424	.173424			41.01
42 RADIOLOGY-THERAPEUTIC	.214488	.214488	.214488			42
43 RADIOISOTOPE	.183920	.183920	.183920			43
44 LABORATORY	.149295	.149295	.149295			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.180185	.180185	.180185			49
50 PHYSICAL THERAPY	.443635	.443635	.443635			50
51 OCCUPATIONAL THERAPY	.635116	.635116	.635116			51
52 SPEECH PATHOLOGY	.483861	.483861	.483861			52
54 ELECTROENCEPHALOGRAPHY	.373206	.373206	.373206			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.668152	.668152	.668152			55
56 DRUGS CHARGED TO PATIENTS	.305875	.305875	.305875			56
57 RENAL DIALYSIS	.207427	.207427	.207427			57
59 EMG	.174483	.174483	.174483			59
59.01 CARDIOVASCULAR LAB	.203386	.203386	.203386			59.01
59.02 MERCY EYE CENTER	.582164	.582164	.582164			59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	.756194	.756194	.756194			59.04
59.05 CARDIAC REHAB	.612672	.612672	.612672			59.05
59.06 PRE-BIRTH CENTER	.378552	.378552	.378552			59.06
59.07 SLEEP LAB	.201696	.201696	.201696			59.07
59.08 UROLOGY	1.163649	1.163649	1.163649			59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	.279704	.279704	.279704			59.10
59.11 DIABETES TREATMENT	1.823547	1.823547	1.823547			59.11
59.12 MENTAL HEALTH CENTER	1.156120	1.156120	1.156120			59.12
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.893505	.893505	.893505			60
61 EMERGENCY	.228725	.228725	.228725			61
62 OBSERVATION BEDS (NON-DISTINCT)	.679973	.679973	.679973			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.305875	1
2 PROGRAM VACCINE CHARGES	2	1346	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	412	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0158) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4317053						37
37.01 GI LAB								37.01
38 RECOVERY ROOM		193818						38
39 DELIVERY ROOM & LABOR ROOM		2944						39
40 ANESTHESIOLOGY		398844						40
41 RADIOLOGY-DIAGNOSTIC		6042972						41
41.01 MRI CENTER		1243345						41.01
42 RADIOLOGY-THERAPEUTIC		1565284						42
43 RADIOISOTOPE		1929421						43
44 LABORATORY		932322						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		388772						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY		54961						51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		46262						54
55 MEDICAL SUPPLIES CHARGED TO PA		68060						55
56 DRUGS CHARGED TO PATIENTS		4011115						56
57 RENAL DIALYSIS		16604						57
59 EMG		104043						59
59.01 CARDIOVASCULAR LAB		4981016						59.01
59.02 MERCY EYE CENTER		640166						59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		449765						59.04
59.05 CARDIAC REHAB		346493						59.05
59.06 PRE-BIRTH CENTER		335						59.06
59.07 SLEEP LAB		293247						59.07
59.08 UROLOGY		15943						59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		692640						59.10
59.11 DIABETES TREATMENT		18908						59.11
59.12 MENTAL HEALTH CENTER		233967						59.12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		573293						60
61 EMERGENCY		3072909						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		32634502						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		32634502						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0158) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		2099694				37
37.01 GI LAB						37.01
38 RECOVERY ROOM		76320				38
39 DELIVERY ROOM & LABOR ROOM		787				39
40 ANESTHESIOLOGY		56822				40
41 RADIOLOGY-DIAGNOSTIC		1231455				41
41.01 MRI CENTER		215626				41.01
42 RADIOLOGY-THERAPEUTIC		335735				42
43 RADIOISOTOPE		354859				43
44 LABORATORY		139191				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		70051				49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY		34907				51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY		17265				54
55 MEDICAL SUPPLIES CHARGED TO PAT		45474				55
56 DRUGS CHARGED TO PATIENTS		1226900				56
57 RENAL DIALYSIS		3444				57
59 EMG		18154				59
59.01 CARDIOVASCULAR LAB		1013069				59.01
59.02 MERCY EYE CENTER		372682				59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER		340110				59.04
59.05 CARDIAC REHAB		212287				59.05
59.06 PRE-BIRTH CENTER		127				59.06
59.07 SLEEP LAB		59147				59.07
59.08 UROLOGY		18552				59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL		193734				59.10
59.11 DIABETES TREATMENT		34480				59.11
59.12 MENTAL HEALTH CENTER		270494				59.12
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		512240				60
61 EMERGENCY		702851				61
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		9656457				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		9656457				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SUB IV [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1465235	34554199				.042404	37
37.01 GI LAB		230437	5189819				.044402	37.01
38 RECOVERY ROOM		69997	3014357				.023221	38
39 DELIVERY ROOM & LABOR ROOM		307432	20762843				.014807	39
40 ANESTHESIOLOGY		117998	4502046	8826			.026210	231 40
41 RADIOLOGY-DIAGNOSTIC		1004447	48262779	16370			.020812	341 41
41.01 MRI CENTER		263077	6571347	7294			.040034	292 41.01
42 RADIOLOGY-THERAPEUTIC		142009	4622594	85			.030721	3 42
43 RADIOISOTOPE		107790	7812086	3310			.013798	46 43
44 LABORATORY		640980	77221456	297780			.008301	2472 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		168423	15192609	20968			.011086	232 49
50 PHYSICAL THERAPY		62978	3343491	204			.018836	4 50
51 OCCUPATIONAL THERAPY		88131	1964445	76932			.044863	3451 51
52 SPEECH PATHOLOGY		15134	969886	638			.015604	10 52
54 ELECTROENCEPHALOGRAPHY		13076	350530	1530			.037304	57 54
55 MEDICAL SUPPLIES CHARGED TO P		180314	4171823	55			.043222	2 55
56 DRUGS CHARGED TO PATIENTS		332705	53502833	309063			.006218	1922 56
57 RENAL DIALYSIS		23115	4212237	27911			.005488	153 57
59 EMG		3774	548989	1266			.006874	9 59
59.01 CARDIOVASCULAR LAB		828127	53419889	29071			.015502	451 59.01
59.02 MERCY EYE CENTER		103879	1224837				.084810	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		230385	902268				.255340	59.04
59.05 CARDIAC REHAB		28180	783156				.035983	59.05
59.06 PRE-BIRTH CENTER		4520	716259				.006311	59.06
59.07 SLEEP LAB		4184	1324764				.003158	59.07
59.08 UROLOGY		3992	106863				.037356	59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		28825	2931330	4439			.009833	44 59.10
59.11 DIABETES TREATMENT		3145	92863				.033867	59.11
59.12 MENTAL HEALTH CENTER		52058	1014424				.051318	59.12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		272022	6359303				.042775	60
61 EMERGENCY		409547	36125930	204429			.011337	2318 61
62 OBSERVATION BEDS (NON-DISTINC		65982	1983422				.033267	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7271898	403755677	1010171				12038 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GI LAB							37.01
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 EMG							59
59.01 CARDIOVASCULAR LAB							59.01
59.02 MERCY EYE CENTER							59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER							59.04
59.05 CARDIAC REHAB							59.05
59.06 PRE-BIRTH CENTER							59.06
59.07 SLEEP LAB							59.07
59.08 UROLOGY							59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL							59.10
59.11 DIABETES TREATMENT							59.11
59.12 MENTAL HEALTH CENTER							59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34554199					37
37.01 GI LAB		5189819					37.01
38 RECOVERY ROOM		3014357					38
39 DELIVERY ROOM & LABOR ROOM		20762843					39
40 ANESTHESIOLOGY		4502046			8826		40
41 RADIOLOGY-DIAGNOSTIC		48262779			16370		41
41.01 MRI CENTER		6571347			7294		41.01
42 RADIOLOGY-THERAPEUTIC		4622594			85		42
43 RADIOISOTOPE		7812086			3310		43
44 LABORATORY		77221456			297780		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		15192609			20968		49
50 PHYSICAL THERAPY		3343491			204		50
51 OCCUPATIONAL THERAPY		1964445			76932		51
52 SPEECH PATHOLOGY		969886			638		52
54 ELECTROENCEPHALOGRAPHY		350530			1530		54
55 MEDICAL SUPPLIES CHARGED TO P		4171823			55		55
56 DRUGS CHARGED TO PATIENTS		53502833			309063		56
57 RENAL DIALYSIS		4212237			27911		57
59 EMG		548989			1266		59
59.01 CARDIOVASCULAR LAB		53419889			29071		59.01
59.02 MERCY EYE CENTER		1224837					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		902268					59.04
59.05 CARDIAC REHAB		783156					59.05
59.06 PRE-BIRTH CENTER		716259					59.06
59.07 SLEEP LAB		1324764					59.07
59.08 UROLOGY		106863					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2931330			4439		59.10
59.11 DIABETES TREATMENT		92863					59.11
59.12 MENTAL HEALTH CENTER		1014424					59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6359303					60
61 EMERGENCY		36125930			204429		61
62 OBSERVATION BEDS (NON-DISTINC		1983422					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		403755677			1010171		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 GI LAB					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 EMG					59
59.01 CARDIOVASCULAR LAB					59.01
59.02 MERCY EYE CENTER					59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER					59.04
59.05 CARDIAC REHAB					59.05
59.06 PRE-BIRTH CENTER					59.06
59.07 SLEEP LAB					59.07
59.08 UROLOGY					59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL					59.10
59.11 DIABETES TREATMENT					59.11
59.12 MENTAL HEALTH CENTER					59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T158)

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1465235	34554199	1030			.042404	44 37
37.01 GI LAB		230437	5189819				.044402	37.01
38 RECOVERY ROOM		69997	3014357				.023221	38
39 DELIVERY ROOM & LABOR ROOM		307432	20762843				.014807	39
40 ANESTHESIOLOGY		117998	4502046				.026210	40
41 RADIOLOGY-DIAGNOSTIC		1004447	48262779	66808			.020812	1390 41
41.01 MRI CENTER		263077	6571347	9850			.040034	394 41.01
42 RADIOLOGY-THERAPEUTIC		142009	4622594	28829			.030721	886 42
43 RADIOISOTOPE		107790	7812086				.013798	43
44 LABORATORY		640980	77221456	206907			.008301	1718 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		168423	15192609	153221			.011086	1699 49
50 PHYSICAL THERAPY		62978	3343491	411478			.018836	7751 50
51 OCCUPATIONAL THERAPY		88131	1964445	423463			.044863	18998 51
52 SPEECH PATHOLOGY		15134	969886	69553			.015604	1085 52
54 ELECTROENCEPHALOGRAPHY		13076	350530	500			.037304	19 54
55 MEDICAL SUPPLIES CHARGED TO P		180314	4171823	22052			.043222	953 55
56 DRUGS CHARGED TO PATIENTS		332705	53502833	466407			.006218	2900 56
57 RENAL DIALYSIS		23115	4212237	44992			.005488	247 57
59 EMG		3774	548989				.006874	59
59.01 CARDIOVASCULAR LAB		828127	53419889	11291			.015502	175 59.01
59.02 MERCY EYE CENTER		103879	1224837				.084810	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		230385	902268				.255340	59.04
59.05 CARDIAC REHAB		28180	783156				.035983	59.05
59.06 PRE-BIRTH CENTER		4520	716259				.006311	59.06
59.07 SLEEP LAB		4184	1324764				.003158	59.07
59.08 UROLOGY		3992	106863	675			.037356	25 59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		28825	2931330	376			.009833	4 59.10
59.11 DIABETES TREATMENT		3145	92863				.033867	59.11
59.12 MENTAL HEALTH CENTER		52058	1014424				.051318	59.12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		272022	6359303				.042775	60
61 EMERGENCY		409547	36125930				.011337	61
62 OBSERVATION BEDS (NON-DISTINC		65982	1983422				.033267	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7271898	403755677	1917432				38288 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T158) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GI LAB							37.01
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 EMG							59
59.01 CARDIOVASCULAR LAB							59.01
59.02 MERCY EYE CENTER							59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER							59.04
59.05 CARDIAC REHAB							59.05
59.06 PRE-BIRTH CENTER							59.06
59.07 SLEEP LAB							59.07
59.08 UROLOGY							59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL							59.10
59.11 DIABETES TREATMENT							59.11
59.12 MENTAL HEALTH CENTER							59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T158) [ ] NF [ ] ICF/MR  
 [ ] SUB III

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34554199			1030		37
37.01 GI LAB		5189819					37.01
38 RECOVERY ROOM		3014357					38
39 DELIVERY ROOM & LABOR ROOM		20762843					39
40 ANESTHESIOLOGY		4502046					40
41 RADIOLOGY-DIAGNOSTIC		48262779			66808		41
41.01 MRI CENTER		6571347			9850		41.01
42 RADIOLOGY-THERAPEUTIC		4622594			28829		42
43 RADIOISOTOPE		7812086					43
44 LABORATORY		77221456			206907		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		15192609			153221		49
50 PHYSICAL THERAPY		3343491			411478		50
51 OCCUPATIONAL THERAPY		1964445			423463		51
52 SPEECH PATHOLOGY		969886			69553		52
54 ELECTROENCEPHALOGRAPHY		350530			500		54
55 MEDICAL SUPPLIES CHARGED TO P		4171823			22052		55
56 DRUGS CHARGED TO PATIENTS		53502833			466407		56
57 RENAL DIALYSIS		4212237			44992		57
59 EMG		548989					59
59.01 CARDIOVASCULAR LAB		53419889			11291		59.01
59.02 MERCY EYE CENTER		1224837					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		902268					59.04
59.05 CARDIAC REHAB		783156					59.05
59.06 PRE-BIRTH CENTER		716259					59.06
59.07 SLEEP LAB		1324764					59.07
59.08 UROLOGY		106863			675		59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2931330			376		59.10
59.11 DIABETES TREATMENT		92863					59.11
59.12 MENTAL HEALTH CENTER		1014424					59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6359303					60
61 EMERGENCY		36125930					61
62 OBSERVATION BEDS (NON-DISTINC		1983422					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		403755677			1917432		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (14-T158) [ ] NF [ ] ICF/MR  
 [ ] SUB III

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 GI LAB					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 EMG					59
59.01 CARDIOVASCULAR LAB					59.01
59.02 MERCY EYE CENTER					59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER					59.04
59.05 CARDIAC REHAB					59.05
59.06 PRE-BIRTH CENTER					59.06
59.07 SLEEP LAB					59.07
59.08 UROLOGY					59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL					59.10
59.11 DIABETES TREATMENT					59.11
59.12 MENTAL HEALTH CENTER					59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1722599		1722599	25
26 INTENSIVE CARE UNIT				221198		221198	26
27 CORONARY CARE UNIT				85470		85470	27
27.01 NURSERY INTENSIVE CARE CENTER				28446		28446	27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				271238		271238	31
31.01 REHAB				128612		128612	31.01
33 NURSERY				70491		70491	33
101 TOTAL				2528054		2528054	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	48846	12823			35.27	452267	25
26 INTENSIVE CARE UNIT	3932	830			56.26	46696	26
27 CORONARY CARE UNIT	1475	198			57.95	11474	27
27.01 NURSERY INTENSIVE CARE CENTER	2892	2531			9.84	24905	27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	6747	3915			40.20	157383	31
31.01 REHAB	2913	182			44.15	8035	31.01
33 NURSERY	4909	4297			14.36	61705	33
101 TOTAL	71714	24776				762465	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1465235	34554199				.042404	37
37.01 GI LAB		230437	5189819				.044402	37.01
38 RECOVERY ROOM		69997	3014357				.023221	38
39 DELIVERY ROOM & LABOR ROOM		307432	20762843				.014807	39
40 ANESTHESIOLOGY		117998	4502046				.026210	40
41 RADIOLOGY-DIAGNOSTIC		1004447	48262779				.020812	41
41.01 MRI CENTER		263077	6571347				.040034	41.01
42 RADIOLOGY-THERAPEUTIC		142009	4622594				.030721	42
43 RADIOISOTOPE		107790	7812086				.013798	43
44 LABORATORY		640980	77221456				.008301	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		168423	15192609				.011086	49
50 PHYSICAL THERAPY		62978	3343491				.018836	50
51 OCCUPATIONAL THERAPY		88131	1964445				.044863	51
52 SPEECH PATHOLOGY		15134	969886				.015604	52
54 ELECTROENCEPHALOGRAPHY		13076	350530				.037304	54
55 MEDICAL SUPPLIES CHARGED TO P		180314	4171823				.043222	55
56 DRUGS CHARGED TO PATIENTS		332705	53502833				.006218	56
57 RENAL DIALYSIS		23115	4212237				.005488	57
59 EMG		3774	548989				.006874	59
59.01 CARDIOVASCULAR LAB		828127	53419889				.015502	59.01
59.02 MERCY EYE CENTER		103879	1224837				.084810	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		230385	902268				.255340	59.04
59.05 CARDIAC REHAB		28180	783156				.035983	59.05
59.06 PRE-BIRTH CENTER		4520	716259				.006311	59.06
59.07 SLEEP LAB		4184	1324764				.003158	59.07
59.08 UROLOGY		3992	106863				.037356	59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		28825	2931330				.009833	59.10
59.11 DIABETES TREATMENT		3145	92863				.033867	59.11
59.12 MENTAL HEALTH CENTER		52058	1014424				.051318	59.12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		272022	6359303				.042775	60
61 EMERGENCY		409547	36125930				.011337	61
62 OBSERVATION BEDS (NON-DISTINC		65982	1983422				.033267	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7271898	403755677					101

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					48846		12823	25
26 INTENSIVE CARE UNIT					3932		830	26
27 CORONARY CARE UNIT					1475		198	27
27.01 NURSERY INTENSIVE CARE CENTER					2892		2531	27.01
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					6747		3915	31
31.01 REHAB					2913		182	31.01
33 NURSERY					4909		4297	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					71714		24776	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GI LAB							37.01
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 EMG							59
59.01 CARDIOVASCULAR LAB							59.01
59.02 MERCY EYE CENTER							59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER							59.04
59.05 CARDIAC REHAB							59.05
59.06 PRE-BIRTH CENTER							59.06
59.07 SLEEP LAB							59.07
59.08 UROLOGY							59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL							59.10
59.11 DIABETES TREATMENT							59.11
59.12 MENTAL HEALTH CENTER							59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34554199					37
37.01 GI LAB		5189819					37.01
38 RECOVERY ROOM		3014357					38
39 DELIVERY ROOM & LABOR ROOM		20762843					39
40 ANESTHESIOLOGY		4502046					40
41 RADIOLOGY-DIAGNOSTIC		48262779					41
41.01 MRI CENTER		6571347					41.01
42 RADIOLOGY-THERAPEUTIC		4622594					42
43 RADIOISOTOPE		7812086					43
44 LABORATORY		77221456					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		15192609					49
50 PHYSICAL THERAPY		3343491					50
51 OCCUPATIONAL THERAPY		1964445					51
52 SPEECH PATHOLOGY		969886					52
54 ELECTROENCEPHALOGRAPHY		350530					54
55 MEDICAL SUPPLIES CHARGED TO P		4171823					55
56 DRUGS CHARGED TO PATIENTS		53502833					56
57 RENAL DIALYSIS		4212237					57
59 EMG		548989					59
59.01 CARDIOVASCULAR LAB		53419889					59.01
59.02 MERCY EYE CENTER		1224837					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		902268					59.04
59.05 CARDIAC REHAB		783156					59.05
59.06 PRE-BIRTH CENTER		716259					59.06
59.07 SLEEP LAB		1324764					59.07
59.08 UROLOGY		106863					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2931330					59.10
59.11 DIABETES TREATMENT		92863					59.11
59.12 MENTAL HEALTH CENTER		1014424					59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6359303					60
61 EMERGENCY		36125930					61
62 OBSERVATION BEDS (NON-DISTINC		1983422					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		403755677					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 GI LAB					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 EMG					59
59.01 CARDIOVASCULAR LAB					59.01
59.02 MERCY EYE CENTER					59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER					59.04
59.05 CARDIAC REHAB					59.05
59.06 PRE-BIRTH CENTER					59.06
59.07 SLEEP LAB					59.07
59.08 UROLOGY					59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL					59.10
59.11 DIABETES TREATMENT					59.11
59.12 MENTAL HEALTH CENTER					59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1465235	34554199				.042404	37
37.01 GI LAB		230437	5189819				.044402	37.01
38 RECOVERY ROOM		69997	3014357				.023221	38
39 DELIVERY ROOM & LABOR ROOM		307432	20762843				.014807	39
40 ANESTHESIOLOGY		117998	4502046				.026210	40
41 RADIOLOGY-DIAGNOSTIC		1004447	48262779				.020812	41
41.01 MRI CENTER		263077	6571347				.040034	41.01
42 RADIOLOGY-THERAPEUTIC		142009	4622594				.030721	42
43 RADIOISOTOPE		107790	7812086				.013798	43
44 LABORATORY		640980	77221456				.008301	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		168423	15192609				.011086	49
50 PHYSICAL THERAPY		62978	3343491				.018836	50
51 OCCUPATIONAL THERAPY		88131	1964445				.044863	51
52 SPEECH PATHOLOGY		15134	969886				.015604	52
54 ELECTROENCEPHALOGRAPHY		13076	350530				.037304	54
55 MEDICAL SUPPLIES CHARGED TO P		180314	4171823				.043222	55
56 DRUGS CHARGED TO PATIENTS		332705	53502833				.006218	56
57 RENAL DIALYSIS		23115	4212237				.005488	57
59 EMG		3774	548989				.006874	59
59.01 CARDIOVASCULAR LAB		828127	53419889				.015502	59.01
59.02 MERCY EYE CENTER		103879	1224837				.084810	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		230385	902268				.255340	59.04
59.05 CARDIAC REHAB		28180	783156				.035983	59.05
59.06 PRE-BIRTH CENTER		4520	716259				.006311	59.06
59.07 SLEEP LAB		4184	1324764				.003158	59.07
59.08 UROLOGY		3992	106863				.037356	59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		28825	2931330				.009833	59.10
59.11 DIABETES TREATMENT		3145	92863				.033867	59.11
59.12 MENTAL HEALTH CENTER		52058	1014424				.051318	59.12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		272022	6359303				.042775	60
61 EMERGENCY		409547	36125930				.011337	61
62 OBSERVATION BEDS (NON-DISTINC		65982	1983422				.033267	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7271898	403755677					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GI LAB							37.01
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 EMG							59
59.01 CARDIOVASCULAR LAB							59.01
59.02 MERCY EYE CENTER							59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER							59.04
59.05 CARDIAC REHAB							59.05
59.06 PRE-BIRTH CENTER							59.06
59.07 SLEEP LAB							59.07
59.08 UROLOGY							59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL							59.10
59.11 DIABETES TREATMENT							59.11
59.12 MENTAL HEALTH CENTER							59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34554199					37
37.01 GI LAB		5189819					37.01
38 RECOVERY ROOM		3014357					38
39 DELIVERY ROOM & LABOR ROOM		20762843					39
40 ANESTHESIOLOGY		4502046					40
41 RADIOLOGY-DIAGNOSTIC		48262779					41
41.01 MRI CENTER		6571347					41.01
42 RADIOLOGY-THERAPEUTIC		4622594					42
43 RADIOISOTOPE		7812086					43
44 LABORATORY		77221456					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		15192609					49
50 PHYSICAL THERAPY		3343491					50
51 OCCUPATIONAL THERAPY		1964445					51
52 SPEECH PATHOLOGY		969886					52
54 ELECTROENCEPHALOGRAPHY		350530					54
55 MEDICAL SUPPLIES CHARGED TO P		4171823					55
56 DRUGS CHARGED TO PATIENTS		53502833					56
57 RENAL DIALYSIS		4212237					57
59 EMG		548989					59
59.01 CARDIOVASCULAR LAB		53419889					59.01
59.02 MERCY EYE CENTER		1224837					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		902268					59.04
59.05 CARDIAC REHAB		783156					59.05
59.06 PRE-BIRTH CENTER		716259					59.06
59.07 SLEEP LAB		1324764					59.07
59.08 UROLOGY		106863					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2931330					59.10
59.11 DIABETES TREATMENT		92863					59.11
59.12 MENTAL HEALTH CENTER		1014424					59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6359303					60
61 EMERGENCY		36125930					61
62 OBSERVATION BEDS (NON-DISTINC		1983422					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		403755677					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (14-S158) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 GI LAB					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 EMG					59
59.01 CARDIOVASCULAR LAB					59.01
59.02 MERCY EYE CENTER					59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER					59.04
59.05 CARDIAC REHAB					59.05
59.06 PRE-BIRTH CENTER					59.06
59.07 SLEEP LAB					59.07
59.08 UROLOGY					59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL					59.10
59.11 DIABETES TREATMENT					59.11
59.12 MENTAL HEALTH CENTER					59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-T158) [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1465235	34554199				.042404	37
37.01 GI LAB		230437	5189819				.044402	37.01
38 RECOVERY ROOM		69997	3014357				.023221	38
39 DELIVERY ROOM & LABOR ROOM		307432	20762843				.014807	39
40 ANESTHESIOLOGY		117998	4502046				.026210	40
41 RADIOLOGY-DIAGNOSTIC		1004447	48262779				.020812	41
41.01 MRI CENTER		263077	6571347				.040034	41.01
42 RADIOLOGY-THERAPEUTIC		142009	4622594				.030721	42
43 RADIOISOTOPE		107790	7812086				.013798	43
44 LABORATORY		640980	77221456				.008301	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		168423	15192609				.011086	49
50 PHYSICAL THERAPY		62978	3343491				.018836	50
51 OCCUPATIONAL THERAPY		88131	1964445				.044863	51
52 SPEECH PATHOLOGY		15134	969886				.015604	52
54 ELECTROENCEPHALOGRAPHY		13076	350530				.037304	54
55 MEDICAL SUPPLIES CHARGED TO P		180314	4171823				.043222	55
56 DRUGS CHARGED TO PATIENTS		332705	53502833				.006218	56
57 RENAL DIALYSIS		23115	4212237				.005488	57
59 EMG		3774	548989				.006874	59
59.01 CARDIOVASCULAR LAB		828127	53419889				.015502	59.01
59.02 MERCY EYE CENTER		103879	1224837				.084810	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		230385	902268				.255340	59.04
59.05 CARDIAC REHAB		28180	783156				.035983	59.05
59.06 PRE-BIRTH CENTER		4520	716259				.006311	59.06
59.07 SLEEP LAB		4184	1324764				.003158	59.07
59.08 UROLOGY		3992	106863				.037356	59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		28825	2931330				.009833	59.10
59.11 DIABETES TREATMENT		3145	92863				.033867	59.11
59.12 MENTAL HEALTH CENTER		52058	1014424				.051318	59.12
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		272022	6359303				.042775	60
61 EMERGENCY		409547	36125930				.011337	61
62 OBSERVATION BEDS (NON-DISTINC		65982	1983422				.033267	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7271898	403755677					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-T158) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GI LAB							37.01
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 EMG							59
59.01 CARDIOVASCULAR LAB							59.01
59.02 MERCY EYE CENTER							59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER							59.04
59.05 CARDIAC REHAB							59.05
59.06 PRE-BIRTH CENTER							59.06
59.07 SLEEP LAB							59.07
59.08 UROLOGY							59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL							59.10
59.11 DIABETES TREATMENT							59.11
59.12 MENTAL HEALTH CENTER							59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-T158) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		34554199					37
37.01 GI LAB		5189819					37.01
38 RECOVERY ROOM		3014357					38
39 DELIVERY ROOM & LABOR ROOM		20762843					39
40 ANESTHESIOLOGY		4502046					40
41 RADIOLOGY-DIAGNOSTIC		48262779					41
41.01 MRI CENTER		6571347					41.01
42 RADIOLOGY-THERAPEUTIC		4622594					42
43 RADIOISOTOPE		7812086					43
44 LABORATORY		77221456					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		15192609					49
50 PHYSICAL THERAPY		3343491					50
51 OCCUPATIONAL THERAPY		1964445					51
52 SPEECH PATHOLOGY		969886					52
54 ELECTROENCEPHALOGRAPHY		350530					54
55 MEDICAL SUPPLIES CHARGED TO P		4171823					55
56 DRUGS CHARGED TO PATIENTS		53502833					56
57 RENAL DIALYSIS		4212237					57
59 EMG		548989					59
59.01 CARDIOVASCULAR LAB		53419889					59.01
59.02 MERCY EYE CENTER		1224837					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		902268					59.04
59.05 CARDIAC REHAB		783156					59.05
59.06 PRE-BIRTH CENTER		716259					59.06
59.07 SLEEP LAB		1324764					59.07
59.08 UROLOGY		106863					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2931330					59.10
59.11 DIABETES TREATMENT		92863					59.11
59.12 MENTAL HEALTH CENTER		1014424					59.12
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6359303					60
61 EMERGENCY		36125930					61
62 OBSERVATION BEDS (NON-DISTINC		1983422					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		403755677					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (14-T158) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
37.01 GI LAB					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 EMG					59
59.01 CARDIOVASCULAR LAB					59.01
59.02 MERCY EYE CENTER					59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER					59.04
59.05 CARDIAC REHAB					59.05
59.06 PRE-BIRTH CENTER					59.06
59.07 SLEEP LAB					59.07
59.08 UROLOGY					59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL					59.10
59.11 DIABETES TREATMENT					59.11
59.12 MENTAL HEALTH CENTER					59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0158)	SUB I (TEFRA) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV	SNF	
	1	1	1	1	1	1	
INPATIENT DAYS							
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	48846	6747	2913				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	48846	6747	2913				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48846	6747	2913				4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	21719	1968	1704				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0158)	SUB I (TEFRA) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35209566	4461989	2476306				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35209566	4461989	2476306				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61807676	7618993	2955045				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)			2955045				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.569663	.585640	.837993				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE			1014.43				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	35209566	4461989	2476306				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0158)	SUB I (TEFRA) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	720.83	661.33	850.09		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15655707	1301497	1448553		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15655707	1301497	1448553		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	6352093	3932	1615.49	2064	3334371 43
44	CORONARY CARE UNIT	2689258	1475	1823.23	1111	2025609 44
44.01	NURSERY INTENSIVE CARE CENTER	1607552	2892	555.86		44.01
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0158)	SUB I (TEFRA) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	23651587	259047	735783		48
49	TOTAL PROGRAM INPATIENT COSTS	44667274	1560544	2184336		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	946532	79114	75232		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1455186	12038	38288		51
52	TOTAL PROGRAM EXCLUDABLE COST	2401718	91152	113520		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	42265556	1469392	2070816		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0158)	SUB I (TEFRA) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54		245				54
55		7467.32				55
56		1829493				56
57		360101				57
58		36590				58
58.01		6544.49				58.01
58.02		11887.62				58.02
58.03		18295				58.03
58.04						58.04
59		1615429				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
12/03/2008 12:13

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (TEFRA) (PPS)  
 (14-0158)(14-S158)(14-T158)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1871	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	720.83	84
85 OBSERVATION BED COST	1348673	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
 ROUTINE COST (FROM LINE 27)  
 COST 1

COLUMN 1 DIVIDED BY COLUMN 2  
 3

TOTAL OBSERVATION BED COST (FROM LINE 85)  
 4

OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4  
 5

86 OLD CAPITAL-RELATED COST	35209566	1348673	86
87 NEW CAPITAL-RELATED COST	1722599	35209566	87
88 NON PHYSICIAN ANESTHETIST	35209566	.048924	88
89 MEDICAL EDUCATION	35209566	1348673	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF
	(OTHER) (14-0158) 1	(OTHER) (14-S158) 1	(OTHER) (14-T158) 1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	48846	6747	2913			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	48846	6747	2913			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48846	6747	2913			4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12823	3915	182			9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	4909					15
16 TITLE V OR XIX NURSERY DAYS	4297					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0158)	SUB I (OTHER) (14-S158)	SUB II (OTHER) (14-T158)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35209566	4461989	2458537				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	35209566	4461989	2458537				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61807676	7618993	2955045				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)			2955045				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.569663	.585640	.831980				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE			1014.43				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	35209566	4461989	2458537				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0158)	SUB I (OTHER) (14-S158)	SUB II (OTHER) (14-T158)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	720.83	661.33	843.99		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9243203	2589107	153606		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9243203	2589107	153606		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)	1774136	4909	361.40	4297	1552936 42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	6352093	3932	1615.49	830	1340857 43
44	CORONARY CARE UNIT	2689258	1475	1823.23	198	361000 44
44.01	NURSERY INTENSIVE CARE CENTER	1607552	2892	555.86	2531	1406882 44.01
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (OTHER) (14-0158)	SUB I (OTHER) (14-S158)	SUB II (OTHER) (14-T158)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	13904878	2589107	153606		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	597047	157383	8035		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	597047	157383	8035		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0158)	SUB I (OTHER) (14-S158)	SUB II (OTHER) (14-T158)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54			23			55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
12/03/2008 12:13

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05  
12/03/2008 12:13

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0158)	SUB I (OTHER) (14-S158)	SUB II (OTHER) (14-T158)	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1871	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	720.83	84
85 OBSERVATION BED COST	1348673	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		30659611		25
26 INTENSIVE CARE UNIT		4426019		26
27 CORONARY CARE UNIT		1957584		27
27.01 NURSERY INTENSIVE CARE CENTER				27.01
31 SUBPROVIDER I				31
31.01 REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.486372	6124271	2978674	37
37.01 GI LAB	.266652	847772	226060	37.01
38 RECOVERY ROOM	.393770	403061	158713	38
39 DELIVERY ROOM & LABOR ROOM	.267272	30235	8081	39
40 ANESTHESIOLOGY	.142467	692953	98723	40
41 RADIOLOGY-DIAGNOSTIC	.203894	8556280	1744574	41
41.01 MRI CENTER	.173424	597132	103557	41.01
42 RADIOLOGY-THERAPEUTIC	.214488	282218	60532	42
43 RADIOISOTOPE	.184329	1248328	230103	43
44 LABORATORY	.149343	19271810	2878110	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.180185	7818877	1408844	49
50 PHYSICAL THERAPY	.443635	844365	374590	50
51 OCCUPATIONAL THERAPY	.635116	151648	96314	51
52 SPEECH PATHOLOGY	.483861	415193	200896	52
54 ELECTROENCEPHALOGRAPHY	.373206	105076	39215	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.668152	1672298	1117349	55
56 DRUGS CHARGED TO PATIENTS	.305875	17581029	5377597	56
57 RENAL DIALYSIS	.207427	2462628	510816	57
59 EMG	.174483	20196	3524	59
59.01 CARDIOVASCULAR LAB	.204217	23428870	4784574	59.01
59.02 MERCY EYE CENTER	.582164	2846	1657	59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.756194	7931	5997	59.04
59.05 CARDIAC REHAB	.612672	11244	6889	59.05
59.06 PRE-BIRTH CENTER	.378552			59.06
59.07 SLEEP LAB	.201696			59.07
59.08 UROLOGY	1.163649	6969	8109	59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.280995			59.10
59.11 DIABETES TREATMENT	1.823547			59.11
59.12 MENTAL HEALTH CENTER	1.163367	531	618	59.12
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.893505			60
61 EMERGENCY	.228725	5366582	1227471	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.679973			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		97950343	23651587	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		97950343		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S158)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
27.01 NURSERY INTENSIVE CARE CENTER				27.01
31 SUBPROVIDER I		2020386		31
31.01 REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.486372			37
37.01 GI LAB	.266230			37.01
38 RECOVERY ROOM	.393770			38
39 DELIVERY ROOM & LABOR ROOM	.267272			39
40 ANESTHESIOLOGY	.142467	8826	1257	40
41 RADIOLOGY-DIAGNOSTIC	.203783	16370	3336	41
41.01 MRI CENTER	.173424	7294	1265	41.01
42 RADIOLOGY-THERAPEUTIC	.214488	85	18	42
43 RADIOISOTOPE	.183920	3310	609	43
44 LABORATORY	.149295	297780	44457	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.180185	20968	3778	49
50 PHYSICAL THERAPY	.443635	204	91	50
51 OCCUPATIONAL THERAPY	.635116	76932	48861	51
52 SPEECH PATHOLOGY	.483861	638	309	52
54 ELECTROENCEPHALOGRAPHY	.373206	1530	571	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.668152	55	37	55
56 DRUGS CHARGED TO PATIENTS	.305875	309063	94535	56
57 RENAL DIALYSIS	.207427	27911	5789	57
59 EMG	.174483	1266	221	59
59.01 CARDIOVASCULAR LAB	.203386	29071	5913	59.01
59.02 MERCY EYE CENTER	.582164			59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.756194			59.04
59.05 CARDIAC REHAB	.612672			59.05
59.06 PRE-BIRTH CENTER	.378552			59.06
59.07 SLEEP LAB	.201696			59.07
59.08 UROLOGY	1.163649			59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.279704	4439	1242	59.10
59.11 DIABETES TREATMENT	1.823547			59.11
59.12 MENTAL HEALTH CENTER	1.156120			59.12
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.893505			60
61 EMERGENCY	.228725	204429	46758	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.679973			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1010171	259047	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1010171		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[XX] SUB II (14-T158)	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
27.01 NURSERY INTENSIVE CARE CENTER				27.01
31 SUBPROVIDER I				31
31.01 REHAB		2018668		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.486372	1030	501	37
37.01 GI LAB	.266652			37.01
38 RECOVERY ROOM	.393770			38
39 DELIVERY ROOM & LABOR ROOM	.267272			39
40 ANESTHESIOLOGY	.142467			40
41 RADIOLOGY-DIAGNOSTIC	.203894	66808	13622	41
41.01 MRI CENTER	.173424	9850	1708	41.01
42 RADIOLOGY-THERAPEUTIC	.214488	28829	6183	42
43 RADIOISOTOPE	.184329			43
44 LABORATORY	.149343	206907	30900	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.180185	153221	27608	49
50 PHYSICAL THERAPY	.443635	411478	182546	50
51 OCCUPATIONAL THERAPY	.635116	423463	268948	51
52 SPEECH PATHOLOGY	.483861	69553	33654	52
54 ELECTROENCEPHALOGRAPHY	.373206	500	187	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.668152	22052	14734	55
56 DRUGS CHARGED TO PATIENTS	.305875	466407	142662	56
57 RENAL DIALYSIS	.207427	44992	9333	57
59 EMG	.174483			59
59.01 CARDIOVASCULAR LAB	.204217	11291	2306	59.01
59.02 MERCY EYE CENTER	.582164			59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.756194			59.04
59.05 CARDIAC REHAB	.612672			59.05
59.06 PRE-BIRTH CENTER	.378552			59.06
59.07 SLEEP LAB	.201696			59.07
59.08 UROLOGY	1.163649	675	785	59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.280995	376	106	59.10
59.11 DIABETES TREATMENT	1.823547			59.11
59.12 MENTAL HEALTH CENTER	1.163367			59.12
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.893505			60
61 EMERGENCY	.228725			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.679973			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1917432	735783	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1917432		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0158)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
27.01 NURSERY INTENSIVE CARE CENTER			27.01
31 SUBPROVIDER I			31
31.01 REHAB			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.486372		37
37.01 GI LAB	.266230		37.01
38 RECOVERY ROOM	.393770		38
39 DELIVERY ROOM & LABOR ROOM	.267272		39
40 ANESTHESIOLOGY	.142467		40
41 RADIOLOGY-DIAGNOSTIC	.203783		41
41.01 MRI CENTER	.173424		41.01
42 RADIOLOGY-THERAPEUTIC	.214488		42
43 RADIOISOTOPE	.183920		43
44 LABORATORY	.149295		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.180185		49
50 PHYSICAL THERAPY	.443635		50
51 OCCUPATIONAL THERAPY	.635116		51
52 SPEECH PATHOLOGY	.483861		52
54 ELECTROENCEPHALOGRAPHY	.373206		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.668152		55
56 DRUGS CHARGED TO PATIENTS	.305875		56
57 RENAL DIALYSIS	.207427		57
59 EMG	.174483		59
59.01 CARDIOVASCULAR LAB	.203386		59.01
59.02 MERCY EYE CENTER	.582164		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.756194		59.04
59.05 CARDIAC REHAB	.612672		59.05
59.06 PRE-BIRTH CENTER	.378552		59.06
59.07 SLEEP LAB	.201696		59.07
59.08 UROLOGY	1.163649		59.08
59.09 ADDP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.279704		59.10
59.11 DIABETES TREATMENT	1.823547		59.11
59.12 MENTAL HEALTH CENTER	1.156120		59.12
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.893505		60
61 EMERGENCY	.228725		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.679973		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[ ] PPS
[ ] TITLE XVIII-PT A	[XX] SUB I (14-S158)	[ ] NF	[ ] TEFRA
[XX] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[XX] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
27.01 NURSERY INTENSIVE CARE CENTER			27.01
31 SUBPROVIDER I			31
31.01 REHAB			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.486372		37
37.01 GI LAB	.266230		37.01
38 RECOVERY ROOM	.393770		38
39 DELIVERY ROOM & LABOR ROOM	.267272		39
40 ANESTHESIOLOGY	.142467		40
41 RADIOLOGY-DIAGNOSTIC	.203783		41
41.01 MRI CENTER	.173424		41.01
42 RADIOLOGY-THERAPEUTIC	.214488		42
43 RADIOISOTOPE	.183920		43
44 LABORATORY	.149295		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.180185		49
50 PHYSICAL THERAPY	.443635		50
51 OCCUPATIONAL THERAPY	.635116		51
52 SPEECH PATHOLOGY	.483861		52
54 ELECTROENCEPHALOGRAPHY	.373206		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.668152		55
56 DRUGS CHARGED TO PATIENTS	.305875		56
57 RENAL DIALYSIS	.207427		57
59 EMG	.174483		59
59.01 CARDIOVASCULAR LAB	.203386		59.01
59.02 MERCY EYE CENTER	.582164		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.756194		59.04
59.05 CARDIAC REHAB	.612672		59.05
59.06 PRE-BIRTH CENTER	.378552		59.06
59.07 SLEEP LAB	.201696		59.07
59.08 UROLOGY	1.163649		59.08
59.09 ADPP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.279704		59.10
59.11 DIABETES TREATMENT	1.823547		59.11
59.12 MENTAL HEALTH CENTER	1.156120		59.12
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.893505		60
61 EMERGENCY	.228725		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.679973		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (14-T158)	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
27.01 NURSERY INTENSIVE CARE CENTER			27.01
31 SUBPROVIDER I			31
31.01 REHAB			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.486372		37
37.01 GI LAB	.266230		37.01
38 RECOVERY ROOM	.393770		38
39 DELIVERY ROOM & LABOR ROOM	.267272		39
40 ANESTHESIOLOGY	.142467		40
41 RADIOLOGY-DIAGNOSTIC	.203783		41
41.01 MRI CENTER	.173424		41.01
42 RADIOLOGY-THERAPEUTIC	.214488		42
43 RADIOISOTOPE	.183920		43
44 LABORATORY	.149295		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.180185		49
50 PHYSICAL THERAPY	.443635		50
51 OCCUPATIONAL THERAPY	.635116		51
52 SPEECH PATHOLOGY	.483861		52
54 ELECTROENCEPHALOGRAPHY	.373206		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.668152		55
56 DRUGS CHARGED TO PATIENTS	.305875		56
57 RENAL DIALYSIS	.207427		57
59 EMG	.174483		59
59.01 CARDIOVASCULAR LAB	.203386		59.01
59.02 MERCY EYE CENTER	.582164		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.756194		59.04
59.05 CARDIAC REHAB	.612672		59.05
59.06 PRE-BIRTH CENTER	.378552		59.06
59.07 SLEEP LAB	.201696		59.07
59.08 UROLOGY	1.163649		59.08
59.09 ADPP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.279704		59.10
59.11 DIABETES TREATMENT	1.823547		59.11
59.12 MENTAL HEALTH CENTER	1.156120		59.12
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.893505		60
61 EMERGENCY	.228725		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.679973		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0158)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	8239406					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	8165129					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	19296195					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	389306					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	505858					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1173548					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	320673					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	232.11					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	91.01					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]	4.00					3.06
3.07 SUM OF LINES 3.04-3.06	87.01	4.00	91.01			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			90.82			3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	3.00					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	93.82					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	86.76					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	87.55					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO		0.00	89.38			3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0158)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.385076				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.392917				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.385076				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1606304				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1650861				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	3897214				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	7154379 0	7154379			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1371				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3719				4.01
4.02	SUM OF 4 AND 4.01	0.5090				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.3121				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	11142198				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	335.00				5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	54317980				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	54317980				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3998559				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3035516				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	61352055				16
17	PRIMARY PAYER PAYMENTS	19239				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	61332816				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3411393				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	169487				20
21	REIMBURSABLE BAD DEBTS	1079840				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	755888				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1079840				21.02
22	SUBTOTAL	58507824				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0158)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	58507824				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	54531889				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	3975935				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	595000				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0158) 1	HOSPITAL (14-0158) 1.01	HOSPITAL (14-0158) 1.02	
1 MEDICAL AND OTHER SERVICES	412			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9656457			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9478969			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.853			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8236958			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	412			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1346			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	1346			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	1346			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	934			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	412			17
17.01 TOTAL PPS PAYMENTS	9478969			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0158) 1	HOSPITAL (14-0158) 1.01	HOSPITAL (14-0158) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2638870		18.01
19 SUBTOTAL	6840511		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	605562		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	7446073		23
24 PRIMARY PAYER PAYMENTS	2880		24
25 SUBTOTAL	7443193		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	777534		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	544274		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	777534		27.02
28 SUBTOTAL	7987467		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	7987467		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6819972		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1167495		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	250000		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S158)	SUB I (14-S158)	SUB I (14-S158)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850			1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S158)	SUB I (14-S158)	SUB I (14-S158)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T158)	SUB II (14-T158)	SUB II (14-T158)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850			1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T158)	SUB II (14-T158)	SUB II (14-T158)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR			
PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 FDO EFFECT			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V            [XX] TITLE XVIII            [ ] TITLE XIX

	HOSPITAL (14-0158) OCTOBER 1, 1997 PRIOR TO    ON OR AFTER	
	1            1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0158)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(14-0158)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21





ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER II (14-T158)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2774461		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2774461		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	365562		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		3140023		7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S158)	SUB II (14-T158)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1615429				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	403857				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		2526771			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.1022			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		277134			1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS		3150449			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	974433				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS	3148				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	18.434426				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	977581				1.19
1.20	STOP LESS PAYMENT FLOOR	1130800				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	848100				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1381438				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)		1.57			1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)		1.22			1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)		1.22			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		7.959016			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.137149			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT		346544			1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1381438	3150449			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1381438	3150449			6
7	DEDUCTIBLES	106069	12032			7
8	SUBTOTAL	1275369	3138417			8
9	COINSURANCE	60099	7200			9
10	SUBTOTAL	1215270	3131217			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	70864	12580			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	49605	8806			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		12580			11.02
12	SUBTOTAL	1264875	3140023			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S158)	SUB II (14-T158)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 CORRECTION OF PPS LIP PAYMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1264875	3140023			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1207702	2774461			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		57173	365562			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		12237				21
50 TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0158) (OTHER)	SUB I (14-S158) (OTHER)	SUB II (14-T158) (OTHER)	SUB III	SUB IV	
	1	1	1	1	1	
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	13904878	2589107	153606		1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	13904878	2589107	153606		6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	13904878	2589107	153606		9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES	2459906				10
13	ANCILLARY SERVICE CHARGES					11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	2459906				16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES	2459906				20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	11444972	2589107	153606		22
28	COST OF COVERED SERVICES	13904878	2589107	153606		23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL	13904878	2589107	153606		30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
38	LESSER OF LINES 30 OR 31	13904878	2589107	153606		32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		NF I	
	HOSPITAL (14-0158) (OTHER) 1	SUB I (14-S158) (OTHER) 1	SUB II (14-T158) (OTHER) 1	SUB III 1	SUB IV 1	NF I 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	11444972	2589107	153606			34
36	2459906					35
37						36
38						37
38.01						38
38.02						38.01
39						38.02
40	2459906					39
41						40
42						41
43						42
44						43
45						44
46						45
47						46
48						47
49						48
50						49
51						50
52	2459906					51
53						52
54						53
55	2459906					54
56						55
57						56
57.01						57
58	2459906					57.01
59						58
						59

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	88.01 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	4.00 3.03
3.04	FTE ADJUSTMENT CAP 88.01 4.00	92.01 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	92.04 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	92.01 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	56.55 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	33.89 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	90.44 3.09
3.10	SEE INSTRUCTIONS	90.41 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.50 3.11
3.12	SEE INSTRUCTIONS	36.38 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	27.80 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	28.05 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	30.74 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	30.74 3.16
3.17	SEE INSTRUCTIONS	88297.05 3.17
3.18	SEE INSTRUCTIONS	2714251 3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

3.19	SEE INSTRUCTIONS		55.76	3.19
3.20	SEE INSTRUCTIONS		55.83	3.20
3.21	SEE INSTRUCTIONS		56.04	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		56.04	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		93247.37	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		5225583	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		7939834	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		28566	4
5	TOTAL INPATIENT DAYS		64934	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.439924	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3492924	3492924	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1411	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		64934	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		148154	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		4212237	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)  
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WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  
PART A REASONABLE COST

12	REASONABLE COST	48412154	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	19239	15
16	TOTAL PART A REASONABLE COST	48392915	16
PART B REASONABLE COST			
17	REASONABLE COST	9656869	17
18	PRIMARY PAYER PAYMENTS	2880	18
19	TOTAL PART B REASONABLE COST	9653989	19
20	TOTAL REASONABLE COST	58046904	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.833686	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.166314	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	3641078	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3035516	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	605562	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
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WORKSHEET E-3  
PART IV

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V [ ] TITLE XVIII [XX] TITLE XIX

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00		3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00		3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		20479	4
5	TOTAL INPATIENT DAYS		64934	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.315382	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		64934	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)  
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WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR  
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3  
 PART VI

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	88.01 2
3	UNADJUSTED DIRECT GME FTE CAP	88.01 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	88.01 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	87.01 13
14	UNADJUSTED IME FTE CAP	91.01 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	87.01 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

CALCULATION OF GME AND IME PAYMENTS FOR  
REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3  
PART VI

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS		5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	9839139			1
2	TEMPORARY INVESTMENTS	1965918			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	35445168			4
5	OTHER RECEIVABLES	4986130			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2510420			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	5757128			9
10	DUE FROM OTHER FUNDS	320166			10
11	TOTAL CURRENT ASSETS	60824069			11
FIXED ASSETS					
12	LAND	5131318			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1834900			13
13.01	ACCUMULATED DEPRECIATION	-844657			13.01
14	BUILDINGS	59820753			14
14.01	ACCUMULATED DEPRECIATION	-46818032			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	48740774			16
16.01	ACCUMULATED DEPRECIATION	-29502696			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	76037142			18
18.01	ACCUMULATED DEPRECIATION	-64527932			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	49871570			21
OTHER ASSETS					
22	INVESTMENTS	17499107			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	9846224			25
26	TOTAL OTHER ASSETS	27345331			26
27	TOTAL ASSETS	138040970			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	18690487			28
29	SALARIES, WAGES & FEES PAYABLE	9110451			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	12350149			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	5760751			34
35	OTHER CURRENT LIABILITIES	5898906			35
36	TOTAL CURRENT LIABILITIES	51810744			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	23597795			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	26764861			41
42	TOTAL LONG TERM LIABILITIES	50362656			42
43	TOTAL LIABILITIES	102173400			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	35867570			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	35867570			51
52	TOTAL LIABILITIES AND FUND BALANCES	138040970			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	27430772			1
2 NET INCOME (LOSS)	8436797			2
3 TOTAL	35867569			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	35867569			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	35867569			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	67175742		67175742	2
2.01 SUBPROVIDER I	7618993		7618993	4
4 SUBPROVIDER II	2955045		2955045	5
5 SWING BED - SNF				6
6 SWING BED - NF				7
7 SKILLED NURSING FACILITY				8
8 NURSING FACILITY				9
9 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES	77749780		77749780	11
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				12
10 INTENSIVE CARE UNIT	8479810		8479810	13
11 CORONARY CARE UNIT	3179406		3179406	14
11.01 NURSERY INTENSIVE CARE CENTER	4805309		4805309	15
12 BURN INTENSIVE CARE UNIT				16
13 SURGICAL INTENSIVE CARE UNIT				17
14 OTHER SPECIAL CARE (SPECIFY)				18
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	16464525		16464525	19
16 TOTAL INPATIENT ROUTINE CARE SERVICES	94214305		94214305	20
17 ANCILLARY SERVICES	219455530	205584625	425040155	21
18 OUTPATIENT SERVICES		16107795	16107795	22
18.50 RHC				23
18.60 FQHC				24
19 HOME HEALTH AGENCY				25
20 AMBULANCE				
21 CORF				
22 ASC				
23 HOSPICE				
24				
25 TOTAL PATIENT REVENUES	313669835	221692420	535362255	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		211049194	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	14553680		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		14553680	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		225602874	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	535362255	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	316457528	2
3	NET PATIENT REVENUES	218904727	3
4	LESS - TOTAL OPERATING EXPENSES	225602874	4
5	NET INCOME FROM SERVICE TO PATIENTS	-6698147	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5235478	6
7	INCOME FROM INVESTMENTS	805944	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	1080	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	915136	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1299745	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	GAIN ON DISPOSAL OF ASSETS	1509623	24
24.01	CAPITATION REVENUE	2250617	24.01
24.02	JOINT VENTURE REVENUE	660406	24.02
24.03	OTHER REVENUE	2354594	24.03
24.04	REFERRAL LAB	102321	24.04
25	TOTAL OTHER INCOME	15134944	25
26	TOTAL	8436797	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8436797	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0158)	SUB I	SUB II (14-T158)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3085421				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6	3998559				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
27.01 NURSERY INTENSIVE CARE CENTER					27.01
31 SUBPROVIDER I					31
31.01 REHAB					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 GI LAB					37.01
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 EMG					59
59.01 CARDIOVASCULAR LAB					59.01
59.02 MERCY EYE CENTER					59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER					59.04
59.05 CARDIAC REHAB					59.05
59.06 PRE-BIRTH CENTER					59.06
59.07 SLEEP LAB					59.07
59.08 UROLOGY					59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL					59.10
59.11 DIABETES TREATMENT					59.11
59.12 MENTAL HEALTH CENTER					59.12
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 DNBAR CLINIC					98.01
98.02 PHILLIPS HEALTH					98.02
98.03 OTHER HOME HEALTH					98.03
98.04 VITAS HOSPICE					98.04
98.05 DOCTORS OFFICE					98.05
00 OTHER NONREIMBURSABLE COST CENT					00
00.01 SENIOR FRIENDS					00.01
00.02 OTHER NONREIMBURSABLE COST CENT					00.02
00.03 OTHER NONREIMBURSABLE COST CENT					00.03
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	44.46		26.25				70.71 25
26 INTENSIVE CARE UNIT	52.49		21.11				73.60 26
27 CORONARY CARE UNIT	75.32		13.42				88.74 27
27.01 NURSERY INTENSIVE CARE CENTER			87.52				87.52 27.01
33 NURSERY			87.53				87.53 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	17.72	12.49					30.21 37
37.01 GI LAB	16.34						16.34 37.01
38 RECOVERY ROOM	13.37	6.43					19.80 38
39 DELIVERY ROOM & LABOR ROOM	0.15	0.01					0.16 39
40 ANESTHESIOLOGY	15.39	8.86					24.25 40
41 RADIOLOGY-DIAGNOSTIC	17.73	12.52					30.25 41
41.01 MRI CENTER	9.09	18.92					28.01 41.01
42 RADIOLOGY-THERAPEUTIC	6.11	33.86					39.97 42
43 RADIOISOTOPE	15.98	24.70					40.68 43
44 LABORATORY	24.96	1.21					26.17 44
49 RESPIRATORY THERAPY	51.47	2.56					54.03 49
50 PHYSICAL THERAPY	25.25						25.25 50
51 OCCUPATIONAL THERAPY	7.72	2.80					10.52 51
52 SPEECH PATHOLOGY	42.81						42.81 52
54 ELECTROENCEPHALOGRAPHY	29.98	13.20					43.18 54
55 MEDICAL SUPPLIES CHARGED TO PAT	40.09	1.63					41.72 55
56 DRUGS CHARGED TO PATIENTS	32.86	7.50					40.36 56
57 RENAL DIALYSIS	58.46	0.39					58.85 57
59 EMG	3.68	18.95					22.63 59
59.01 CARDIOVASCULAR LAB	43.86	9.32					53.18 59.01
59.02 MERCY EYE CENTER	0.23	52.27					52.50 59.02
59.04 WOUND CARE CENTER	0.88	49.85					50.73 59.04
59.05 CARDIAC REHAB	1.44	44.24					45.68 59.05
59.06 PRE-BIRTH CENTER		0.05					0.05 59.06
59.07 SLEEP LAB		22.14					22.14 59.07
59.08 UROLOGY	6.52	14.92					21.44 59.08
59.10 PSYCH PARTIAL HOSPITAL		23.63					23.63 59.10
59.11 DIABETES TREATMENT		20.36					20.36 59.11
59.12 MENTAL HEALTH CENTER	0.05	23.06					23.11 59.12
60 CLINIC		9.02					9.02 60
61 EMERGENCY	14.86	8.51					23.37 61
101 TOTAL CHARGES	19.57	6.52					26.09 101

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	29.17		58.03				87.20 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
40 ANESTHESIOLOGY	0.20						0.20 40
41 RADIOLOGY-DIAGNOSTIC	0.03						0.03 41
41.01 MRI CENTER	0.11						0.11 41.01
43 RADIOISOTOPE	0.04						0.04 43
44 LABORATORY	0.39						0.39 44
49 RESPIRATORY THERAPY	0.14						0.14 49
50 PHYSICAL THERAPY	0.01						0.01 50
51 OCCUPATIONAL THERAPY	3.92						3.92 51
52 SPEECH PATHOLOGY	0.07						0.07 52
54 ELECTROENCEPHALOGRAPHY	0.44						0.44 54
56 DRUGS CHARGED TO PATIENTS	0.58						0.58 56
57 RENAL DIALYSIS	0.66						0.66 57
59 EMG	0.23						0.23 59
59.01 CARDIOVASCULAR LAB	0.05						0.05 59.01
59.10 PSYCH PARTIAL HOSPITAL	0.15						0.15 59.10
61 EMERGENCY	0.57						0.57 61
101 TOTAL CHARGES	0.20						0.20 101

\*\*\*\*\* REPORT 97 \*\*\*\*\* UTILIZATION STATISTICS \*\*\*\*\*

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 REHAB	58.50		6.25				64.75 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.14						0.14 41
41.01 MRI CENTER	0.15						0.15 41.01
42 RADIOLOGY-THERAPEUTIC	0.62						0.62 42
44 LABORATORY	0.27						0.27 44
49 RESPIRATORY THERAPY	1.01						1.01 49
50 PHYSICAL THERAPY	12.31						12.31 50
51 OCCUPATIONAL THERAPY	21.56						21.56 51
52 SPEECH PATHOLOGY	7.17						7.17 52
54 ELECTROENCEPHALOGRAPHY	0.14						0.14 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.53						0.53 55
56 DRUGS CHARGED TO PATIENTS	0.87						0.87 56
57 RENAL DIALYSIS	1.07						1.07 57
59.01 CARDIOVASCULAR LAB	0.02						0.02 59.01
59.08 UROLOGY	0.63						0.63 59.08
59.10 PSYCH PARTIAL HOSPITAL	0.01						0.01 59.10
101 TOTAL CHARGES	0.38						0.38 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	4590575	2.42	-4590575	-4.79		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4256344	2.24	-4256344	-4.44		4
5	EMPLOYEE BENEFITS	18365050	9.69	-18365050	-19.17		5
6	ADMINISTRATIVE & GENERAL	26799064	14.13	-26799064	-27.97		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	11039491	5.82	-11039491	-11.52		8
9	LAUNDRY & LINEN SERVICE	735562	.39	-735562	-.77		9
10	HOUSEKEEPING	3097112	1.63	-3097112	-3.23		10
11	DIETARY	2959898	1.56	-2959898	-3.09		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1581794	.83	-1581794	-1.65		14
15	CENTRAL SERVICES & SUPPLY	1011871	.53	-1011871	-1.06		15
16	PHARMACY	13178721	6.95	-13178721	-13.76		16
17	MEDICAL RECORDS & LIBRARY	1542909	.81	-1542909	-1.61		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	6132624	3.23	-6132624	-6.40		22
23	I&R SERVICES-OTHER PRGM COSTS A	508379	.27	-508379	-.53		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	17794595	9.38	23244289	24.26	41038884	21.64
26	INTENSIVE CARE UNIT	3769830	1.99	2973103	3.10	6742933	3.56
27	CORONARY CARE UNIT	1651232	.87	1185128	1.24	2836360	1.50
27.01	NURSERY INTENSIVE CARE CENTER	1011606	.53	883707	.92	1895313	1.00
31	SUBPROVIDER I	1920378	1.01	2541611	2.65	4461989	2.35
31.01	REHAB	1232417	.65	1357116	1.42	2589533	1.37
33	NURSERY	1020080	.54	754056	.79	1774136	.94
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	10658710	5.62	7006483	7.31	17665193	9.32
37.01	GI LAB	896872	.47	484813	.51	1381685	.73
38	RECOVERY ROOM	674961	.36	512003	.53	1186964	.63
39	DELIVERY ROOM & LABOR ROOM	2928227	1.54	2621090	2.74	5549317	2.93
40	ANESTHESIOLOGY	344545	.18	296849	.31	641394	.34
41	RADIOLOGY-DIAGNOSTIC	5286324	2.79	5864157	6.12	11150481	5.88
41.01	MRI CENTER	482222	.25	657408	.69	1139630	.60
42	RADIOLOGY-THERAPEUTIC	387698	.20	603792	.63	991490	.52
43	RADIOISOTOPE	900542	.47	536259	.56	1436801	.76
44	LABORATORY	7215282	3.81	4313499	4.50	11528781	6.08
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1563613	.82	1173871	1.23	2737484	1.44
50	PHYSICAL THERAPY	844316	.45	638972	.67	1483288	.78
51	OCCUPATIONAL THERAPY	580554	.31	667096	.70	1247650	.66



PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
CMS-2552-96 - SUMMARY REPORT 98

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COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	189619811	100.00	0	.00	189619811	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	INPATIENT
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	
			3		5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1465235	34554199	.042404	6124271	259694	37
37.01 GI LAB	230437	5189819	.044402	847772	37643	37.01
38 RECOVERY ROOM	69997	3014357	.023221	403061	9359	38
39 DELIVERY ROOM & LABOR ROOM	307432	20762843	.014807	30235	448	39
40 ANESTHESIOLOGY	117998	4502046	.026210	692953	18162	40
41 RADIOLOGY-DIAGNOSTIC	1004447	48262779	.020812	8556280	178073	41
41.01 MRI CENTER	263077	6571347	.040034	597132	23906	41.01
42 RADIOLOGY-THERAPEUTIC	142009	4622594	.030721	282218	8670	42
43 RADIOISOTOPE	107790	7812086	.013798	1248328	17224	43
44 LABORATORY	640980	77221456	.008301	19271810	159975	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	168423	15192609	.011086	7818877	86680	49
50 PHYSICAL THERAPY	62978	3343491	.018836	844365	15904	50
51 OCCUPATIONAL THERAPY	88131	1964445	.044863	151648	6803	51
52 SPEECH PATHOLOGY	15134	969886	.015604	415193	6479	52
54 ELECTROENCEPHALOGRAPHY	13076	350530	.037304	105076	3920	54
55 MEDICAL SUPPLIES CHARGED TO PAT	180314	4171823	.043222	1672298	72280	55
56 DRUGS CHARGED TO PATIENTS	332705	53502833	.006218	17581029	109319	56
57 RENAL DIALYSIS	23115	4212237	.005488	2462628	13515	57
59 EMG	3774	548989	.006874	20196	139	59
59.01 CARDIOVASCULAR LAB	828127	53419889	.015502	23428870	363194	59.01
59.02 MERCY EYE CENTER	103879	1224837	.084810	2846	241	59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	230385	902268	.255340	7931	2025	59.04
59.05 CARDIAC REHAB	28180	783156	.035983	11244	405	59.05
59.06 PRE-BIRTH CENTER	4520	716259	.006311			59.06
59.07 SLEEP LAB	4184	1324764	.003158			59.07
59.08 UROLOGY	3992	106863	.037356	6969	260	59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	28825	2931330	.009833			59.10
59.11 DIABETES TREATMENT	3145	92863	.033867			59.11
59.12 MENTAL HEALTH CENTER	52058	1014424	.051318	531	27	59.12
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	272022	6359303	.042775			60
61 EMERGENCY	409547	36125930	.011337	5366582	60841	61
62 OBSERVATION BEDS (NON-DISTINCT	65982	1983422	.033267			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	7271898	403755677		97950343	1455186	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1722599		1722599	48846	35.27	21719	766029 25
26 INTENSIVE CARE UNIT	221198		221198	3932	56.26	2064	116121 26
27 CORONARY CARE UNIT	85470		85470	1475	57.95	1111	64382 27
27.01 NURSERY INTENSIVE CARE CENTER	28446		28446	2892	9.84		27.01
101 TOTAL	2057713		2057713			24894	946532 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							946532
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1455186
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2401718
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						5231	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						24894	
PER DISCHARGE CAPITAL COSTS							459.13
PER DIEM CAPITAL COSTS							96.48

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	42265556
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	134993557
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.313

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	2184336
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	3659191
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.597

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1560544
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	3030557
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.515

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2401718
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	9618106
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	32562937
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.295