

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 07/01/2008 AND ENDING 06/30/2009, 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		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-583816	1736678	2459906	2
2.01	SUBPROVIDER II	275973			2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-307843	1736678	2459906	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
 (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	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	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				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:	1		STATE:	2	ZIP CODE	3
						CBSA	4
						FTE/ CAMPUS	5
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		NO				63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5190	5648	14869	1
2	HMO XIX					2
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		5190	5648	14869	12
13	RPCH VISITS					13
14	SUBPROVIDER I		292	669	1277	14
14.01	REHAB		102	27	358	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. A-6	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
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	90858829	372856	91231685	3335683.00	27.35		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	873476		873476	10221.00	85.46		4
4.01	TEACHING PHYSICIAN SALARIES	1423081		1423081	22430.00	63.45		4.01
5	PHYSICIAN - PART B	2141694		2141694	25474.00	84.07		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	4937848	-1560021	3377827	141354.00	23.90		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	12788517	186327	12974844	377050.00	34.41		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	11300388		11300388	206492.00	54.73		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	675447		675447	6754.00	100.01		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)	15719042		15719042			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2039978		2039978			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	79812		79812			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	168020		168020			CMS 339	18.01
19	PHYSICIAN PART B	198508		198508			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	1809421		1809421	57127.00	31.67		21
22	ADMINISTRATIVE & GENERAL	13316511	554162	13870673	540466.00	25.66		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	650000		650000	3500.00	185.71		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	2375952		2375952	94719.00	25.08		24
25	LAUNDRY & LINEN SERVICE	304554		304554	24538.00	12.41		25
26	HOUSEKEEPING	2097216		2097216	186614.00	11.24		26
26.01	HOUSEKEEPING UNDER CONTRACT	561681		561681	12481.00	45.00		26.01
27	DIETARY							27
27.01	DIETARY UNDER CONTRACT	2302981		2302981	97760.00	23.56		27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1466105		1466105	31474.00	46.58		30
31	CENTRAL SERVICES AND SUPPLY	355073		355073	22690.00	15.65		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1146735		1146735	56208.00	20.40		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. A-6	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
1		1	2	3	4	5		
1	NET SALARIES	85870868	1932877	87803745	3260166.00	26.93		1
2	EXCLUDED AREA SALARIES	12788517	186327	12974844	377050.00	34.41		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	73082351	1746550	74828901	2883116.00	25.95		3
4	SUBTOTAL OTHER WAGES & REL COSTS	11975835		11975835	213246.00	56.16		4
5	SUBTOTAL WAGE-RELATED COSTS	15798854		15798854		21.11%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	100857040	1746550	102603590	3096362.00	33.14		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	26386229	554162	26940391	1127577.00	23.89		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	61259861 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	980276 20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	62240137 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.333216 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	147084554 28
29	TOTAL GROSS MEDICAID COST	49010927 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	28408654 30
31	UNCOMPENSATED CARE COST	9466218 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	49010927 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.30	6930								69.30
69.40	6940								69.40
71	7100								71
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
95									95
		80966947	129986628	210953575	582862	211536437	-15855982	195680455	
96	9600								96
97	9700								97
98	9800								98
98.01	9801								98.01
98.02	9802								98.02
98.03	9803								98.03
98.04	9804								98.04
98.05	9805								98.05
100	7950								100
100.01	7951								100.01
100.02	7952								100.02
100.03	7953								100.03
101									101
		90858829	135568416	226427245		226427245	-15855982	210571263	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		OTHER
		COST CENTER	LINE #	
1	2	3	4	5
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4	139078
2				1
3 D&T COST ALLOCATION	B	ADMINISTRATIVE & GENERAL	6	864094
4				3
5 DEPRECIATION EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3	3420287
6	C	NEW CAP REL COSTS-MVBLE EQUIP	4	4110735
7				5
8 SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	27.01	884556
9				153983
10 TEACHING COMPENSATION	E	I&R SERVICES-SALARY & FRINGES	22	44366
11	E			8
12				9
13				10
14 DEPRECIATION EQUIPMENT	F	NEW CAP REL COSTS-MVBLE EQUIP	4	4731633
15	F			14
16	F			15
17	F			16
18	F			17
19	F			18
20	F			19
21	F			20
22	F			21
23	F			22
24	F			23
25	F			24
26	F			25
27	F			26
28	F			27
29	F			28
30	F			29
31	F			30
32	F			31
33	F			32
34	F			33
35	F			34
36 SUBTOTAL				928922
				13419810
				36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		139078	9 1
2						2
3 D&T COST ALLOCATION	B	CLINIC	60		864094	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	884556	153983	8
9						9
10 TEACHING COMPENSATION	E	RADIOISOTOPE	43	2773		10
11	E	CARDIOVASCULAR LAB	59.01	41593		11
12						12
13						13
14 DEPRECIATION EQUIPMENT	F	ADMINISTRATIVE & GENERAL	6		2699330	9 14
15	F	OPERATION OF PLANT	8		111900	15
16	F	LAUNDRY & LINEN SERVICE	9		14668	16
17	F	HOUSEKEEPING	10		2683	17
18	F	DIETARY	11		8892	18
19	F	NURSING ADMINISTRATION	14		38277	19
20	F	CENTRAL SERVICES & SUPPLY	15		30702	20
21	F	PHARMACY	16		3714	21
22	F	MEDICAL RECORDS & LIBRARY	17		2465	22
23	F	I&R SERVICES-OTHER PRGM COSTS	23		1049	23
24	F	ADULTS & PEDIATRICS	25		95120	24
25	F	INTENSIVE CARE UNIT	26		34805	25
26	F	CORONARY CARE UNIT	27		6107	26
27	F	SUBPROVIDER I	31		6122	27
28	F	REHAB	31.01		4476	28
29	F	NURSERY	33		8926	29
30	F	OPERATING ROOM	37		135471	30
31	F	GI LAB	37.01		10165	31
32	F	RECOVERY ROOM	38		25007	32
33	F	DELIVERY ROOM & LABOR ROOM	39		53801	33
34	F	ANESTHESIOLOGY	40		113319	34
35	F	RADIOLOGY-DIAGNOSTIC	41		467098	35
36 SUBTOTAL				928922	12562274	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1	F				1
2	F				2
3	F				3
4	F				4
5	F				5
6	F				6
7	F				7
8	F				8
9	F				9
10	F				10
11	F				11
12	F				12
13	F				13
14	F				14
15	F				15
16	F				16
17	F				17
18	F				18
19	F				19
20					20
21					21
22					22
23 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		1663875 23
24					24
25					25
26 PHYSICIAN ADMIN SALARIES	H	ADMINISTRATIVE & GENERAL	6	181306	26
27					27
28 ENT COSTS	I	OTHER NONREIMBURSABLE COST CE	100.02	186327	28
29	I	MERCY ENT	59.03		88462 29
30					30
31 TEACHING SALARIES	J	I&R SERVICES-OTHER PRGM COSTS	23	1423081	31
32					32
33 MEDICAL SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO P	55		301182 33
34					34
35 BILLING FEES	L	ADMINISTRATIVE & GENERAL	6		686431 35
36 SUBTOTAL				2719636	16159760 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	F	RADIOLOGY-THERAPEUTIC	42		70253	1
2	F	RADIOISOTOPE	43		57935	2
3	F	LABORATORY	44		53979	3
4	F	RESPIRATORY THERAPY	49		77410	4
5	F	PHYSICAL THERAPY	50		410	5
6	F	OCCUPATIONAL THERAPY	51		910	6
7	F	SPEECH PATHOLOGY	52		820	7
8	F	EMG	59		1742	8
9	F	CARDIOVASCULAR LAB	59.01		357985	9
10	F	MERCY EYE CENTER	59.02		4472	10
11	F	WOUND CARE CENTER	59.04		65	11
12	F	CARDIAC REHAB	59.05		10567	12
13	F	PRE-BIRTH CENTER	59.06		7698	13
14	F	UROLOGY	59.08		1437	14
15	F	PSYCH PARTIAL HOSPITAL	59.10		263	15
16	F	DIABETES TREATMENT	59.11		174	16
17	F	EMERGENCY	61		119056	17
18	F	PHYSICIANS' PRIVATE OFFICES	98		90905	18
19	F	DOCTORS OFFICE	98.05		1455	19
20						20
21						21
22						22
23	INTEREST EXPENSE	G ADMINISTRATIVE & GENERAL	6		1663875	9 23
24						24
25						25
26	PHYSICIAN ADMIN SALARIES	H I&R SERVICES-SALARY & FRINGES	22	181306		26
27						27
28	ENT COSTS	I MERCY ENT	59.03	186327		28
29		I OTHER NONREIMBURSABLE COST CE	100.02		88462	29
30						30
31	TEACHING SALARIES	J I&R SERVICES-SALARY & FRINGES	22	1423081		31
32						32
33	MEDICAL SUPPLIES	K CENTRAL SERVICES & SUPPLY	15		301182	33
34						34
35	BILLING FEES	L CLINIC	60		171144	35
36	SUBTOTAL			2719636	15644473	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	L				1
2	L				2
3					3
4 MALPRACTICE COSTS	M	ADMINISTRATIVE & GENERAL	6		112823 4
5	M				5
6					6
7 PHYSICIANS PART B SALARIES	M	ADMINISTRATIVE & GENERAL	6		76187 7
8					8
9 SEVERANCE	N	ADMINISTRATIVE & GENERAL	6	372856	
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				3092492	16348770 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	L	NURSERY	33		26502	1
2	L	PHYSICIANS' PRIVATE OFFICES	98		488785	2
3						3
4 MALPRACTICE COSTS	M	MENTAL HEALTH CENTER	59.12		13241	4
5	M	PHYSICIANS' PRIVATE OFFICES	98		99582	5
6						6
7 PHYSICIANS PART B SALARIES	M	I&R SERVICES-OTHER PRGM COSTS	23		76187	7
8						8
9 SEVERANCE	N	ADMINISTRATIVE & GENERAL	6		372856	9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2719636	16721626	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	5131316					5131316		1
2 LAND IMPROVEMENTS	1834900				177113	1657787		2
3 BUILDINGS AND FIXTURES	59820753				7318586	52502167		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	48740774				1757378	46983396		5
6 MOVABLE EQUIPMENT	76037142	11723565		11723565		87760707		6
7 SUBTOTAL	191564885	11723565		11723565	9253077	194035373		7
8 RECONCILING ITEMS								8
9 TOTAL	191564885	11723565		11723565	9253077	194035373		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-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	-130435	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	-177369	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	B	-140	OPERATION OF PLANT	8	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6009509			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-711345			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1037257	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
37.61 MARKETING COSTS	A	-508662	ADMINISTRATIVE & GENERAL	6	37.61
37.62 AMBULANCE COSTS	A	-54591	NURSING ADMINISTRATION	14	37.62
37.63 LOBBYING COSTS	A	-24446	ADMINISTRATIVE & GENERAL	6	37.63
37.73 MISCELLANEOUS INCOME	B	-141971	ADMINISTRATIVE & GENERAL	6	37.73
37.74 RENTAL REVENUE	B	-201331	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.74
37.75 MICELLANEOUS INCOME	B	-3385	OPERATION OF PLANT	8	37.75
37.78 MISCELLANEOUS INCOME	B	-3580	RADIOLOGY-DIAGNOSTIC	41	37.78
37.79 REFERRAL LAB REVENUE	B	-73288	LABORATORY	44	37.79
37.80 THERAPY CONTRACT REVENUE	B	-1199	PHYSICAL THERAPY	50	37.80
37.81 THERAPY CONTRACT SERVICES	B	-10327	SPEECH PATHOLOGY	52	37.81
37.82 MISCELLANEOUS REVENUE	B	-66	WOUND CARE CENTER	59.04	37.82
37.83 MISCELLANEOUS INCOME	B	-4055	CARDIAC REHAB	59.05	37.83
37.84 D&T SUBSIDY	A	-700000	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	-42692	ADMINISTRATIVE & GENERAL	6	37.88
37.89 MISC INCOME	B	-400	I&R SERVICES-OTHER PRGM COSTS A	23	37.89
37.92 MRI OTHER REVENUE	B	-13218	MRI CENTER	41.01	37.92
37.93 COMMISSION INCOME	B	-15499	ADMINISTRATIVE & GENERAL	6	37.93
37.94 MISC REVENUE	B	-127916	NURSING ADMINISTRATION	14	37.94
37.95 CONTRACT SERVICE REVENUE	B	-871225	LABORATORY	44	37.95
38 MISC INCOME	B	-64499	LABORATORY	44	38
39 ELMINATE COSTS	A	-83	ADDP OP	59.09	39
40 D&T BAD DEBTS	A	-158350	CLINIC	60	40
41 PHYSICIANS MALPRACTICE EXPENSES	A	-3435442	ADMINISTRATIVE & GENERAL	6	41
42 PHYSICIANS PART B BENEFITS	A	-798614	EMPLOYEE BENEFITS	5	42
43 OCCUPATIONAL MEDICINE ADMIN	A	-531382	ADMINISTRATIVE & GENERAL	6	43
44					44
45					45

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/04/2009 14:19

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
			COST CENTER 3	LINE NO. 4	
46					46
47					47
48					48
49					49
50 TOTAL		-15855982			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	578283	578283		1
2	41.01	MRI CENTER	1272528	1983873	-711345	2
3						3
4						4
5	TOTALS		1850811	2562156	-711345	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
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	1157402	858190	299212	177200	5115	435759	21788
2	17	MEDICAL RECORDS & LIBRAR	9694		9694	177200	97	8264	413
3	23	I&R SERVICES-OTHER PRGM	2535410		2535410	177200	33553	2858458	142923
4	25	ADULTS & PEDIATRICS	614508	589758	24750	177200	248	21128	1056
5	26	INTENSIVE CARE UNIT	303067		303067	177200	2585	220222	11011
6	31	SUBPROVIDER I	74284		74284	177200	783	66706	3335
7	31.01	REHAB	120000		120000	177200	1200	102231	5112
8	33	NURSERY	1561888	1561888					
9	41	RADIOLOGY-DIAGNOSTIC	89106		89106	177200	2392	203780	10189
10	42	RADIOLOGY-THERAPEUTIC	215200	200200	15000	177200	150	12779	639
11	44	LABORATORY	25000		25000	177200	250	21298	1065
12	59.01	CARDIOVASCULAR LAB	703026	175526	527500	177200	4456	379617	18981
13	59.05	CARDIAC REHAB	21973	15381	6592	177200	78	6645	332
14	59.10	PSYCH PARTIAL HOSPITAL	51800	10150	41650	177200	518	44130	2207
15	60	CLINIC	1343522	1191732	151790	177200	1848	157435	7872
16	61	EMERGENCY	1069148	975148	94000	177200	940	80081	4004
17	43	RADIOISOTOPE	24960		24960	177200	222	18913	946
18	59.12	MENTAL HEALTH CENTER	282702	115977	166725	177200	1622	138182	6909
101		TOTAL	10202690	5693950	4508740		56057	4775628	238782

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				435759		858190
2	17	MEDICAL RECORDS & LIBRAR	AGGREGATE				8264	1430	1430
3	23	I&R SERVICES-OTHER PRGM	AGGREGATE				2858458		
4	25	ADULTS & PEDIATRICS	AGGREGATE				21128	3622	593380
5	26	INTENSIVE CARE UNIT	AGGREGATE				220222	82845	82845
6	31	SUBPROVIDER I	AGGREGATE				66706	7578	7578
7	31.01	REHAB	AGGREGATE				102231	17769	17769
8	33	NURSERY	AGGREGATE						1561888
9	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				203780		
10	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				12779	2221	202421
11	44	LABORATORY	AGGREGATE				21298	3702	3702
12	59.01	CARDIOVASCULAR LAB	AGGREGATE				379617	147883	323409
13	59.05	CARDIAC REHAB	AGGREGATE				6645		15381
14	59.10	PSYCH PARTIAL HOSPITAL	AGGREGATE				44130		10150
15	60	CLINIC	AGGREGATE				157435		1191732
16	61	EMERGENCY	AGGREGATE				80081	13919	989067
17	43	RADIOISOTOPE	AGGREGATE				18913	6047	6047
18	59.12	MENTAL HEALTH CENTER	AGGREGATE				138182	28543	144520
101		TOTAL					4775628	315559	6009509

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									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	195680455	4593268	8802496	18554231	194428801	39663463	14366457	1471748	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5885			5885	1551	29946		96
97 RESEARCH	33742				33742	8892			97
98 PHYSICIANS' PRIVATE OFFICES	14212214		172483	835014	15219711	4010774			98
98.01 DNBAR CLINIC	168549			9813	178362	47003			98.01
98.02 PHILLIPS HEALTH	125595			10027	135622	35740			98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE		113105			113105	29806	575547		98.04
98.05 DOCTORS OFFICE	252843	40138	2761	44683	340425	89710	204246		98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT	97865			17745	115610	30466			100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	210571263	4752396	8977740	19471513	210571263	43917405	15176196	1471748	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	I&R SALARY & FRINGES 22	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									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	4618108	5174952	2450373	1709508	1377397	18581342	2557118	5249432	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	10004								96
97 RESEARCH			1372						97
98 PHYSICIANS' PRIVATE OFFICES			269844		10373				98
98.01 DNBAR CLINIC			2533		18				98.01
98.02 PHILLIPS HEALTH			2518		28				98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE	192268								98.04
98.05 DOCTORS OFFICE	68231								98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT				10752					100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4888611	5174952	2752131	1709508	1389118	18581342	2557118	5249432	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	7255554				23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	4144613	44801276	-7143264	37658012	25
26 INTENSIVE CARE UNIT	277885	7430196	-478936	6951260	26
27 CORONARY CARE UNIT	104589	2738180	-180259	2557921	27
27.01 NURSERY INTENSIVE CARE CENTER	204597	2022951	-352624	1670327	27.01
31 SUBPROVIDER I		5096270		5096270	31
31.01 REHAB	93137	2607288	-160522	2446766	31.01
33 NURSERY		1815744		1815744	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	610737	19560649	-1052608	18508041	37
37.01 GI LAB		1585484		1585484	37.01
38 RECOVERY ROOM		1372881		1372881	38
39 DELIVERY ROOM & LABOR ROOM		5891097		5891097	39
40 ANESTHESIOLOGY		824027		824027	40
41 RADIOLOGY-DIAGNOSTIC	935191	11641789	-1611807	10029982	41
41.01 MRI CENTER		2429054		2429054	41.01
42 RADIOLOGY-THERAPEUTIC		1125690		1125690	42
43 RADIOISOTOPE		1524801		1524801	43
44 LABORATORY		13657340		13657340	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY		2897290		2897290	49
50 PHYSICAL THERAPY		1693096		1693096	50
51 OCCUPATIONAL THERAPY		1368438		1368438	51
52 SPEECH PATHOLOGY		540847		540847	52
54 ELECTROENCEPHALOGRAPHY		151374		151374	54
55 MEDICAL SUPPLIES CHARGED TO PAT		406571		406571	55
56 DRUGS CHARGED TO PATIENTS		19027000		19027000	56
57 RENAL DIALYSIS		1113138		1113138	57
59 EMG		88136		88136	59
59.01 CARDIOVASCULAR LAB		13069526		13069526	59.01
59.02 MERCY EYE CENTER		787384		787384	59.02
59.03 MERCY ENT					59.03
59.04 WOUND CARE CENTER		488907		488907	59.04
59.05 CARDIAC REHAB		560410		560410	59.05
59.06 PRE-BIRTH CENTER		340856		340856	59.06
59.07 SLEEP LAB		267708		267708	59.07
59.08 UROLOGY		140196		140196	59.08
59.09 ADDP OP					59.09
59.10 PSYCH PARTIAL HOSPITAL		849865		849865	59.10
59.11 DIABETES TREATMENT		175890		175890	59.11
59.12 MENTAL HEALTH CENTER		1320701		1320701	59.12
59.13 VEIN CLINIC		24623		24623	59.13
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		7065958		7065958	60
61 EMERGENCY	884805	10278507	-1524966	8753541	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

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
69.30 OUTPATIENT OCCUPATIONAL THERAPY				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	7255554	188781138	-12504986	176276152
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		47386		47386
97 RESEARCH		44006		44006
98 PHYSICIANS' PRIVATE OFFICES		19510702		19510702
98.01 DNBAR CLINIC		227916		227916
98.02 PHILLIPS HEALTH		173908		173908
98.03 OTHER HOME HEALTH				98.03
98.04 VITAS HOSPICE		910726		910726
98.05 DOCTORS OFFICE		718653		718653
100 OTHER NONREIMBURSABLE COST CENT				100
100.01 SENIOR FRIENDS				100.01
100.02 OTHER NONREIMBURSABLE COST CENT		156828		156828
100.03 OTHER NONREIMBURSABLE COST CENT				100.02
101 CROSS FOOT ADJUSTMENTS				100.03
102 NEGATIVE COST CENTER				101
103 TOTAL	7255554	210571263	-12504986	198066277

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	LAUNDRY
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6	OF PLANT 8	+ LINEN SERVICE 9
69.30 OUTPATIENT OCCUPATIONAL THERAPY								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	1813105	4593268	8802496	15208869	32731	5751127	1331249	151350
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		5885		5885		225	2775	96
97 RESEARCH						1289		97
98 PHYSICIANS' PRIVATE OFFICES			172483	172483	1472	581560		98
98.01 DNBAR CLINIC					17	6815		98.01
98.02 PHILLIPS HEALTH					18	5182		98.02
98.03 OTHER HOME HEALTH								98.03
98.04 VITAS HOSPICE		113105		113105		4322	53332	98.04
98.05 DOCTORS OFFICE		40138	2761	42899	79	13008	18926	98.05
100 OTHER NONREIMBURSABLE COST CENT								100
100.01 SENIOR FRIENDS								100.01
100.02 OTHER NONREIMBURSABLE COST CENT					31	4418		100.02
100.03 OTHER NONREIMBURSABLE COST CENT								100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1813105	4752396	8977740	15543241	34348	6367946	1406282	151350

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	I&R SALARY & FRINGES 22
69.30 OUTPATIENT OCCUPATIONAL THERAPY								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	203442	363747	172238	147425	166207	612059	120695	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	441							96
97 RESEARCH			96					97
98 PHYSICIANS' PRIVATE OFFICES			18967		1252			98
98.01 DNBAR CLINIC			178		2			98.01
98.02 PHILLIPS HEALTH			177		3			98.02
98.03 OTHER HOME HEALTH								98.03
98.04 VITAS HOSPICE	8470							98.04
98.05 DOCTORS OFFICE	3006		1036		157			98.05
100 OTHER NONREIMBURSABLE COST CENT								100
100.01 SENIOR FRIENDS								100.01
100.02 OTHER NONREIMBURSABLE COST CENT			756					100.02
100.03 OTHER NONREIMBURSABLE COST CENT								100.03
101 CROSS FOOT ADJUSTMENTS								160120 101
102 NEGATIVE COST CENTER								102
103 TOTAL	215359	363747	193448	147425	167621	612059	120695	160120 103

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
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	380390			23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		2526123		25
26 INTENSIVE CARE UNIT		371126		26
27 CORONARY CARE UNIT		127117		27
27.01 NURSERY INTENSIVE CARE CENTER		54508		27.01
31 SUBPROVIDER I		391300		31
31.01 REHAB		177895		31.01
33 NURSERY		105568		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		1884162		37
37.01 GI LAB		264554		37.01
38 RECOVERY ROOM		111736		38
39 DELIVERY ROOM & LABOR ROOM		440700		39
40 ANESTHESIOLOGY		245571		40
41 RADIOLOGY-DIAGNOSTIC		1480933		41
41.01 MRI CENTER		106869		41.01
42 RADIOLOGY-THERAPEUTIC		213416		42
43 RADIOISOTOPE		177832		43
44 LABORATORY		943869		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY		287046		49
50 PHYSICAL THERAPY		91877		50
51 OCCUPATIONAL THERAPY		116311		51
52 SPEECH PATHOLOGY		23071		52
54 ELECTROENCEPHALOGRAPHY		16622		54
55 MEDICAL SUPPLIES CHARGED TO PAT		14270		55
56 DRUGS CHARGED TO PATIENTS		663095		56
57 RENAL DIALYSIS		44326		57
59 EMG		6314		59
59.01 CARDIOVASCULAR LAB		1454493		59.01
59.02 MERCY EYE CENTER		110743		59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER		235487		59.04
59.05 CARDIAC REHAB		47262		59.05
59.06 PRE-BIRTH CENTER		25414		59.06
59.07 SLEEP LAB		8191		59.07
59.08 UROLOGY		7185		59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL		43270		59.10
59.11 DIABETES TREATMENT		5867		59.11
59.12 MENTAL HEALTH CENTER		76309		59.12
59.13 VEIN CLINIC		846		59.13
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		404006		60
61 EMERGENCY		635065		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

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
69.30 OUTPATIENT OCCUPATIONAL THERAPY				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		13940349		13940349
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		9326		9326
97 RESEARCH		1385		1385
98 PHYSICIANS' PRIVATE OFFICES		775734		775734
98.01 DNBAR CLINIC		7012		7012
98.02 PHILLIPS HEALTH		5380		5380
98.03 OTHER HOME HEALTH				98.03
98.04 VITAS HOSPICE		179229		179229
98.05 DOCTORS OFFICE		79111		79111
100 OTHER NONREIMBURSABLE COST CENT				100
100.01 SENIOR FRIENDS				100.01
100.02 OTHER NONREIMBURSABLE COST CENT		5205		5205
100.03 OTHER NONREIMBURSABLE COST CENT				100.03
101 CROSS FOOT ADJUSTMENTS	380390	540510		540510
102 NEGATIVE COST CENTER				102
103 TOTAL	380390	15543241		15543241

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST
	1	3	4	5	6A	6	8
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	751020						1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		751020					3
4 NEW CAP REL COSTS-MVBLE EQUIP			4731615				4
5 EMPLOYEE BENEFITS	5428	5428		79074986			5
6 ADMINISTRATIVE & GENERAL	161468	161468	2699330	13433493	-43917405	166653858	6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	112817	112817	111900	2114145		12010998	471307
9 LAUNDRY & LINEN SERVICE	9462	9462	14668	268534		923661	9462
10 HOUSEKEEPING	7381	7381	2683	2043699		3680925	7381
11 DIETARY	22433	22433	8892	242		3332973	22433
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2484	2484	38277	1369424		1240366	2484
15 CENTRAL SERVICES & SUPPLY	7767	7767	30702	833386		815048	7767
16 PHARMACY			3714			14704744	
17 MEDICAL RECORDS & LIBRARY	4203	4203	2465	1064736		1830539	4203
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES				3154496		4154593	
23 I&R SERVICES-OTHER PRGM COSTS	17737	17737	1049	1436178		4984600	17737
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	112816	112816	95102	13828945		22129304	112816
26 INTENSIVE CARE UNIT	8450	8450	34805	2582491		4870968	8450
27 CORONARY CARE UNIT	3606	3606	6107	1107452		1788642	3606
27.01 NURSERY INTENSIVE CARE CENTER				863450		1251156	
31 SUBPROVIDER I	22415	22415	6122	1890949		2714782	22415
31.01 REHAB	9676	9676	4476	929032		1402434	9676
33 NURSERY	3431	3431	8926	870683		1242891	3431
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	35857	35857	135471	2976853		12687589	35857
37.01 GI LAB	1373	1373	10165	404903		1137653	1373
38 RECOVERY ROOM	2359	2359	25007	498372		955623	2359
39 DELIVERY ROOM & LABOR ROOM	17021	17021	53801	2421348		3811829	17021
40 ANESTHESIOLOGY	363	363	113319	91984		598611	363
41 RADIOLOGY-DIAGNOSTIC	27153	27153	467098	3500618		6676316	27153
41.01 MRI CENTER	3709	3709		352849		1743971	3709
42 RADIOLOGY-THERAPEUTIC	5282	5282	70253	530388		681799	5282
43 RADIOISOTOPE	2187	2187	57935	320833		1075890	2187
44 LABORATORY	21218	21218	53979	2954305		9417275	21218
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	3717	3717	77410	1181898		2004407	3717
50 PHYSICAL THERAPY	4527	4527	410	584309		1157419	4527
51 OCCUPATIONAL THERAPY	8493	8493	910	538656		773636	8493
52 SPEECH PATHOLOGY	534	534	820	266232		397326	534
54 ELECTROENCEPHALOGRAPHY	1401	1401		48159		68782	1401
55 MEDICAL SUPPLIES CHARGED TO P						301182	
56 DRUGS CHARGED TO PATIENTS	3937	3937				24913	3937
57 RENAL DIALYSIS	1192	1192				819363	1192
59 EMG			1742	51512		62574	
59.01 CARDIOVASCULAR LAB	23297	23297	357985	2217081		8960080	23297
59.02 MERCY EYE CENTER	9180	9180	4472	151944		299299	9180
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER	977	977	65	217171		338354	977
59.05 CARDIAC REHAB	1135	1135	10567	270806		393546	1135
59.06 PRE-BIRTH CENTER			7698	165260		259667	
59.07 SLEEP LAB						207432	
59.08 UROLOGY			1437	73220		107771	
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL	1871	1871	263	466461		583230	1871
59.11 DIABETES TREATMENT			174	109010		135576	
59.12 MENTAL HEALTH CENTER	4126	4126		734881		882468	4126
59.13 VEIN CLINIC						18372	
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	18986	18986		2862191		4826715	18986
61 EMERGENCY	14404	14404	119056	3567266		6024104	14404
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							

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	NURSING ADMINIS-TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY COSTED REQUI	MEDICAL RECORDS + LIBRARY GROSS REVENUE
	9	10	11	12	14	15	16	17
69.10 CMHC								69.10
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 SPECIAL PURPOSE COST CENTERS								71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	64842	429317	371505	2168745	1343521	19874879	13940745	529014832 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		930						96
97 RESEARCH				1214				97
98 PHYSICIANS' PRIVATE OFFICES				238830		149675		98
98.01 DNBAR CLINIC				2242		260		98.01
98.02 PHILLIPS HEALTH				2229		410		98.02
98.03 OTHER HOME HEALTH								98.03
98.04 VITAS HOSPICE		17874						98.04
98.05 DOCTORS OFFICE		6343		13045		18792		98.05
100 OTHER NONREIMBURSABLE COST CE								100
100.01 SENIOR FRIENDS								100.01
100.02 OTHER NONREIMBURSABLE COST CE				9516				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	1471748	4888611	5174952	2752131	1709508	1389118	18581342	2557118 103
104 UNIT COST MULT-WS B PT I	22.697449		13.929697		1.272409		1.332880	104
104 UNIT COST MULT-WS B PT I		10.756872		1.129858		.069303		.004834 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	151350	215359	363747	193448	147425	167621	612059	120695 107
108 UNIT COST MULT-WS B PT III	2.334135		.979117		.109730		.043904	108
108 UNIT COST MULT-WS B PT III		.473875		.079418		.008363		.000228 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	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			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	5429	5429	25
26 INTENSIVE CARE UNIT	364	364	26
27 CORONARY CARE UNIT	137	137	27
27.01 NURSERY INTENSIVE CARE CENTER	268	268	27.01
31 SUBPROVIDER I			31
31.01 REHAB	122	122	31.01
33 NURSERY			33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	800	800	37
37.01 GI LAB			37.01
38 RECOVERY ROOM			38
39 DELIVERY ROOM & LABOR ROOM			39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	1225	1225	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
59.13 VEIN CLINIC			59.13
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
61 EMERGENCY	1159	1159	61
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	22	23	
69.10 CMHC			69.10
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	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	5249432	7255554	103
104 UNIT COST MULT-WS B PT I	552.339226		104
104 UNIT COST MULT-WS B PT I		763.421086	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	160120	380390	107
108 UNIT COST MULT-WS B PT III	16.847643		108
108 UNIT COST MULT-WS B PT III		40.024200	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	37658012		37658012	3622	37661634	25
26 INTENSIVE CARE UNIT	6951260		6951260	82845	7034105	26
27 CORONARY CARE UNIT	2557921		2557921		2557921	27
27.01 NURSERY INTENSIVE CARE CENT	1670327		1670327		1670327	27.01
31 SUBPROVIDER I	5096270		5096270	7578	5103848	31
31.01 REHAB	2446766		2446766	17769	2464535	31.01
33 NURSERY	1815744		1815744		1815744	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	18508041		18508041		18508041	37
37.01 GI LAB	1585484		1585484		1585484	37.01
38 RECOVERY ROOM	1372881		1372881		1372881	38
39 DELIVERY ROOM & LABOR ROOM	5891097		5891097		5891097	39
40 ANESTHESIOLOGY	824027		824027		824027	40
41 RADIOLOGY-DIAGNOSTIC	10029982		10029982		10029982	41
41.01 MRI CENTER	2429054		2429054		2429054	41.01
42 RADIOLOGY-THERAPEUTIC	1125690		1125690	2221	1127911	42
43 RADIOISOTOPE	1524801		1524801	6047	1530848	43
44 LABORATORY	13657340		13657340	3702	13661042	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2897290		2897290		2897290	49
50 PHYSICAL THERAPY	1693096		1693096		1693096	50
51 OCCUPATIONAL THERAPY	1368438		1368438		1368438	51
52 SPEECH PATHOLOGY	540847		540847		540847	52
54 ELECTROENCEPHALOGRAPHY	151374		151374		151374	54
55 MEDICAL SUPPLIES CHARGED TO	406571		406571		406571	55
56 DRUGS CHARGED TO PATIENTS	19027000		19027000		19027000	56
57 RENAL DIALYSIS	1113138		1113138		1113138	57
59 EMG	88136		88136		88136	59
59.01 CARDIOVASCULAR LAB	13069526		13069526	147883	13217409	59.01
59.02 MERCY EYE CENTER	787384		787384		787384	59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	488907		488907		488907	59.04
59.05 CARDIAC REHAB	560410		560410		560410	59.05
59.06 PRE-BIRTH CENTER	340856		340856		340856	59.06
59.07 SLEEP LAB	267708		267708		267708	59.07
59.08 UROLOGY	140196		140196		140196	59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	849865		849865		849865	59.10
59.11 DIABETES TREATMENT	175890		175890		175890	59.11
59.12 MENTAL HEALTH CENTER	1320701		1320701	28543	1349244	59.12
59.13 VEIN CLINIC	24623		24623		24623	59.13
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	7065958		7065958		7065958	60
61 EMERGENCY	8753541		8753541	13919	8767460	61
62 OBSERVATION BEDS (NON-DISTI	1656235		1656235		1656235	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	177932387		177932387	314129	178246516	101
102 LESS OBSERVATION BEDS	1656235		1656235		1656235	102
103 TOTAL	176276152		176276152	314129	176590281	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	67606257		67606257			25
26 INTENSIVE CARE UNIT	9000047		9000047			26
27 CORONARY CARE UNIT	3121588		3121588			27
27.01 NURSERY INTENSIVE CARE CENT	4710023		4710023			27.01
31 SUBPROVIDER I	8865208		8865208			31
31.01 REHAB	2299997		2299997			31.01
33 NURSERY	5327674		5327674			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	21503348	18517534	40020882	.462460	.462460	.462460 37
37.01 GI LAB	1862629	4453731	6316360	.251012	.251012	.251012 37.01
38 RECOVERY ROOM	1556011	2704327	4260338	.322247	.322247	.322247 38
39 DELIVERY ROOM & LABOR ROOM	21079182	751142	21830324	.269858	.269858	.269858 39
40 ANESTHESIOLOGY	2661794	2208592	4870386	.169191	.169191	.169191 40
41 RADIOLOGY-DIAGNOSTIC	13760215	36444191	50204406	.199783	.199783	.199783 41
41.01 MRI CENTER	3010446	7156670	10167116	.238913	.238913	.238913 41.01
42 RADIOLOGY-THERAPEUTIC	433651	4263403	4697054	.239659	.239659	.240132 42
43 RADIOISOTOPE	2469692	5807837	8277529	.184210	.184210	.184940 43
44 LABORATORY	45374629	39950161	85324790	.160063	.160063	.160106 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	13177341	1112651	14289992	.202750	.202750	.202750 49
50 PHYSICAL THERAPY	1577131	1506266	3083397	.549101	.549101	.549101 50
51 OCCUPATIONAL THERAPY	945050	829541	1774591	.771129	.771129	.771129 51
52 SPEECH PATHOLOGY	843174	339796	1182970	.457194	.457194	.457194 52
54 ELECTROENCEPHALOGRAPHY	213078	144794	357872	.422984	.422984	.422984 54
55 MEDICAL SUPPLIES CHARGED TO	924668	140183	1064851	.381810	.381810	.381810 55
56 DRUGS CHARGED TO PATIENTS	32826277	17868445	50694722	.375325	.375325	.375325 56
57 RENAL DIALYSIS	5134223	109142	5243365	.212295	.212295	.212295 57
59 EMG	20414	790063	810477	.108746	.108746	.108746 59
59.01 CARDIOVASCULAR LAB	35241662	20184443	55426105	.235801	.235801	.238469 59.01
59.02 MERCY EYE CENTER	2314	1287211	1289525	.610600	.610600	.610600 59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	9872	666816	676688	.722500	.722500	.722500 59.04
59.05 CARDIAC REHAB	16588	832940	849528	.659672	.659672	.659672 59.05
59.06 PRE-BIRTH CENTER	56954	836165	893119	.381647	.381647	.381647 59.06
59.07 SLEEP LAB	2297	1158597	1160894	.230605	.230605	.230605 59.07
59.08 UROLOGY	19337	143928	163265	.858702	.858702	.858702 59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	2845	2839149	2841994	.299038	.299038	.299038 59.10
59.11 DIABETES TREATMENT	282	109766	110048	1.598303	1.598303	1.598303 59.11
59.12 MENTAL HEALTH CENTER	301	936029	936330	1.410508	1.410508	1.440992 59.12
59.13 VEIN CLINIC	22	45855	45877	.536718	.536718	.536718 59.13
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		6166307	6166307	1.145898	1.145898	1.145898 60
61 EMERGENCY	12850899	27211876	40062775	.218496	.218496	.218843 61
62 OBSERVATION BEDS (NON-DISTI	258117	2732044	2990161	.553895	.553895	.553895 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	318765237	210249595	529014832			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	318765237	210249595	529014832			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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2526123		2526123
26 INTENSIVE CARE UNIT				371126		371126
27 CORONARY CARE UNIT				127117		127117
27.01 NURSERY INTENSIVE CARE CENTER				54508		54508
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				391300		391300
31.01 REHAB				177895		177895
33 NURSERY				105568		105568
101 TOTAL				3753637		3753637

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	50572	21953			49.95	1096552
26 INTENSIVE CARE UNIT	4057	2366			91.48	216442
27 CORONARY CARE UNIT	1390	787			91.45	71971
27.01 NURSERY INTENSIVE CARE CENTER	2747				19.84	
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	7790	2227			50.23	111862
31.01 REHAB	2354	999			75.57	75494
33 NURSERY	5196				20.32	
101 TOTAL	74106	28332				1572321

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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL 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		1884162	40020882	7270586			.047079	342292 37
37.01 GI LAB		264554	6316360	1047844			.041884	43888 37.01
38 RECOVERY ROOM		111736	4260338	608275			.026227	15953 38
39 DELIVERY ROOM & LABOR ROOM		440700	21830324	53431			.020188	1079 39
40 ANESTHESIOLOGY		245571	4870386	821324			.050421	41412 40
41 RADIOLOGY-DIAGNOSTIC		1480933	50204406	7088533			.029498	209098 41
41.01 MRI CENTER		106869	10167116	1492965			.010511	15693 41.01
42 RADIOLOGY-THERAPEUTIC		213416	4697054	210761			.045436	9576 42
43 RADIOISOTOPE		177832	8277529	1246512			.021484	26780 43
44 LABORATORY		943869	85324790	2730001			.011062	30199 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		287046	14289992	7684298			.020087	154354 49
50 PHYSICAL THERAPY		91877	3083397	762660			.029797	22725 50
51 OCCUPATIONAL THERAPY		116311	1774591	135053			.065542	8852 51
52 SPEECH PATHOLOGY		23071	1182970	505892			.019503	9866 52
54 ELECTROENCEPHALOGRAPHY		16622	357872	126341			.046447	5868 54
55 MEDICAL SUPPLIES CHARGED TO P		14270	1064851	384943			.013401	5159 55
56 DRUGS CHARGED TO PATIENTS		663095	50694722	15332762			.013080	200553 56
57 RENAL DIALYSIS		44326	5243365	3276952			.008454	27703 57
59 EMG		6314	810477	9555			.007790	74 59
59.01 CARDIOVASCULAR LAB		1454493	55426105	18824570			.026242	493994 59.01
59.02 MERCY EYE CENTER		110743	1289525	2300			.085879	198 59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		235487	676688	5676			.347999	1975 59.04
59.05 CARDIAC REHAB		47262	849528	7766			.055633	432 59.05
59.06 PRE-BIRTH CENTER		25414	893119				.028455	59.06
59.07 SLEEP LAB		8191	1160894	2283			.007056	16 59.07
59.08 UROLOGY		7185	163265	13886			.044008	611 59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		43270	2841994	1182			.015225	18 59.10
59.11 DIABETES TREATMENT		5867	110048	280			.053313	15 59.11
59.12 MENTAL HEALTH CENTER		76309	936330	156			.081498	13 59.12
59.13 VEIN CLINIC		846	45877	22			.018441	59.13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		404006	6166307				.065518	60
61 EMERGENCY		635065	40062775	6132017			.015852	97205 61
62 OBSERVATION BEDS (NON-DISTINC		111090	2990161				.037152	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10297802	428084038	75778826				1765601 101

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/04/2009 14:19

APPORIONMENT 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	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					50572		21953	25
26 INTENSIVE CARE UNIT					4057		2366	26
27 CORONARY CARE UNIT					1390		787	27
27.01 NURSERY INTENSIVE CARE CENTER					2747			27.01
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					7790		2227	31
31.01 REHAB					2354		999	31.01
33 NURSERY					5196			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					74106		28332	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 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
59.13 VEIN CLINIC							59.13
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	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		40020882			7270586		2943010 37
37.01 GI LAB		6316360			1047844		1377102 37.01
38 RECOVERY ROOM		4260338			608275		493237 38
39 DELIVERY ROOM & LABOR ROOM		21830324			53431		2030 39
40 ANESTHESIOLOGY		4870386			821324		355186 40
41 RADIOLOGY-DIAGNOSTIC		50204406			7088533		7935966 41
41.01 MRI CENTER		10167116			1492965		1720723 41.01
42 RADIOLOGY-THERAPEUTIC		4697054			210761		1494910 42
43 RADIOISOTOPE		8277529			1246512		1839830 43
44 LABORATORY		85324790			2730001		1121795 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		14289992			7684298		583513 49
50 PHYSICAL THERAPY		3083397			762660		50
51 OCCUPATIONAL THERAPY		1774591			135053		51
52 SPEECH PATHOLOGY		1182970			505892		52
54 ELECTROENCEPHALOGRAPHY		357872			126341		39899 54
55 MEDICAL SUPPLIES CHARGED TO P		1064851			384943		46706 55
56 DRUGS CHARGED TO PATIENTS		50694722			15332762		5173692 56
57 RENAL DIALYSIS		5243365			3276952		102015 57
59 EMG		810477			9555		161691 59
59.01 CARDIOVASCULAR LAB		55426105			18824570		8436843 59.01
59.02 MERCY EYE CENTER		1289525			2300		572582 59.02
59.03 MERCY ENT							
59.04 WOUND CARE CENTER		676688			5676		319107 59.04
59.05 CARDIAC REHAB		849528			7766		353700 59.05
59.06 PRE-BIRTH CENTER		893119					1217 59.06
59.07 SLEEP LAB		1160894			2283		189090 59.07
59.08 UROLOGY		163265			13886		17329 59.08
59.09 ADDP OP							
59.10 PSYCH PARTIAL HOSPITAL		2841994			1182		7 59.10
59.11 DIABETES TREATMENT		110048			280		28777 59.11
59.12 MENTAL HEALTH CENTER		936330			156		201306 59.12
59.13 VEIN CLINIC		45877			22		
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6166307					549935 60
61 EMERGENCY		40662775			6132017		3750671 61
62 OBSERVATION BEDS (NON-DISTINC		2990161					1066146 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		428084038			75778826		40878015 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					
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
59.13 VEIN CLINIC					59.13
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	.462460	.462460	.462460			37
37.01 GI LAB	.251012	.251012	.251012			37.01
38 RECOVERY ROOM	.322247	.322247	.322247			38
39 DELIVERY ROOM & LABOR ROOM	.269858	.269858	.269858			39
40 ANESTHESIOLOGY	.169191	.169191	.169191			40
41 RADIOLOGY-DIAGNOSTIC	.199783	.199783	.199783			41
41.01 MRI CENTER	.238913	.238913	.238913			41.01
42 RADIOLOGY-THERAPEUTIC	.239659	.239659	.239659			42
43 RADIOISOTOPE	.184210	.184210	.184210			43
44 LABORATORY	.160063	.160063	.160063			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.202750	.202750	.202750			49
50 PHYSICAL THERAPY	.549101	.549101	.549101			50
51 OCCUPATIONAL THERAPY	.771129	.771129	.771129			51
52 SPEECH PATHOLOGY	.457194	.457194	.457194			52
54 ELECTROENCEPHALOGRAPHY	.422984	.422984	.422984			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.381810	.381810	.381810			55
56 DRUGS CHARGED TO PATIENTS	.375325	.375325	.375325			56
57 RENAL DIALYSIS	.212295	.212295	.212295			57
59 EMG	.108746	.108746	.108746			59
59.01 CARDIOVASCULAR LAB	.235801	.235801	.235801			59.01
59.02 MERCY EYE CENTER	.610600	.610600	.610600			59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	.722500	.722500	.722500			59.04
59.05 CARDIAC REHAB	.659672	.659672	.659672			59.05
59.06 PRE-BIRTH CENTER	.381647	.381647	.381647			59.06
59.07 SLEEP LAB	.230605	.230605	.230605			59.07
59.08 UROLOGY	.858702	.858702	.858702			59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	.299038	.299038	.299038			59.10
59.11 DIABETES TREATMENT	1.598303	1.598303	1.598303			59.11
59.12 MENTAL HEALTH CENTER	1.410508	1.410508	1.410508			59.12
59.13 VEIN CLINIC	.536718	.536718	.536718			59.13
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.145898	1.145898	1.145898			60
61 EMERGENCY	.218496	.218496	.218496			61
62 OBSERVATION BEDS (NON-DISTINCT	.553895	.553895	.553895			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	.375325	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		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 (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2943010						37
37.01 GI LAB		1377102						37.01
38 RECOVERY ROOM		493237						38
39 DELIVERY ROOM & LABOR ROOM		2030						39
40 ANESTHESIOLOGY		355186						40
41 RADIOLOGY-DIAGNOSTIC		7935966						41
41.01 MRI CENTER		1720723						41.01
42 RADIOLOGY-THERAPEUTIC		1494910						42
43 RADIOISOTOPE		1839830						43
44 LABORATORY		1121795						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		583513						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		39899						54
55 MEDICAL SUPPLIES CHARGED TO PA		46706						55
56 DRUGS CHARGED TO PATIENTS		5173692						56
57 RENAL DIALYSIS		102015						57
59 EMG		161691						59
59.01 CARDIOVASCULAR LAB		8436843						59.01
59.02 MERCY EYE CENTER		572582						59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		319107						59.04
59.05 CARDIAC REHAB		353700						59.05
59.06 PRE-BIRTH CENTER		1217						59.06
59.07 SLEEP LAB		189090						59.07
59.08 UROLOGY		17329						59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		7						59.10
59.11 DIABETES TREATMENT		28777						59.11
59.12 MENTAL HEALTH CENTER		201306						59.12
59.13 VEIN CLINIC								59.13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		549935						60
61 EMERGENCY		3750671						61
62 OBSERVATION BEDS (NON-DISTINCT		1066146						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		40878015						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		40878015						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	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1361024					37
37.01 GI LAB		345669					37.01
38 RECOVERY ROOM		158944					38
39 DELIVERY ROOM & LABOR ROOM		548					39
40 ANESTHESIOLOGY		60094					40
41 RADIOLOGY-DIAGNOSTIC		1585471					41
41.01 MRI CENTER		411103					41.01
42 RADIOLOGY-THERAPEUTIC		358269					42
43 RADIOISOTOPE		338915					43
44 LABORATORY		179558					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		118307					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		16877					54
55 MEDICAL SUPPLIES CHARGED TO PAT		17833					55
56 DRUGS CHARGED TO PATIENTS		1941816					56
57 RENAL DIALYSIS		21657					57
59 EMG		17583					59
59.01 CARDIOVASCULAR LAB		1989416					59.01
59.02 MERCY EYE CENTER		349619					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		230555					59.04
59.05 CARDIAC REHAB		233326					59.05
59.06 PRE-BIRTH CENTER		464					59.06
59.07 SLEEP LAB		43605					59.07
59.08 UROLOGY		14880					59.08
59.09 ADPP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2					59.10
59.11 DIABETES TREATMENT		45994					59.11
59.12 MENTAL HEALTH CENTER		283944					59.12
59.13 VEIN CLINIC							59.13
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		630169					60
61 EMERGENCY		819507					61
62 OBSERVATION BEDS (NON-DISTINCT		590533					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		12165682					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		12165682					104

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 [XX] SUB I (14-S158) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL 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		1884162	40020882	7907			.047079	372 37
37.01 GI LAB		264554	6316360	1045			.041884	44 37.01
38 RECOVERY ROOM		111736	4260338	8860			.026227	232 38
39 DELIVERY ROOM & LABOR ROOM		440700	21830324				.020188	39
40 ANESTHESIOLOGY		245571	4870386	8652			.050421	436 40
41 RADIOLOGY-DIAGNOSTIC		1480933	50204406	29858			.029498	881 41
41.01 MRI CENTER		106869	10167116	1450			.010511	15 41.01
42 RADIOLOGY-THERAPEUTIC		213416	4697054				.045436	42
43 RADIOISOTOPE		177832	8277529	1159			.021484	25 43
44 LABORATORY		943869	85324790	308663			.011062	3414 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		287046	14289992	6601			.020087	133 49
50 PHYSICAL THERAPY		91877	3083397	1440			.029797	43 50
51 OCCUPATIONAL THERAPY		116311	1774591	94405			.065542	6187 51
52 SPEECH PATHOLOGY		23071	1182970	232			.019503	5 52
54 ELECTROENCEPHALOGRAPHY		16622	357872	2000			.046447	93 54
55 MEDICAL SUPPLIES CHARGED TO P		14270	1064851	4264			.013401	57 55
56 DRUGS CHARGED TO PATIENTS		663095	50694722	264455			.013080	3459 56
57 RENAL DIALYSIS		44326	5243365	26752			.008454	226 57
59 EMG		6314	810477				.007790	59
59.01 CARDIOVASCULAR LAB		1454493	55426105	20726			.026242	544 59.01
59.02 MERCY EYE CENTER		110743	1289525				.085879	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		235487	676688				.347999	59.04
59.05 CARDIAC REHAB		47262	849528				.055633	59.05
59.06 PRE-BIRTH CENTER		25414	893119				.028455	59.06
59.07 SLEEP LAB		8191	1160894				.007056	59.07
59.08 UROLOGY		7185	163265				.044008	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		43270	2841994				.015225	59.10
59.11 DIABETES TREATMENT		5867	110048				.053313	59.11
59.12 MENTAL HEALTH CENTER		76309	936330				.081498	59.12
59.13 VEIN CLINIC		846	45877				.018441	59.13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		404006	6166307				.065518	60
61 EMERGENCY		635065	40062775	211965			.015852	3360 61
62 OBSERVATION BEDS (NON-DISTINC		111090	2990161				.037152	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10297802	428084038	1000434				19526 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		40020882			7907		37
37.01 GI LAB		6316360			1045		37.01
38 RECOVERY ROOM		4260338			8860		38
39 DELIVERY ROOM & LABOR ROOM		21830324					39
40 ANESTHESIOLOGY		4870386			8652		40
41 RADIOLOGY-DIAGNOSTIC		50204406			29858		41
41.01 MRI CENTER		10167116			1450		41.01
42 RADIOLOGY-THERAPEUTIC		4697054					42
43 RADIOISOTOPE		8277529			1159		43
44 LABORATORY		85324790			308663		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14289992			6601		49
50 PHYSICAL THERAPY		3083397			1440		50
51 OCCUPATIONAL THERAPY		1774591			94405		51
52 SPEECH PATHOLOGY		1182970			232		52
54 ELECTROENCEPHALOGRAPHY		357872			2000		54
55 MEDICAL SUPPLIES CHARGED TO P		1064851			4264		55
56 DRUGS CHARGED TO PATIENTS		50694722			264455		56
57 RENAL DIALYSIS		5243365			26752		57
59 EMG		810477					59
59.01 CARDIOVASCULAR LAB		55426105			20726		59.01
59.02 MERCY EYE CENTER		1289525					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		676688					59.04
59.05 CARDIAC REHAB		849528					59.05
59.06 PRE-BIRTH CENTER		893119					59.06
59.07 SLEEP LAB		1160894					59.07
59.08 UROLOGY		163265					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2841994					59.10
59.11 DIABETES TREATMENT		110048					59.11
59.12 MENTAL HEALTH CENTER		936330					59.12
59.13 VEIN CLINIC		45877					59.13
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6166307					60
61 EMERGENCY		40062775			211965		61
62 OBSERVATION BEDS (NON-DISTINC		2990161					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		428084038			1000434		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
59.13 VEIN CLINIC					59.13
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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL 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		1884162	40020882	4474			.047079	211 37
37.01 GI LAB		264554	6316360				.041884	37.01
38 RECOVERY ROOM		111736	4260338				.026227	38
39 DELIVERY ROOM & LABOR ROOM		440700	21830324				.020188	39
40 ANESTHESIOLOGY		245571	4870386				.050421	40
41 RADIOLOGY-DIAGNOSTIC		1480933	50204406	33777			.029498	996 41
41.01 MRI CENTER		106869	10167116	1300			.010511	14 41.01
42 RADIOLOGY-THERAPEUTIC		213416	4697054	3200			.045436	145 42
43 RADIOISOTOPE		177832	8277529				.021484	43
44 LABORATORY		943869	85324790	114705			.011062	1269 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		287046	14289992	21619			.020087	434 49
50 PHYSICAL THERAPY		91877	3083397	246582			.029797	7347 50
51 OCCUPATIONAL THERAPY		116311	1774591	252569			.065542	16554 51
52 SPEECH PATHOLOGY		23071	1182970	75899			.019503	1480 52
54 ELECTROENCEPHALOGRAPHY		16622	357872				.046447	54
55 MEDICAL SUPPLIES CHARGED TO P		14270	1064851	35287			.013401	473 55
56 DRUGS CHARGED TO PATIENTS		663095	50694722	266519			.013080	3486 56
57 RENAL DIALYSIS		44326	5243365	65664			.008454	555 57
59 EMG		6314	810477	360			.007790	3 59
59.01 CARDIOVASCULAR LAB		1454493	55426105	9873			.026242	259 59.01
59.02 MERCY EYE CENTER		110743	1289525				.085879	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		235487	676688				.347999	59.04
59.05 CARDIAC REHAB		47262	849528				.055633	59.05
59.06 PRE-BIRTH CENTER		25414	893119				.028455	59.06
59.07 SLEEP LAB		8191	1160894				.007056	59.07
59.08 UROLOGY		7185	163265				.044008	59.08
59.09 ADPP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		43270	2841994				.015225	59.10
59.11 DIABETES TREATMENT		5867	110048				.053313	59.11
59.12 MENTAL HEALTH CENTER		76309	936330				.081498	59.12
59.13 VEIN CLINIC		846	45877				.018441	59.13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		404006	6166307				.065518	60
61 EMERGENCY		635065	40062775				.015852	61
62 OBSERVATION BEDS (NON-DISTINC		111090	2990161				.037152	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10297802	428084038	1131828				33226 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 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
59.13 VEIN CLINIC							59.13
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
 [] 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		40020882			4474		37
37.01 GI LAB		6316360					37.01
38 RECOVERY ROOM		4260338					38
39 DELIVERY ROOM & LABOR ROOM		21830324					39
40 ANESTHESIOLOGY		4870386					40
41 RADIOLOGY-DIAGNOSTIC		50204406			33777		41
41.01 MRI CENTER		10167116			1300		41.01
42 RADIOLOGY-THERAPEUTIC		4697054			3200		42
43 RADIOISOTOPE		8277529					43
44 LABORATORY		85324790			114705		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14289992			21619		49
50 PHYSICAL THERAPY		3083397			246582		50
51 OCCUPATIONAL THERAPY		1774591			252569		51
52 SPEECH PATHOLOGY		1182970			75899		52
54 ELECTROENCEPHALOGRAPHY		357872					54
55 MEDICAL SUPPLIES CHARGED TO P		1064851			35287		55
56 DRUGS CHARGED TO PATIENTS		50694722			266519		56
57 RENAL DIALYSIS		5243365			65664		57
59 EMG		810477			360		59
59.01 CARDIOVASCULAR LAB		55426105			9873		59.01
59.02 MERCY EYE CENTER		1289525					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		676688					59.04
59.05 CARDIAC REHAB		849528					59.05
59.06 PRE-BIRTH CENTER		893119					59.06
59.07 SLEEP LAB		1160894					59.07
59.08 UROLOGY		163265					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2841994					59.10
59.11 DIABETES TREATMENT		110048					59.11
59.12 MENTAL HEALTH CENTER		936330					59.12
59.13 VEIN CLINIC		45877					59.13
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6166307					60
61 EMERGENCY		40062775					61
62 OBSERVATION BEDS (NON-DISTINC		2990161					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		428084038			1131828		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 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
59.13 VEIN CLINIC					59.13
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				2526123		2526123	25
26 INTENSIVE CARE UNIT				371126		371126	26
27 CORONARY CARE UNIT				127117		127117	27
27.01 NURSERY INTENSIVE CARE CENTER				54508		54508	27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				391300		391300	31
31.01 REHAB				177895		177895	31.01
33 NURSERY				105568		105568	33
101 TOTAL				3753637		3753637	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	50572	14255			49.95	712037	25
26 INTENSIVE CARE UNIT	4057	811			91.48	74190	26
27 CORONARY CARE UNIT	1390	234			91.45	21399	27
27.01 NURSERY INTENSIVE CARE CENTER	2747	2248			19.84	44600	27.01
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	7790	4262			50.23	214080	31
31.01 REHAB	2354	240			75.57	18137	31.01
33 NURSERY	5196	4306			20.32	87498	33
101 TOTAL	74106	26356				1171941	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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL 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		1884162	40020882				.047079	37
37.01 GI LAB		264554	6316360				.041884	37.01
38 RECOVERY ROOM		111736	4260338				.026227	38
39 DELIVERY ROOM & LABOR ROOM		440700	21830324				.020188	39
40 ANESTHESIOLOGY		245571	4870386				.050421	40
41 RADIOLOGY-DIAGNOSTIC		1480933	50204406				.029498	41
41.01 MRI CENTER		106869	10167116				.010511	41.01
42 RADIOLOGY-THERAPEUTIC		213416	4697054				.045436	42
43 RADIOISOTOPE		177832	8277529				.021484	43
44 LABORATORY		943869	85324790				.011062	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		287046	14289992				.020087	49
50 PHYSICAL THERAPY		91877	3083397				.029797	50
51 OCCUPATIONAL THERAPY		116311	1774591				.065542	51
52 SPEECH PATHOLOGY		23071	1182970				.019503	52
54 ELECTROENCEPHALOGRAPHY		16622	357872				.046447	54
55 MEDICAL SUPPLIES CHARGED TO P		14270	1064851				.013401	55
56 DRUGS CHARGED TO PATIENTS		663095	50694722				.013080	56
57 RENAL DIALYSIS		44326	5243365				.008454	57
59 EMG		6314	810477				.007790	59
59.01 CARDIOVASCULAR LAB		1454493	55426105				.026242	59.01
59.02 MERCY EYE CENTER		110743	1289525				.085879	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		235487	676688				.347999	59.04
59.05 CARDIAC REHAB		47262	849528				.055633	59.05
59.06 PRE-BIRTH CENTER		25414	893119				.028455	59.06
59.07 SLEEP LAB		8191	1160894				.007056	59.07
59.08 UROLOGY		7185	163265				.044008	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		43270	2841994				.015225	59.10
59.11 DIABETES TREATMENT		5867	110048				.053313	59.11
59.12 MENTAL HEALTH CENTER		76309	936330				.081498	59.12
59.13 VEIN CLINIC		846	45877				.018441	59.13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		404006	6166307				.065518	60
61 EMERGENCY		635065	40062775				.015852	61
62 OBSERVATION BEDS (NON-DISTINC		111090	2990161				.037152	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10297802	428084038					101

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
 12/04/2009 14:19

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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					50572		14255	25
26 INTENSIVE CARE UNIT					4057		811	26
27 CORONARY CARE UNIT					1390		234	27
27.01 NURSERY INTENSIVE CARE CENTER					2747		2248	27.01
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					7790		4262	31
31.01 REHAB					2354		240	31.01
33 NURSERY					5196		4306	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					74106		26356	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 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
59.13 VEIN CLINIC							59.13
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		40020882					37
37.01 GI LAB		6316360					37.01
38 RECOVERY ROOM		4260338					38
39 DELIVERY ROOM & LABOR ROOM		21830324					39
40 ANESTHESIOLOGY		4870386					40
41 RADIOLOGY-DIAGNOSTIC		50204406					41
41.01 MRI CENTER		10167116					41.01
42 RADIOLOGY-THERAPEUTIC		4697054					42
43 RADIOISOTOPE		8277529					43
44 LABORATORY		85324790					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14289992					49
50 PHYSICAL THERAPY		3083397					50
51 OCCUPATIONAL THERAPY		1774591					51
52 SPEECH PATHOLOGY		1182970					52
54 ELECTROENCEPHALOGRAPHY		357872					54
55 MEDICAL SUPPLIES CHARGED TO P		1064851					55
56 DRUGS CHARGED TO PATIENTS		50694722					56
57 RENAL DIALYSIS		5243365					57
59 EMG		810477					59
59.01 CARDIOVASCULAR LAB		55426105					59.01
59.02 MERCY EYE CENTER		1289525					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		676688					59.04
59.05 CARDIAC REHAB		849528					59.05
59.06 PRE-BIRTH CENTER		893119					59.06
59.07 SLEEP LAB		1160894					59.07
59.08 UROLOGY		163265					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2841994					59.10
59.11 DIABETES TREATMENT		110048					59.11
59.12 MENTAL HEALTH CENTER		936330					59.12
59.13 VEIN CLINIC		45877					59.13
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6166307					60
61 EMERGENCY		40062775					61
62 OBSERVATION BEDS (NON-DISTINC		2990161					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		428084038					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
59.13 VEIN CLINIC					59.13
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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL 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		1884162	40020882				.047079	37
37.01 GI LAB		264554	6316360				.041884	37.01
38 RECOVERY ROOM		111736	4260338				.026227	38
39 DELIVERY ROOM & LABOR ROOM		440700	21830324				.020188	39
40 ANESTHESIOLOGY		245571	4870386				.050421	40
41 RADIOLOGY-DIAGNOSTIC		1480933	50204406				.029498	41
41.01 MRI CENTER		106869	10167116				.010511	41.01
42 RADIOLOGY-THERAPEUTIC		213416	4697054				.045436	42
43 RADIOISOTOPE		177832	8277529				.021484	43
44 LABORATORY		943869	85324790				.011062	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		287046	14289992				.020087	49
50 PHYSICAL THERAPY		91877	3083397				.029797	50
51 OCCUPATIONAL THERAPY		116311	1774591				.065542	51
52 SPEECH PATHOLOGY		23071	1182970				.019503	52
54 ELECTROENCEPHALOGRAPHY		16622	357872				.046447	54
55 MEDICAL SUPPLIES CHARGED TO P		14270	1064851				.013401	55
56 DRUGS CHARGED TO PATIENTS		663095	50694722				.013080	56
57 RENAL DIALYSIS		44326	5243365				.008454	57
59 EMG		6314	810477				.007790	59
59.01 CARDIOVASCULAR LAB		1454493	55426105				.026242	59.01
59.02 MERCY EYE CENTER		110743	1289525				.085879	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		235487	676688				.347999	59.04
59.05 CARDIAC REHAB		47262	849528				.055633	59.05
59.06 PRE-BIRTH CENTER		25414	893119				.028455	59.06
59.07 SLEEP LAB		8191	1160894				.007056	59.07
59.08 UROLOGY		7185	163265				.044008	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		43270	2841994				.015225	59.10
59.11 DIABETES TREATMENT		5867	110048				.053313	59.11
59.12 MENTAL HEALTH CENTER		76309	936330				.081498	59.12
59.13 VEIN CLINIC		846	45877				.018441	59.13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		404006	6166307				.065518	60
61 EMERGENCY		635065	40062775				.015852	61
62 OBSERVATION BEDS (NON-DISTINC		111090	2990161				.037152	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10297802	428084038					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		40020882					37
37.01 GI LAB		6316360					37.01
38 RECOVERY ROOM		4260338					38
39 DELIVERY ROOM & LABOR ROOM		21830324					39
40 ANESTHESIOLOGY		4870386					40
41 RADIOLOGY-DIAGNOSTIC		50204406					41
41.01 MRI CENTER		10167116					41.01
42 RADIOLOGY-THERAPEUTIC		4697054					42
43 RADIOISOTOPE		8277529					43
44 LABORATORY		85324790					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14289992					49
50 PHYSICAL THERAPY		3083397					50
51 OCCUPATIONAL THERAPY		1774591					51
52 SPEECH PATHOLOGY		1182970					52
54 ELECTROENCEPHALOGRAPHY		357872					54
55 MEDICAL SUPPLIES CHARGED TO P		1064851					55
56 DRUGS CHARGED TO PATIENTS		50694722					56
57 RENAL DIALYSIS		5243365					57
59 EMG		810477					59
59.01 CARDIOVASCULAR LAB		55426105					59.01
59.02 MERCY EYE CENTER		1289525					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		676688					59.04
59.05 CARDIAC REHAB		849528					59.05
59.06 PRE-BIRTH CENTER		893119					59.06
59.07 SLEEP LAB		1160894					59.07
59.08 UROLOGY		163265					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2841994					59.10
59.11 DIABETES TREATMENT		110048					59.11
59.12 MENTAL HEALTH CENTER		936330					59.12
59.13 VEIN CLINIC		45877					59.13
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6166307					60
61 EMERGENCY		40062775					61
62 OBSERVATION BEDS (NON-DISTINC		2990161					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		428084038					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
	8.01	8.02	9	9.01	9.02
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
59.13 VEIN CLINIC					59.13
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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL 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		1884162	40020882				.047079	37
37.01 GI LAB		264554	6316360				.041884	37.01
38 RECOVERY ROOM		111736	4260338				.026227	38
39 DELIVERY ROOM & LABOR ROOM		440700	21830324				.020188	39
40 ANESTHESIOLOGY		245571	4870386				.050421	40
41 RADIOLOGY-DIAGNOSTIC		1480933	50204406				.029498	41
41.01 MRI CENTER		106869	10167116				.010511	41.01
42 RADIOLOGY-THERAPEUTIC		213416	4697054				.045436	42
43 RADIOISOTOPE		177832	8277529				.021484	43
44 LABORATORY		943869	85324790				.011062	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		287046	14289992				.020087	49
50 PHYSICAL THERAPY		91877	3083397				.029797	50
51 OCCUPATIONAL THERAPY		116311	1774591				.065542	51
52 SPEECH PATHOLOGY		23071	1182970				.019503	52
54 ELECTROENCEPHALOGRAPHY		16622	357872				.046447	54
55 MEDICAL SUPPLIES CHARGED TO P		14270	1064851				.013401	55
56 DRUGS CHARGED TO PATIENTS		663095	50694722				.013080	56
57 RENAL DIALYSIS		44326	5243365				.008454	57
59 EMG		6314	810477				.007790	59
59.01 CARDIOVASCULAR LAB		1454493	55426105				.026242	59.01
59.02 MERCY EYE CENTER		110743	1289525				.085879	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		235487	676688				.347999	59.04
59.05 CARDIAC REHAB		47262	849528				.055633	59.05
59.06 PRE-BIRTH CENTER		25414	893119				.028455	59.06
59.07 SLEEP LAB		8191	1160894				.007056	59.07
59.08 UROLOGY		7185	163265				.044008	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		43270	2841994				.015225	59.10
59.11 DIABETES TREATMENT		5867	110048				.053313	59.11
59.12 MENTAL HEALTH CENTER		76309	936330				.081498	59.12
59.13 VEIN CLINIC		846	45877				.018441	59.13
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		404006	6166307				.065518	60
61 EMERGENCY		635065	40062775				.015852	61
62 OBSERVATION BEDS (NON-DISTINC		111090	2990161				.037152	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10297802	428084038					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 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
59.13 VEIN CLINIC							59.13
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	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		40020882					37
37.01 GI LAB		6316360					37.01
38 RECOVERY ROOM		4260338					38
39 DELIVERY ROOM & LABOR ROOM		21830324					39
40 ANESTHESIOLOGY		4870386					40
41 RADIOLOGY-DIAGNOSTIC		50204406					41
41.01 MRI CENTER		10167116					41.01
42 RADIOLOGY-THERAPEUTIC		4697054					42
43 RADIOISOTOPE		8277529					43
44 LABORATORY		85324790					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14289992					49
50 PHYSICAL THERAPY		3083397					50
51 OCCUPATIONAL THERAPY		1774591					51
52 SPEECH PATHOLOGY		1182970					52
54 ELECTROENCEPHALOGRAPHY		357872					54
55 MEDICAL SUPPLIES CHARGED TO P		1064851					55
56 DRUGS CHARGED TO PATIENTS		50694722					56
57 RENAL DIALYSIS		5243365					57
59 EMG		810477					59
59.01 CARDIOVASCULAR LAB		55426105					59.01
59.02 MERCY EYE CENTER		1289525					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		676688					59.04
59.05 CARDIAC REHAB		849528					59.05
59.06 PRE-BIRTH CENTER		893119					59.06
59.07 SLEEP LAB		1160894					59.07
59.08 UROLOGY		163265					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		2841994					59.10
59.11 DIABETES TREATMENT		110048					59.11
59.12 MENTAL HEALTH CENTER		936330					59.12
59.13 VEIN CLINIC		45877					59.13
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6166307					60
61 EMERGENCY		40062775					61
62 OBSERVATION BEDS (NON-DISTINC		2990161					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		428084038					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
59.13 VEIN CLINIC					59.13
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 (PPS) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	50572	7790	2354				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	50572	7790	2354				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50572	7790	2354				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)	21953	2227	999				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 (PPS) (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	37661634	5103848	2464535				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	37661634	5103848	2464535				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)	61807676	7618993	2955045				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.609336	.669885	.834009				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1222.17	978.05	1255.33				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	37661634	5103848	2464535				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 (PPS) (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	744.71	655.18	1046.96		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16348619	1459086	1045913		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16348619	1459086	1045913		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
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	7034105	4057	1733.82	2366	4102218 43
44	CORONARY CARE UNIT	2557921	1390	1840.23	787	1448261 44
44.01	NURSERY INTENSIVE CARE CENTER	1670327	2747	608.05		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 (PPS) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	21285105	297955	527343		48
49	TOTAL PROGRAM INPATIENT COSTS	43184203	1757041	1573256		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1384965	111862	75494		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1765601	19526	33226		51
52	TOTAL PROGRAM EXCLUDABLE COST	3150566	131388	108720		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	40033637	1625653	1464536		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 (PPS) (14-S158)	SUB II (PPS) (14-T158)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

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) (PPS) (PPS)
 (14-0158)(14-S158)(14-T158)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2224	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.71	84
85 OBSERVATION BED COST	1656235	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	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		37661634		1656235		86
87 NEW CAPITAL-RELATED COST	2526123	37661634	.067074	1656235	111090	87
88 NON PHYSICIAN ANESTHETIST		37661634		1656235		88
89 MEDICAL EDUCATION		37661634		1656235		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)	(OTHER) (14-S158)	(OTHER) (14-T158)				
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	50572	7790	2354				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	50572	7790	2354				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	50572	7790	2354				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)	14255	4262	240				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	5196						15
16 TITLE V OR XIX NURSERY DAYS	4306						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	37658012	5096270	2446766				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	37658012	5096270	2446766				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)	61807676	7618993	2955045				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.609277	.668890	.827996				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1222.17	978.05	1255.33				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	37658012	5096270	2446766				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	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	744.64	654.21	1039.41			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10614843	2788243	249458			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	10614843	2788243	249458			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)	1815744	5196	349.45	4306	1504732	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	6951260	4057	1713.40	811	1389567	43
44 CORONARY CARE UNIT	2557921	1390	1840.23	234	430614	44
44.01 NURSERY INTENSIVE CARE CENTER	1670327	2747	608.05	2248	1366896	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	15306652	2788243	249458			49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	939724	214080	18137			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	939724	214080	18137			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	669	1	1	54
55			27			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 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/04/2009 14:19

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 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/04/2009 14:19

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[] TITLE XVIII-PART A

[XX] 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	2224	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.71	84
85 OBSERVATION BED COST	1656235	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		31767818		25
26 INTENSIVE CARE UNIT		5389190		26
27 CORONARY CARE UNIT		1625149		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	.462460	7270586	3362355	37
37.01 GI LAB	.251012	1047844	263021	37.01
38 RECOVERY ROOM	.322247	608275	196015	38
39 DELIVERY ROOM & LABOR ROOM	.269858	53431	14419	39
40 ANESTHESIOLOGY	.169191	821324	138961	40
41 RADIOLOGY-DIAGNOSTIC	.199783	7088533	1416168	41
41.01 MRI CENTER	.238913	1492965	356689	41.01
42 RADIOLOGY-THERAPEUTIC	.240132	210761	50610	42
43 RADIOISOTOPE	.184940	1246512	230530	43
44 LABORATORY	.160106	2730001	437090	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.202750	7684298	1557991	49
50 PHYSICAL THERAPY	.549101	762660	418777	50
51 OCCUPATIONAL THERAPY	.771129	135053	104143	51
52 SPEECH PATHOLOGY	.457194	505892	231291	52
54 ELECTROENCEPHALOGRAPHY	.422984	126341	53440	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.381810	384943	146975	55
56 DRUGS CHARGED TO PATIENTS	.375325	15332762	5754769	56
57 RENAL DIALYSIS	.212295	3276952	695681	57
59 EMG	.108746	9555	1039	59
59.01 CARDIOVASCULAR LAB	.238469	18824570	4489076	59.01
59.02 MERCY EYE CENTER	.610600	2300	1404	59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.722500	5676	4101	59.04
59.05 CARDIAC REHAB	.659672	7766	5123	59.05
59.06 PRE-BIRTH CENTER	.381647			59.06
59.07 SLEEP LAB	.230605	2283	526	59.07
59.08 UROLOGY	.858702	13886	11924	59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.299038	1182	353	59.10
59.11 DIABETES TREATMENT	1.598303	280	448	59.11
59.12 MENTAL HEALTH CENTER	1.440992	156	225	59.12
59.13 VEIN CLINIC	.536718	22	12	59.13
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.145898			60
61 EMERGENCY	.218843	6132017	1341949	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.553895			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		75778826	21285105	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		75778826		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S158)	<input type="checkbox"/> NF	<input 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		2539289		31
31.01 REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.462460	7907	3657	37
37.01 GI LAB	.251012	1045	262	37.01
38 RECOVERY ROOM	.322247	8860	2855	38
39 DELIVERY ROOM & LABOR ROOM	.269858			39
40 ANESTHESIOLOGY	.169191	8652	1464	40
41 RADIOLOGY-DIAGNOSTIC	.199783	29858	5965	41
41.01 MRI CENTER	.238913	1450	346	41.01
42 RADIOLOGY-THERAPEUTIC	.240132			42
43 RADIOISOTOPE	.184940	1159	214	43
44 LABORATORY	.160106	308663	49419	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.202750	6601	1338	49
50 PHYSICAL THERAPY	.549101	1440	791	50
51 OCCUPATIONAL THERAPY	.771129	94405	72798	51
52 SPEECH PATHOLOGY	.457194	232	106	52
54 ELECTROENCEPHALOGRAPHY	.422984	2000	846	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.381810	4264	1628	55
56 DRUGS CHARGED TO PATIENTS	.375325	264455	99257	56
57 RENAL DIALYSIS	.212295	26752	5679	57
59 EMG	.108746			59
59.01 CARDIOVASCULAR LAB	.238469	20726	4943	59.01
59.02 MERCY EYE CENTER	.610600			59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.722500			59.04
59.05 CARDIAC REHAB	.659672			59.05
59.06 PRE-BIRTH CENTER	.381647			59.06
59.07 SLEEP LAB	.230605			59.07
59.08 UROLOGY	.858702			59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.299038			59.10
59.11 DIABETES TREATMENT	1.598303			59.11
59.12 MENTAL HEALTH CENTER	1.440992			59.12
59.13 VEIN CLINIC	.536718			59.13
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.145898			60
61 EMERGENCY	.218843	211965	46387	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.553895			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1000434	297955	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1000434		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		1183815		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.462460	4474	2069	37
37.01 GI LAB	.251012			37.01
38 RECOVERY ROOM	.322247			38
39 DELIVERY ROOM & LABOR ROOM	.269858			39
40 ANESTHESIOLOGY	.169191			40
41 RADIOLOGY-DIAGNOSTIC	.199783	33777	6748	41
41.01 MRI CENTER	.238913	1300	311	41.01
42 RADIOLOGY-THERAPEUTIC	.240132	3200	768	42
43 RADIOISOTOPE	.184940			43
44 LABORATORY	.160106	114705	18365	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.202750	21619	4383	49
50 PHYSICAL THERAPY	.549101	246582	135398	50
51 OCCUPATIONAL THERAPY	.771129	252569	194763	51
52 SPEECH PATHOLOGY	.457194	75899	34701	52
54 ELECTROENCEPHALOGRAPHY	.422984			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.381810	35287	13473	55
56 DRUGS CHARGED TO PATIENTS	.375325	266519	100031	56
57 RENAL DIALYSIS	.212295	65664	13940	57
59 EMG	.108746	360	39	59
59.01 CARDIOVASCULAR LAB	.238469	9873	2354	59.01
59.02 MERCY EYE CENTER	.610600			59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.722500			59.04
59.05 CARDIAC REHAB	.659672			59.05
59.06 PRE-BIRTH CENTER	.381647			59.06
59.07 SLEEP LAB	.230605			59.07
59.08 UROLOGY	.858702			59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.299038			59.10
59.11 DIABETES TREATMENT	1.598303			59.11
59.12 MENTAL HEALTH CENTER	1.440992			59.12
59.13 VEIN CLINIC	.536718			59.13
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.145898			60
61 EMERGENCY	.218843			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.553895			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1131828	527343	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1131828		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	.462460		37
37.01 GI LAB	.251012		37.01
38 RECOVERY ROOM	.322247		38
39 DELIVERY ROOM & LABOR ROOM	.269858		39
40 ANESTHESIOLOGY	.169191		40
41 RADIOLOGY-DIAGNOSTIC	.199783		41
41.01 MRI CENTER	.238913		41.01
42 RADIOLOGY-THERAPEUTIC	.239659		42
43 RADIOISOTOPE	.184210		43
44 LABORATORY	.160063		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.202750		49
50 PHYSICAL THERAPY	.549101		50
51 OCCUPATIONAL THERAPY	.771129		51
52 SPEECH PATHOLOGY	.457194		52
54 ELECTROENCEPHALOGRAPHY	.422984		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.381810		55
56 DRUGS CHARGED TO PATIENTS	.375325		56
57 RENAL DIALYSIS	.212295		57
59 EMG	.108746		59
59.01 CARDIOVASCULAR LAB	.235801		59.01
59.02 MERCY EYE CENTER	.610600		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.722500		59.04
59.05 CARDIAC REHAB	.659672		59.05
59.06 PRE-BIRTH CENTER	.381647		59.06
59.07 SLEEP LAB	.230605		59.07
59.08 UROLOGY	.858702		59.08
59.09 ADDP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.299038		59.10
59.11 DIABETES TREATMENT	1.598303		59.11
59.12 MENTAL HEALTH CENTER	1.410508		59.12
59.13 VEIN CLINIC	.536718		59.13
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.145898		60
61 EMERGENCY	.218496		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.553895		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 checked="" type="checkbox"/> SUB I (14-S158)	<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	.462460		37
37.01 GI LAB	.251012		37.01
38 RECOVERY ROOM	.322247		38
39 DELIVERY ROOM & LABOR ROOM	.269858		39
40 ANESTHESIOLOGY	.169191		40
41 RADIOLOGY-DIAGNOSTIC	.199783		41
41.01 MRI CENTER	.238913		41.01
42 RADIOLOGY-THERAPEUTIC	.239659		42
43 RADIOISOTOPE	.184210		43
44 LABORATORY	.160063		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.202750		49
50 PHYSICAL THERAPY	.549101		50
51 OCCUPATIONAL THERAPY	.771129		51
52 SPEECH PATHOLOGY	.457194		52
54 ELECTROENCEPHALOGRAPHY	.422984		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.381810		55
56 DRUGS CHARGED TO PATIENTS	.375325		56
57 RENAL DIALYSIS	.212295		57
59 EMG	.108746		59
59.01 CARDIOVASCULAR LAB	.235801		59.01
59.02 MERCY EYE CENTER	.610600		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.722500		59.04
59.05 CARDIAC REHAB	.659672		59.05
59.06 PRE-BIRTH CENTER	.381647		59.06
59.07 SLEEP LAB	.230605		59.07
59.08 UROLOGY	.858702		59.08
59.09 ADDP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.299038		59.10
59.11 DIABETES TREATMENT	1.598303		59.11
59.12 MENTAL HEALTH CENTER	1.410508		59.12
59.13 VEIN CLINIC	.536718		59.13
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.145898		60
61 EMERGENCY	.218496		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.553895		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	.462460		37
37.01 GI LAB	.251012		37.01
38 RECOVERY ROOM	.322247		38
39 DELIVERY ROOM & LABOR ROOM	.269858		39
40 ANESTHESIOLOGY	.169191		40
41 RADIOLOGY-DIAGNOSTIC	.199783		41
41.01 MRI CENTER	.238913		41.01
42 RADIOLOGY-THERAPEUTIC	.239659		42
43 RADIOISOTOPE	.184210		43
44 LABORATORY	.160063		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.202750		49
50 PHYSICAL THERAPY	.549101		50
51 OCCUPATIONAL THERAPY	.771129		51
52 SPEECH PATHOLOGY	.457194		52
54 ELECTROENCEPHALOGRAPHY	.422984		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.381810		55
56 DRUGS CHARGED TO PATIENTS	.375325		56
57 RENAL DIALYSIS	.212295		57
59 EMG	.108746		59
59.01 CARDIOVASCULAR LAB	.235801		59.01
59.02 MERCY EYE CENTER	.610600		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.722500		59.04
59.05 CARDIAC REHAB	.659672		59.05
59.06 PRE-BIRTH CENTER	.381647		59.06
59.07 SLEEP LAB	.230605		59.07
59.08 UROLOGY	.858702		59.08
59.09 ADDP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.299038		59.10
59.11 DIABETES TREATMENT	1.598303		59.11
59.12 MENTAL HEALTH CENTER	1.410508		59.12
59.13 VEIN CLINIC	.536718		59.13
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.145898		60
61 EMERGENCY	.218496		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.553895		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

		HOSPITAL (14-0158)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	9376033					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9376033					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	18752065					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	718021					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	718021					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1436043					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	411548					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	229.48					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]	10.00					3.06
3.07	SUM OF LINES 3.04-3.06	87.01	10.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	94.89					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	97.89					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	89.01					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	86.76					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	91.22	0.00				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	0.397507				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.422200				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	0.397507				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1978172				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	1978172				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]	3956344				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	7912688 0	7912688			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1367				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3823				4.01
4.02	SUM OF 4 AND 4.01	0.5190				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.3203				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	12012573				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, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					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	57840940				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	57840940				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4053740				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2848364				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	64743044				16
17	PRIMARY PAYER PAYMENTS	19171				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	64723873				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3375008				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	188825				20
21	REIMBURSABLE BAD DEBTS	2507461				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1755223				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1690185				21.02
22	SUBTOTAL	62915263				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	CORRECTION OF PPS LIP PAYMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	62915263				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	63499079				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-583816				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	673500				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 INSTR.)					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				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	12165682			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11535537			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.853			1.03
1.04 LINE 1.01 TIMES LINE 1.03	10377327			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	11535537			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	2886187		18.01
19 SUBTOTAL	8649350		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	745097		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	9394447		23
24 PRIMARY PAYER PAYMENTS	3095		24
25 SUBTOTAL	9391352		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1416544		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	991581		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	905103		27.02
28 SUBTOTAL	10382933		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)	-242		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10383175		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8646497		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	1736678		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	250000		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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) 1	SUB I (14-S158) 1.01	SUB I (14-S158) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

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) 1	SUB II (14-T158) 1.01	SUB II (14-T158) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
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
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

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
 HOSPITAL (14-0158)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		61882501		8646497
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	11/25/2008 1074441 06/12/2009 542137		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	1616578		3.99
4 TOTAL INTERIM PAYMENTS		63499079		8646497
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 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM			1736678 6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		62915263		10383175
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

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

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		1545505			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.1022			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		189606			1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS		1998402			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)	1697711				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS	6947				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)	21.342466				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1704658				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1704658				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)		1.23			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)		1.23			1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		6.449315			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR		0.170359			1.41
1.42	MEDICAL EDUCATION ADJUSTMENT		263291			1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1704658	1998402			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1704658	1998402			6
7	DEDUCTIBLES	162824	2048			7
8	SUBTOTAL	1541834	1996354			8
9	COINSURANCE	39591				9
10	SUBTOTAL	1502243	1996354			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		12580			11.02
12	SUBTOTAL	1502243	1996354			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

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					
		HOSPITAL (14-0158) (OTHER)	SUB I (14-S158) (OTHER)	SUB II (14-T158) (OTHER)	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
1	COMPUTATION OF NET COST OF COVERED SERVICES							
2	INPATIENT HOSPITAL/SNF/NF SERVICES	15306652	2788243	249458				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	15306652	2788243	249458				6
8	INPATIENT PRIMARY PAYER PAYMENTS							7
9	OUTPATIENT PRIMARY PAYER PAYMENTS							8
10	SUBTOTAL	15306652	2788243	249458				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	12846746	2788243	249458				22
28	COST OF COVERED SERVICES	15306652	2788243	249458				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	15306652	2788243	249458				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)							31
38	LESSER OF LINES 30 OR 31	15306652	2788243	249458				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		
	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	EXCESS OF REASONABLE COST	12846746	2788243	249458	34
36	SUBTOTAL	2459906			35
37	COINSURANCE				36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,				37
38	REIMBURSABLE BAD DEBTS				38
38.01	REDUCED REIMBURSABLE BAD DEBTS				38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE				38.02
	BENEFICIARIES (SEE INSTRUCTIONS)				
39	UTILIZATION REVIEW				39
40	SUBTOTAL	2459906			40
41	INPATIENT ROUTINE SERVICE COST				41
42	MEDICARE INPATIENT ROUTINE CHARGES				42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
	ACCORDANCE WITH 42 CFR 413.13(E)				
45	RATIO OF LINE 43 TO LINE 44				45
46	TOTAL CUSTOMARY CHARGES				46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM				49
	UTILIZATION				
50	REMOVE IP COSTS				50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING				51
	DEPRECIABLE ASSETS				
52	SUBTOTAL	2459906			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT				53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2459906			55
56	SEQUESTRATION ADJUSTMENT				56
57	INTERIM PAYMENTS				57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				57.01
58	BALANCE DUE PROVIDER/PROGRAM	2459906			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT				59
	SECTION 115.2				

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]	10.00 3.03
3.04	FTE ADJUSTMENT CAP 88.01 10.00	98.01 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	100.97 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	98.01 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	62.35 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	32.32 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	94.67 3.09
3.10	SEE INSTRUCTIONS	91.89 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	33.87 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	30.89 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	27.80 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	30.85 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	30.85 3.16
3.17	SEE INSTRUCTIONS	89000.00 3.17
3.18	SEE INSTRUCTIONS	2745650 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		52.55	3.19
3.20	SEE INSTRUCTIONS		55.76	3.20
3.21	SEE INSTRUCTIONS		56.28	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		56.28	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		94000.00	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		5290320	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		8035970	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		28332	4
5	TOTAL INPATIENT DAYS		66686	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.424857	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 3414138	0	3414138	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1733	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		66686	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		179323	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		5243365	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

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2009.08
12/04/2009 14:19

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

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	46514500	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	19171	15
16	TOTAL PART A REASONABLE COST	46495329	16

PART B REASONABLE COST

17	REASONABLE COST	12165682	17
18	PRIMARY PAYER PAYMENTS	3095	18
19	TOTAL PART B REASONABLE COST	12162587	19
20	TOTAL REASONABLE COST	58657916	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.792652	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.207348	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	3593461	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	2848364	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	745097	25

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

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	22050	4
5	TOTAL INPATIENT DAYS	66686	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.330654	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 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	66686	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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 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

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE
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VERSION: 2009.08
12/04/2009 14:19

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORIONMENT 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
5.01	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)	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
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

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	12510773			1
2 TEMPORARY INVESTMENTS	1252997			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	31190608			4
5 OTHER RECEIVABLES	5679862			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	2313915			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	7410440			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	60358595			11
FIXED ASSETS				
12 LAND	5131316			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	1657788			13
13.01 ACCUMULATED DEPRECIATION	-1140089			13.01
14 BUILDINGS	52502167			14
14.01 ACCUMULATED DEPRECIATION	-39814289			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	46983396			16
16.01 ACCUMULATED DEPRECIATION	-28860022			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	87760707			18
18.01 ACCUMULATED DEPRECIATION	-64020385			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	60200589			21
OTHER ASSETS				
22 INVESTMENTS	14031886			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	10577935			25
26 TOTAL OTHER ASSETS	24609821			26
27 TOTAL ASSETS	145169005			27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	18635248			28
29 SALARIES, WAGES & FEES PAYABLE	9261756			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)	11541486			31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	4310177			34
35 OTHER CURRENT LIABILITIES	6458373			35
36 TOTAL CURRENT LIABILITIES	50207040			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	23291102			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	31268472			41
42 TOTAL LONG TERM LIABILITIES	54559574			42
43 TOTAL LIABILITIES	104766614			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	40402391			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	40402391			51
52 TOTAL LIABILITIES AND FUND BALANCES	145169005			52

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.08
12/04/2009 14:19

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	37699275			1
2 NET INCOME (LOSS)	2703116			2
3 TOTAL	40402391			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	40402391			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	40402391			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	69975245		69975245	1
2 SUBPROVIDER I	7618993		7618993	2
2.01 SUBPROVIDER II	2955045		2955045	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	80549283		80549283	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	8984214		8984214	10
11 CORONARY CARE UNIT	2967553		2967553	11
11.01 NURSERY INTENSIVE CARE CENTER	4710023		4710023	11.01
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	16661790		16661790	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	97211073		97211073	16
17 ANCILLARY SERVICES	218019304	213830961	431850265	17
18 OUTPATIENT SERVICES		34284946	34284946	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	315230377	248115907	563346284	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		226427245	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	15686507		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		15686507	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		242113752	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	563346284	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	327705500	2
3	NET PATIENT REVENUES	235640784	3
4	LESS - TOTAL OPERATING EXPENSES	242113752	4
5	NET INCOME FROM SERVICE TO PATIENTS	-6472968	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	661846	6
7	INCOME FROM INVESTMENTS	310763	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	140	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1037257	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	1410654	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	LOSS ON DISPOSAL OF ASSETS	-17749	24
24.01	CAPITATION REVENUE	2074583	24.01
24.02	JOINT VENTURE REVENUE	711746	24.02
24.03	OTHER REVENUE	1072692	24.03
24.04	REFERRAL LAB	73788	24.04
24.05	LAB REVENUE	925530	24.05
24.06	GRANT REVENUE	914834	24.06
25	TOTAL OTHER INCOME	9176084	25
26	TOTAL	2703116	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2703116	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0158)	HOSPITAL (14-0158)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	3124981				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	17514				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	154.91				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01	91.22	0.00	91.22		4.01
					NO. OF INTERNS & RESIDENTS
4.02			18.08		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	564997				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.1367				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.3823				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.5190				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.1108				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	346248				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4053740				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

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
59.13 VEIN CLINIC					59.13
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

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
69.30 OUTPATIENT OCCUPATIONAL THERAPY					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					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	43.41		28.19				71.60 25
26 INTENSIVE CARE UNIT	58.32		19.99				78.31 26
27 CORONARY CARE UNIT	56.62		16.83				73.45 27
27.01 NURSERY INTENSIVE CARE CENTER			81.83				81.83 27.01
33 NURSERY			82.87				82.87 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.17	7.35					25.52 37
37.01 GI LAB	16.59	21.80					38.39 37.01
38 RECOVERY ROOM	14.28	11.58					25.86 38
39 DELIVERY ROOM & LABOR ROOM	0.24	0.01					0.25 39
40 ANESTHESIOLOGY	16.86	7.29					24.15 40
41 RADIOLOGY-DIAGNOSTIC	14.12	15.81					29.93 41
41.01 MRI CENTER	14.68	16.92					31.60 41.01
42 RADIOLOGY-THERAPEUTIC	4.49	31.83					36.32 42
43 RADIOISOTOPE	15.06	22.23					37.29 43
44 LABORATORY	3.20	1.31					4.51 44
49 RESPIRATORY THERAPY	53.77	4.08					57.85 49
50 PHYSICAL THERAPY	24.73						24.73 50
51 OCCUPATIONAL THERAPY	7.61						7.61 51
52 SPEECH PATHOLOGY	42.76						42.76 52
54 ELECTROENCEPHALOGRAPHY	35.30	11.15					46.45 54
55 MEDICAL SUPPLIES CHARGED TO PAT	36.15	4.39					40.54 55
56 DRUGS CHARGED TO PATIENTS	30.25	10.21					40.46 56
57 RENAL DIALYSIS	62.50	1.95					64.45 57
59 EMG	1.18	19.95					21.13 59
59.01 CARDIOVASCULAR LAB	33.96	15.22					49.18 59.01
59.02 MERCY EYE CENTER	0.18	44.40					44.58 59.02
59.04 WOUND CARE CENTER	0.84	47.16					48.00 59.04
59.05 CARDIAC REHAB	0.91	41.63					42.54 59.05
59.06 PRE-BIRTH CENTER		0.14					0.14 59.06
59.07 SLEEP LAB	0.20	16.29					16.49 59.07
59.08 UROLOGY	8.51	10.61					19.12 59.08
59.10 PSYCH PARTIAL HOSPITAL	0.04						0.04 59.10
59.11 DIABETES TREATMENT	0.25	26.15					26.40 59.11
59.12 MENTAL HEALTH CENTER	0.02	21.50					21.52 59.12
59.13 VEIN CLINIC	0.05						0.05 59.13
60 CLINIC		8.92					8.92 60
61 EMERGENCY	15.31	9.36					24.67 61
62 OBSERVATION BEDS (NON-DISTINCT)		35.66					35.66 62
101 TOTAL CHARGES	14.32	7.73					22.05 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	28.59		54.71				83.30 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
37.01 GI LAB	0.02						0.02 37.01
38 RECOVERY ROOM	0.21						0.21 38
40 ANESTHESIOLOGY	0.18						0.18 40
41 RADIOLOGY-DIAGNOSTIC	0.06						0.06 41
41.01 MRI CENTER	0.01						0.01 41.01
43 RADIOISOTOPE	0.01						0.01 43
44 LABORATORY	0.36						0.36 44
49 RESPIRATORY THERAPY	0.05						0.05 49
50 PHYSICAL THERAPY	0.05						0.05 50
51 OCCUPATIONAL THERAPY	5.32						5.32 51
52 SPEECH PATHOLOGY	0.02						0.02 52
54 ELECTROENCEPHALOGRAPHY	0.56						0.56 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.40						0.40 55
56 DRUGS CHARGED TO PATIENTS	0.52						0.52 56
57 RENAL DIALYSIS	0.51						0.51 57
59.01 CARDIOVASCULAR LAB	0.04						0.04 59.01
61 EMERGENCY	0.53						0.53 61
101 TOTAL CHARGES	0.19						0.19 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 REHAB	42.44		10.20				52.64 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
41 RADIOLOGY-DIAGNOSTIC	0.07						0.07 41
41.01 MRI CENTER	0.01						0.01 41.01
42 RADIOLOGY-THERAPEUTIC	0.07						0.07 42
44 LABORATORY	0.13						0.13 44
49 RESPIRATORY THERAPY	0.15						0.15 49
50 PHYSICAL THERAPY	8.00						8.00 50
51 OCCUPATIONAL THERAPY	14.23						14.23 51
52 SPEECH PATHOLOGY	6.42						6.42 52
55 MEDICAL SUPPLIES CHARGED TO PAT	3.31						3.31 55
56 DRUGS CHARGED TO PATIENTS	0.53						0.53 56
57 RENAL DIALYSIS	1.25						1.25 57
59 EMG	0.04						0.04 59
59.01 CARDIOVASCULAR LAB	0.02						0.02 59.01
101 TOTAL CHARGES	0.21						0.21 101

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	4752396	2.26	-4752396	-4.29		3
4	NEW CAP REL COSTS-MVBLE EQUIP	8977740	4.26	-8977740	-8.11		4
5	EMPLOYEE BENEFITS	19437165	9.23	-19437165	-17.56		5
6	ADMINISTRATIVE & GENERAL	34466077	16.37	-34466077	-31.13		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	10564194	5.02	-10564194	-9.54		8
9	LAUNDRY & LINEN SERVICE	769831	.37	-769831	-.70		9
10	HOUSEKEEPING	3125886	1.48	-3125886	-2.82		10
11	DIETARY	3174087	1.51	-3174087	-2.87		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	814812	.39	-814812	-.74		14
15	CENTRAL SERVICES & SUPPLY	502431	.24	-502431	-.45		15
16	PHARMACY	14697697	6.98	-14697697	-13.28		16
17	MEDICAL RECORDS & LIBRARY	1537084	.73	-1537084	-1.39		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	3377827	1.60	-3377827	-3.05		22
23	I&R SERVICES-OTHER PRGM COSTS A	4516726	2.14	-4516726	-4.08		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	17829705	8.47	26971571	24.36	44801276	21.28
26	INTENSIVE CARE UNIT	4115543	1.95	3314653	2.99	7430196	3.53
27	CORONARY CARE UNIT	1481537	.70	1256643	1.14	2738180	1.30
27.01	NURSERY INTENSIVE CARE CENTER	1038539	.49	984412	.89	2022951	.96
31	SUBPROVIDER I	2095697	1.00	3000573	2.71	5096270	2.42
31.01	REHAB	1103946	.52	1503342	1.36	2607288	1.24
33	NURSERY	989846	.47	825898	.75	1815744	.86
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	11470624	5.45	8090025	7.31	19560649	9.29
37.01	GI LAB	1009974	.48	575510	.52	1585484	.75
38	RECOVERY ROOM	770527	.37	602354	.54	1372881	.65
39	DELIVERY ROOM & LABOR ROOM	3005804	1.43	2885293	2.61	5891097	2.80
40	ANESTHESIOLOGY	358653	.17	465374	.42	824027	.39
41	RADIOLOGY-DIAGNOSTIC	4756229	2.26	6885560	6.22	11641789	5.53
41.01	MRI CENTER	1633615	.78	795439	.72	2429054	1.15
42	RADIOLOGY-THERAPEUTIC	384474	.18	741216	.67	1125690	.53
43	RADIOISOTOPE	873123	.41	651678	.59	1524801	.72
44	LABORATORY	8453119	4.01	5204221	4.70	13657340	6.49
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1542977	.73	1354313	1.22	2897290	1.38
50	PHYSICAL THERAPY	984113	.47	708983	.64	1693096	.80
51	OCCUPATIONAL THERAPY	585527	.28	782911	.71	1368438	.65

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
52 SPEECH PATHOLOGY	326834	.16	214013	.19	540847	.26	52
54 ELECTROENCEPHALOGRAPHY	48058	.02	103316	.09	151374	.07	54
55 MEDICAL SUPPLIES CHARGED TO PAT	301182	.14	105389	.10	406571	.19	55
56 DRUGS CHARGED TO PATIENTS			19027000	17.19	19027000	9.04	56
57 RENAL DIALYSIS	811820	.39	301318	.27	1113138	.53	57
59 EMG	46585	.02	41551	.04	88136	.04	59
59.01 CARDIOVASCULAR LAB	7587483	3.60	5482043	4.95	13069526	6.21	59.01
59.02 MERCY EYE CENTER	195309	.09	592075	.53	787384	.37	59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER	278573	.13	210334	.19	488907	.23	59.04
59.05 CARDIAC REHAB	299630	.14	260780	.24	560410	.27	59.05
59.06 PRE-BIRTH CENTER	204367	.10	136489	.12	340856	.16	59.06
59.07 SLEEP LAB	207432	.10	60276	.05	267708	.13	59.07
59.08 UROLOGY	87014	.04	53182	.05	140196	.07	59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL	456029	.22	393836	.36	849865	.40	59.10
59.11 DIABETES TREATMENT	108403	.05	67487	.06	175890	.08	59.11
59.12 MENTAL HEALTH CENTER	675401	.32	645300	.58	1320701	.63	59.12
59.13 VEIN CLINIC	18372	.01	6251	.01	24623	.01	59.13
60 CLINIC	4001784	1.90	3064174	2.77	7065958	3.36	60
61 EMERGENCY	4828654	2.29	5449853	4.92	10278507	4.88	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							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
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			47386	.04	47386	.02	96
97 RESEARCH	33742	.02	10264	.01	44006	.02	97
98 PHYSICIANS' PRIVATE OFFICES	14212214	6.75	5298488	4.79	19510702	9.27	98
98.01 DNBAR CLINIC	168549	.08	59367	.05	227916	.11	98.01
98.02 PHILLIPS HEALTH	125595	.06	48313	.04	173908	.08	98.02
98.03 OTHER HOME HEALTH							98.03
98.04 VITAS HOSPICE			910726	.82	910726	.43	98.04
98.05 DOCTORS OFFICE	252843	.12	465810	.42	718653	.34	98.05
100 OTHER NONREIMBURSABLE COST CENT							100
100.01 SENIOR FRIENDS							100.01
100.02 OTHER NONREIMBURSABLE COST CENT	97865	.05	58963	.05	156828	.07	100.02

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08
12/04/2009 14:19

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
100.03	OTHER NONREIMBURSABLE COST CENT							100.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	210571263	100.00	0	.00	210571263	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1884162	40020882	.047079	7270586	342292	37
37.01 GI LAB	264554	6316360	.041884	1047844	43888	37.01
38 RECOVERY ROOM	111736	4260338	.026227	608275	15953	38
39 DELIVERY ROOM & LABOR ROOM	440700	21830324	.020188	53431	1079	39
40 ANESTHESIOLOGY	245571	4870386	.050421	821324	41412	40
41 RADIOLOGY-DIAGNOSTIC	1480933	50204406	.029498	7088533	209098	41
41.01 MRI CENTER	106869	10167116	.010511	1492965	15693	41.01
42 RADIOLOGY-THERAPEUTIC	213416	4697054	.045436	210761	9576	42
43 RADIOISOTOPE	177832	8277529	.021484	1246512	26780	43
44 LABORATORY	943869	85324790	.011062	2730001	30199	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	287046	14289992	.020087	7684298	154354	49
50 PHYSICAL THERAPY	91877	3083397	.029797	762660	22725	50
51 OCCUPATIONAL THERAPY	116311	1774591	.065542	135053	8852	51
52 SPEECH PATHOLOGY	23071	1182970	.019503	505892	9866	52
54 ELECTROENCEPHALOGRAPHY	16622	357872	.046447	126341	5868	54
55 MEDICAL SUPPLIES CHARGED TO PAT	14270	1064851	.013401	384943	5159	55
56 DRUGS CHARGED TO PATIENTS	663095	50694722	.013080	15332762	200553	56
57 RENAL DIALYSIS	44326	5243365	.008454	3276952	27703	57
59 EMG	6314	810477	.007790	9555	74	59
59.01 CARDIOVASCULAR LAB	1454493	55426105	.026242	18824570	493994	59.01
59.02 MERCY EYE CENTER	110743	1289525	.085879	2300	198	59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	235487	676688	.347999	5676	1975	59.04
59.05 CARDIAC REHAB	47262	849528	.055633	7766	432	59.05
59.06 PRE-BIRTH CENTER	25414	893119	.028455			59.06
59.07 SLEEP LAB	8191	1160894	.007056	2283	16	59.07
59.08 UROLOGY	7185	163265	.044008	13886	611	59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	43270	2841994	.015225	1182	18	59.10
59.11 DIABETES TREATMENT	5867	110048	.053313	280	15	59.11
59.12 MENTAL HEALTH CENTER	76309	936330	.081498	156	13	59.12
59.13 VEIN CLINIC	846	45877	.018441	22		59.13
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	404006	6166307	.065518			60
61 EMERGENCY	635065	40062775	.015852	6132017	97205	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	111090	2990161	.037152			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	10297802	428084038		75778826	1765601	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	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2526123		2526123	50572	49.95	21953	1096552 25
26 INTENSIVE CARE UNIT	371126		371126	4057	91.48	2366	216442 26
27 CORONARY CARE UNIT	127117		127117	1390	91.45	787	71971 27
27.01 NURSERY INTENSIVE CARE CENTER	54508		54508	2747	19.84		27.01
101 TOTAL	3078874		3078874			25106	1384965 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1384965

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1765601

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3150566

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

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)	40033637
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	114560983
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.349

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))	1573256
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	2115002
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.744

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))	1757041
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	3539723
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.496

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)	3150566
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

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)	12144025
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)	40776000
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.298