

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 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	261019	963020	2459906	1
2	SUBPROVIDER I	5007			2
2.01	SUBPROVIDER II	216360			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	482386	963020	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
<p>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)</p>				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	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 THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME: ENTER NAME IN COLUMN 1	FI/CONTRACTOR'S NUMBER: 05101			40.01
40.02	STREET:	P.O.BOX:			40.02
40.03	CITY:	STATE:	ZIP CODE:		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		YES	NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				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		5362	5490	14869	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
7.01	NURSERY INTENSIVE CARE CENTER					7.01
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		5362	5490	14869	12
13	RPCH VISITS					13
14	SUBPROVIDER I			358	669	1277
14.01	REHAB		109	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	95703234		95703234	3377500.00	28.34		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)	6483137	-1560021	4923116	141354.00	34.83		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	13568295	97991	13666286	377050.00	36.25		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)	14725998		14725998			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1911103		1911103			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	74770		74770			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	157405		157405			CMS 339	18.01
19	PHYSICIAN PART B	185967		185967			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	608452		608452			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1842561		1842561	57127.00	32.25		21
22	ADMINISTRATIVE & GENERAL	14225954	181306	14407260	540466.00	26.66		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	650000		650000	3500.00	185.71		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	2128509		2128509	94719.00	22.47		24
25	LAUNDRY & LINEN SERVICE	276803		276803	24538.00	11.28		25
26	HOUSEKEEPING	2140587		2140587	186614.00	11.47		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	1940647		1940647	31474.00	61.66		30
31	CENTRAL SERVICES AND SUPPLY	463739		463739	22690.00	20.44		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1292879		1292879	56208.00	23.00		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	89169984	1560021	90730005	3301983.00	27.48		1
2	EXCLUDED AREA SALARIES	13568295	97991	13666286	377050.00	36.25		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	75601689	1462030	77063719	2924933.00	26.35		3
4	SUBTOTAL OTHER WAGES & REL COSTS	11975835		11975835	213246.00	56.16		4
5	SUBTOTAL WAGE-RELATED COSTS	14800768		14800768		19.21%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	102378292	1462030	103840322	3138179.00	33.09		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	27826341	181306	28007647	1127577.00	24.84		13

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	69690295	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	576308	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	70266603	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.326986	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	153762017	28
29	TOTAL GROSS MEDICAID COST	50278027	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	25304723	30
31	UNCOMPENSATED CARE COST	8274290	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	50278027	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	
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 6910 CMHC								69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 8510 PANCREAS ACQUISITION								85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
85.03 8530 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	85000768	130783152	215783920	379639	216163559	-15666332	200497227	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
97 9700 RESEARCH	21291		21291		21291		21291	97
98 9800 PHYSICIANS' PRIVATE OFFICES	10291746	4661491	14953237	-488785	14464452		14464452	98
98.01 9801 DNBAR CLINIC	97732	59679	157411		157411		157411	98.01
98.02 9802 PHILLIPS HEALTH	51668	77982	129650		129650		129650	98.02
98.03 9804 OTHER HOME HEALTH								98.03
98.04 9805 VITAS HOSPICE								98.04
98.05 9803 DOCTORS OFFICE	240029	49496	289525		289525		289525	98.05
100 7950 OTHER NONREIMBURSABLE COST CENT								100
100.01 7951 SENIOR FRIENDS								100.01
100.02 7952 OTHER NONREIMBURSABLE COST CENT				109146	109146		109146	100.02
100.03 7953 OTHER NONREIMBURSABLE COST CENT								100.03
101 TOTAL	95703234	135631800	231335034		231335034	-15666332	215668702	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
1	2	3	4	5		
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		147252	1
2						2
3 D&T COST ALLOCATION	B	ADMINISTRATIVE & GENERAL	6		890017	3
4						4
5 DEPRECIATION EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		3287177	5
6	C	NEW CAP REL COSTS-MVBLE EQUIP	4		4945684	6
7						7
8 SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	27.01	1030624	194289	8
9						9
10 TEACHING COMPENSATION	E	I&R SERVICES-SALARY & FRINGES	22	44366		10
11	E					11
12						12
13						13
14 INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		99208	14
15						15
16						16
17 PHYSICIAN ADMIN SALARIES	H	ADMINISTRATIVE & GENERAL	6	181306		17
18						18
19 ENT COSTS	I	OTHER NONREIMBURSABLE COST CE	100.02	97991		19
20	I	OTHER NONREIMBURSABLE COST CE	100.02		11155	20
21						21
22 TEACHING SALARIES	J	I&R SERVICES-OTHER PRGM COSTS	23	1423081		22
23						23
24 MEDICAL SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO P	55		225853	24
25						25
26 BILLING FEES	L	ADMINISTRATIVE & GENERAL	6		686431	26
27	L					27
28	L					28
29						29
30						30
31 PHYSICIANS PART B SALARIES	M	ADMINISTRATIVE & GENERAL	6		76187	31
32						32
33						33
34 PHARMACY TECHNICIAN PROGRAM	O	PARAMED ED PRGM-(SPECIFY)	24		120000	34
35						35
36 TOTAL RECLASSIFICATIONS				2777368	10683253	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		147252	9 1
2						2
3 D&T COST ALLOCATION	B	CLINIC	60		890017	3
4						4
5 DEPRECIATION EXPENSE	C	ADMINISTRATIVE & GENERAL	6		8232861	9 5
6	C					9 6
7						7
8 SPECIAL CARE NURSERY	D	NURSERY	33	1030624	194289	8
9						9
10 TEACHING COMPENSATION	E	RADIOISOTOPE	43	2773		10
11	E	CARDIOVASCULAR LAB	59.01	41593		11
12						12
13						13
14 INTEREST EXPENSE	F	ADMINISTRATIVE & GENERAL	6		99208	9 14
15						15
16						16
17 PHYSICIAN ADMIN SALARIES	H	I&R SERVICES-SALARY & FRINGES	22	181306		17
18						18
19 ENT COSTS	I	MERCY ENT	59.03	97991		19
20	I	MERCY ENT	59.03		11155	20
21						21
22 TEACHING SALARIES	J	I&R SERVICES-SALARY & FRINGES	22	1423081		22
23						23
24 MEDICAL SUPPLIES	K	CENTRAL SERVICES & SUPPLY	15		225853	24
25						25
26 BILLING FEES	L	CLINIC	60		171144	26
27	L	NURSERY	33		26502	27
28	L	PHYSICIANS' PRIVATE OFFICES	98		488785	28
29						29
30						30
31 PHYSICIANS PART B SALARIES	M	I&R SERVICES-OTHER PRGM COSTS	23		76187	31
32						32
33						33
34 PHARMACY TECHNICIAN PROGRAM	O	PHARMACY	16		120000	34
35						35
36 TOTAL RECLASSIFICATIONS				2777368	10683253	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	-11726	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	-79786	ADMINISTRATIVE & GENERAL	6	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-6009509			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1038172			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					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		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		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		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				37
37.61 MARKETING COSTS	A	-434550	ADMINISTRATIVE & GENERAL	6	37.61
37.62 AMBULANCE COSTS	A	-81710	NURSING ADMINISTRATION	14	37.62
37.63 LOBBYING COSTS	A	-23328	ADMINISTRATIVE & GENERAL	6	37.63
37.73 MISCELLANEOUS INCOME	B	-221316	ADMINISTRATIVE & GENERAL	6	37.73
37.74 RENTAL REVENUE	B	-314613	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.74
37.78 MISCELLANEOUS INCOME	B	-2639	RADIOLOGY-DIAGNOSTIC	41	37.78
37.79 REFERRAL LAB REVENUE	B	-98405	LABORATORY	44	37.79
37.80 THERAPY CONTRACT REVENUE	B	-494	PHYSICAL THERAPY	50	37.80
37.81 THERAPY CONTRACT SERVICES	B	-11655	SPEECH PATHOLOGY	52	37.81
37.83 MISCELLANEOUS INCOME	B	-815	CARDIAC REHAB	59.05	37.83
37.84 D&T SUBSIDY	A	-770000	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	-36722	ADMINISTRATIVE & GENERAL	6	37.88
37.92 MRI OTHER REVENUE	B	-5871	MRI CENTER	41.01	37.92
37.93 COMMISSION INCOME	B	-19526	ADMINISTRATIVE & GENERAL	6	37.93
37.95 CONTRACT SERVICE REVENUE	B	-444893	LABORATORY	44	37.95
38 MISC INCOME	B	-3424	LABORATORY	44	38
39 OTHER REVENUE	B	-175	SUBPROVIDER I	31	39
40 D&T BAD DEBTS	A	-158350	CLINIC	60	40
41 PHYSICIANS MALPRACTICE EXPENSES	A	-4672740	ADMINISTRATIVE & GENERAL	6	41
42 PHYSICIANS PART B BENEFITS	A	-798614	EMPLOYEE BENEFITS	5	42
43 OCCUPATIONAL MEDICINE ADMIN	A	-423568	ADMINISTRATIVE & GENERAL	6	43
44 OTHER REVENUE	B	-25	REHAB	31.01	44
45					45
46					46
47					47
48					48
49					49

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
12/04/2010 09:05

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	
50 TOTAL		-15666332			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	1560051	2598223	-1038172	2
3						3
4						4
5	TOTALS		2138334	3176506	-1038172	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	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	
	0	3	4	5	5A	6	8	9	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
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	200497227	2957584	4989889	18308119	199390308	43528616	14285595	1340060	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		3789			3789	1091	29778		96
97 RESEARCH	21291				21291	6130			97
98 PHYSICIANS' PRIVATE OFFICES	14464452		97776	823939	15386167	4430231			98
98.01 DNBAR CLINIC	157411			9683	167094	48112			98.01
98.02 PHILLIPS HEALTH	129650			9894	139544	40180			98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE		72828			72828	20970	572308		98.04
98.05 DOCTORS OFFICE	289525	25845	1565	44090	361025	103952	203096		98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT	109146			17510	126656	36469			100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	215668702	3060046	5089230	19213235	215668702	48215751	15090777	1340060	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	
	10	11	12	14	15	16	17	22	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
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	4839867	4877989	2309760	3167046	1313750	18603686	2696778	9870438	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	10484								96
97 RESEARCH			1293						97
98 PHYSICIANS' PRIVATE OFFICES			254359		9894				98
98.01 DNBAR CLINIC			2388		17				98.01
98.02 PHILLIPS HEALTH			2374		27				98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE	201501								98.04
98.05 DOCTORS OFFICE	71507		13893		1242				98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT			10135						100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	5123359	4877989	2594202	3167046	1324930	18603686	2696778	9870438	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL	
	PROGRAM COSTS	EDUCATION		POST STEP-DOWN ADJS		
	23	24	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	3230795					23
24 PARAMED ED PRGM-(SPECIFY)		156126				24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	1845538		45818775	-7483860	38334915	25
26 INTENSIVE CARE UNIT	123738		7484496	-501772	6982724	26
27 CORONARY CARE UNIT	46572		3081057	-188854	2892203	27
27.01 NURSERY INTENSIVE CARE CENTER	91104		2336274	-369437	1966837	27.01
31 SUBPROVIDER I			5429412		5429412	31
31.01 REHAB	41473		2392415	-168177	2224238	31.01
33 NURSERY			1632549		1632549	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	271952		21037373	-1102797	19934576	37
37.01 GI LAB			1871198		1871198	37.01
38 RECOVERY ROOM			1385234		1385234	38
39 DELIVERY ROOM & LABOR ROOM			6142717		6142717	39
40 ANESTHESIOLOGY			798376		798376	40
41 RADIOLOGY-DIAGNOSTIC	416427		11345201	-1688658	9656543	41
41.01 MRI CENTER			2788445		2788445	41.01
42 RADIOLOGY-THERAPEUTIC			1109365		1109365	42
43 RADIOISOTOPE			1620433		1620433	43
44 LABORATORY			14507132		14507132	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY			2861288		2861288	49
50 PHYSICAL THERAPY			1803768		1803768	50
51 OCCUPATIONAL THERAPY			1352536		1352536	51
52 SPEECH PATHOLOGY			546084		546084	52
54 ELECTROENCEPHALOGRAPHY			148994		148994	54
55 MEDICAL SUPPLIES CHARGED TO PAT			316221		316221	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS		156126	19209356		19209356	56
57 RENAL DIALYSIS			1013504		1013504	57
59 EMG			93113		93113	59
59.01 CARDIOVASCULAR LAB			12829280		12829280	59.01
59.02 MERCY EYE CENTER			792220		792220	59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER			562428		562428	59.04
59.05 CARDIAC REHAB			545294		545294	59.05
59.06 PRE-BIRTH CENTER			407106		407106	59.06
59.07 SLEEP LAB			351524		351524	59.07
59.08 UROLOGY			140574		140574	59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL			803698		803698	59.10
59.11 DIABETES TREATMENT			179880		179880	59.11
59.12 MENTAL HEALTH CENTER			1329786		1329786	59.12
59.13 VEIN CLINIC			36557		36557	59.13
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			7051282		7051282	60
61 EMERGENCY	393991		10163932	-1597678	8566254	61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	27	
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
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	3230795	156126	193318877	-13101233	180217644	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			45142		45142	96
97 RESEARCH			28714		28714	97
98 PHYSICIANS' PRIVATE OFFICES			20080651		20080651	98
98.01 DNBAR CLINIC			217611		217611	98.01
98.02 PHILLIPS HEALTH			182125		182125	98.02
98.03 OTHER HOME HEALTH						98.03
98.04 VITAS HOSPICE			867607		867607	98.04
98.05 DOCTORS OFFICE			754715		754715	98.05
100 OTHER NONREIMBURSABLE COST CENT						100
100.01 SENIOR FRIENDS						100.01
100.02 OTHER NONREIMBURSABLE COST CENT			173260		173260	100.02
100.03 OTHER NONREIMBURSABLE COST CENT						100.03
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	3230795	156126	215668702	-13101233	202567469	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY + LINEN SERVICE 9	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
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	2957584	4989889	9760578	21074	3415864	819384	89976	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		3789		3789		86	1708		96
97 RESEARCH						481			97
98 PHYSICIANS' PRIVATE OFFICES			97776	97776	949	347650			98
98.01 DNBAR CLINIC					11	3775			98.01
98.02 PHILLIPS HEALTH					11	3153			98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE		72828		72828		1646	32826		98.04
98.05 DOCTORS OFFICE		25845	1565	27410	51	8157	11649		98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT					20	2862			100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1813105	3060046	5089230	9962381	22116	3783674	865567	89976	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	
	10	11	12	14	15	16	17	22	
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
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	125473	217262	102874	111541	98648	373399	73541		95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	272								96
97 RESEARCH			58						97
98 PHYSICIANS' PRIVATE OFFICES			11329		743				98
98.01 DNBAR CLINIC			106		1				98.01
98.02 PHILLIPS HEALTH			106		2				98.02
98.03 OTHER HOME HEALTH									98.03
98.04 VITAS HOSPICE	5224								98.04
98.05 DOCTORS OFFICE	1854		619		93				98.05
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT			451						100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS								174046	101
102 NEGATIVE COST CENTER									102
103 TOTAL	132823	217262	115543	111541	99487	373399	73541	174046	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	PROGRAM	EDUCATION		POST STEP-	
	COSTS			DOWN ADJS	
	23	24	25	26	27
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
20					20
21					21
22					22
23	159743				23
24		3961			24
INPATIENT ROUTINE SERV COST CENTERS					
25			1545902		25
26			220204		26
27			81612		27
27.01			36936		27.01
31			245857		31
31.01			104745		31.01
33			59722		33
ANCILLARY SERVICE COST CENTERS					
37			1429813		37
37.01			235177		37.01
38			65713		38
39			268245		39
40			139421		40
41			874619		41
41.01			70302		41.01
42			124564		42
43			104625		43
44			661860		44
46.30					46.30
49			171183		49
50			57658		50
51			71652		51
52			13766		52
54			10338		54
55			6746		55
55.30					55.30
56			405230		56
57			24600		57
59			3715		59
59.01			902705		59.01
59.02			69023		59.02
59.03					59.03
59.04			227143		59.04
59.05			27509		59.05
59.06			15737		59.06
59.07			6224		59.07
59.08			4149		59.08
59.09					59.09
59.10			25319		59.10
59.11			3482		59.11
59.12			46651		59.12
59.13			703		59.13
59.97					59.97
59.98					59.98
59.99					59.99
OUTPATIENT SERVICE COST CENTERS					
60			253836		60
61			370249		61
62					62
63.50					63.50

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	23	24	25	26	27	
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
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			8986935		8986935	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			5855		5855	96
97 RESEARCH			539		539	97
98 PHYSICIANS' PRIVATE OFFICES			458447		458447	98
98.01 DNBAR CLINIC			3893		3893	98.01
98.02 PHILLIPS HEALTH			3272		3272	98.02
98.03 OTHER HOME HEALTH						98.03
98.04 VITAS HOSPICE			112524		112524	98.04
98.05 DOCTORS OFFICE			49833		49833	98.05
100 OTHER NONREIMBURSABLE COST CENT						100
100.01 SENIOR FRIENDS						100.01
100.02 OTHER NONREIMBURSABLE COST CENT			3333		3333	100.02
100.03 OTHER NONREIMBURSABLE COST CENT						100.03
101 CROSS FOOT ADJUSTMENTS	159743	3961	337750		337750	101
102 NEGATIVE COST CENTER						102
103 TOTAL	159743	3961	9962381		9962381	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		CILATION	
	1	3	4	5	6A	6	
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	-48215751	167452951	6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	112817	112817	111900	2114145		11717024	8
9 LAUNDRY & LINEN SERVICE	9462	9462	14668	268534		805239	9
10 HOUSEKEEPING	7381	7381	2683	2043699		3794464	10
11 DIETARY	22433	22433	8892	242		3033389	11
12 CAFETERIA							12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2484	2484	38277	1369424		2349479	14
15 CENTRAL SERVICES & SUPPLY	7767	7767	30702	833386		748882	15
16 PHARMACY				3714		14443440	16
17 MEDICAL RECORDS & LIBRARY	3903	3903	2465	1064736		1906021	17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES				3154496		7663764	22
23 I&R SERVICES-OTHER PRGM COSTS	17737	17737	1049	1436178		1769247	23
24 PARAMED ED PRGM-(SPECIFY)	300	300				121222	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	112816	112816	95102	13828945		21897723	25
26 INTENSIVE CARE UNIT	8450	8450	34805	2582491		4743988	26
27 CORONARY CARE UNIT	3606	3606	6107	1107452		1994141	27
27.01 NURSERY INTENSIVE CARE CENTER				863450		1434710	27.01
31 SUBPROVIDER I	22415	22415	6122	1890949		2881567	31
31.01 REHAB	9676	9676	4476	929032		1175439	31.01
33 NURSERY	3431	3431	8926	870683		1053840	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	35857	35857	135471	2976853		13469430	37
37.01 GI LAB	1373	1373	10165	404903		1324487	37.01
38 RECOVERY ROOM	2359	2359	25007	498372		931935	38
39 DELIVERY ROOM & LABOR ROOM	17021	17021	53801	2421348		3856812	39
40 ANESTHESIOLOGY	363	363	113319	91984		563286	40
41 RADIOLOGY-DIAGNOSTIC	27153	27153	467098	3500618		6250279	41
41.01 MRI CENTER	3709	3709		352849		1987624	41.01
42 RADIOLOGY-THERAPEUTIC	5282	5282	70253	530388		654506	42
43 RADIOISOTOPE	2187	2187	57935	320833		1128684	43
44 LABORATORY	21218	21218	53979	2954305		9892893	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	3717	3717	77410	1181898		1895658	49
50 PHYSICAL THERAPY	4527	4527	410	584309		1220528	50
51 OCCUPATIONAL THERAPY	8493	8493	910	538656		744824	51
52 SPEECH PATHOLOGY	534	534	820	266232		393930	52
54 ELECTROENCEPHALOGRAPHY	1401	1401		48159		65306	54
55 MEDICAL SUPPLIES CHARGED TO P						225853	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	3937	3937				16041	56
57 RENAL DIALYSIS	1192	1192				725135	57
59 EMG			1742	51512		63430	59
59.01 CARDIOVASCULAR LAB	23297	23297	357985	2217081		8544450	59.01
59.02 MERCY EYE CENTER	9180	9180	4472	151944		295108	59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER	977	977	65	217171		384119	59.04
59.05 CARDIAC REHAB	1135	1135	10567	270806		374334	59.05
59.06 PRE-BIRTH CENTER			7698	165260		306374	59.06
59.07 SLEEP LAB						268341	59.07
59.08 UROLOGY			1437	73220		106125	59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL	1871	1871	263	466461		536100	59.10
59.11 DIABETES TREATMENT			174	109010		136263	59.11
59.12 MENTAL HEALTH CENTER	4126	4126		734881		872595	59.12
59.13 VEIN CLINIC						27324	59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	18986	18986		2862191		4723060	60
61 EMERGENCY	14404	14404	119056	3567266		5656144	61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP BLDGS & FIXTURES SQUARE FEET 1	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10 CMHC							69.10
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	725873	725873	4639255	75349845	-48215751	151174557	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	930	930				3789	96
97 RESEARCH						21291	97
98 PHYSICIANS' PRIVATE OFFICES			90905	3391044		15386167	98
98.01 DNBAR CLINIC				39850		167094	98.01
98.02 PHILLIPS HEALTH				40721		139544	98.02
98.03 OTHER HOME HEALTH							98.03
98.04 VITAS HOSPICE	17874	17874				72828	98.04
98.05 DOCTORS OFFICE	6343	6343	1455	181461		361025	98.05
100 OTHER NONREIMBURSABLE COST CE							100
100.01 SENIOR FRIENDS							100.01
100.02 OTHER NONREIMBURSABLE COST CE				72065		126656	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		3060046	5089230	19213235		48215751	103
104 UNIT COST MULT-WS B PT I		4.074520		.242975		.287936	104
104 UNIT COST MULT-WS B PT I			1.075580				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				22116		3783674	107
108 UNIT COST MULT-WS B PT III				.000280		.022595	108
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	OF PLANT	+ LINEN	KEEPING			ADMINIS-	SERVICES *	
	SQUARE	SERVICE	SQUARE	MEALS	PROD	TRATION	SUPPLY	
	FEET	PATIENT	FEET	SERVED	FTE'S	NURS	COSTED	
	8	DAYS	10	11	12	DIRECT FTE	REQUI	
		9				14	15	
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	471307							8
9 LAUNDRY & LINEN SERVICE	9462	64842						9
10 HOUSEKEEPING	7381		454464					10
11 DIETARY	22433		22433	371505				11
12 CAFETERIA				197573	2435821			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2484		2484		31482	1343521		14
15 CENTRAL SERVICES & SUPPLY	7767		7767		22690		20044016	15
16 PHARMACY							22084	16
17 MEDICAL RECORDS & LIBRARY	4203		4203		56208		1875	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS	17737		17737		172911		1311	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	112816	49251	112816	137903	580578	580578	1098096	25
26 INTENSIVE CARE UNIT	8450	4057	8450	5680	82924	82924	285218	26
27 CORONARY CARE UNIT	3606	1390	3606	1946	27847	27847	34377	27
27.01 NURSERY INTENSIVE CARE CENTER					27762	27762		27.01
31 SUBPROVIDER I	22415	7790	22415	21812	74062	74062	25586	31
31.01 REHAB	9676	2354	9676	6591	41145	41145	56338	31.01
33 NURSERY	3431		3431		27170	27170	99718	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	35857		35857		107526	107526	6996305	37
37.01 GI LAB	1373		1373		15816	15816	296156	37.01
38 RECOVERY ROOM	2359		2359		17353	17353	26149	38
39 DELIVERY ROOM & LABOR ROOM	17021		17021		88561	88561	365174	39
40 ANESTHESIOLOGY	363		363		4548	4548	254015	40
41 RADIOLOGY-DIAGNOSTIC	27153		27153		119446		724799	41
41.01 MRI CENTER	3709		3709		10387		76349	41.01
42 RADIOLOGY-THERAPEUTIC	5282		5282		12046		14490	42
43 RADIOISOTOPE	2187		2187		7455		331916	43
44 LABORATORY	21218		21218		175569		3408553	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	3717		3717		49858	49858	233046	49
50 PHYSICAL THERAPY	4527		4527		16756		34131	50
51 OCCUPATIONAL THERAPY	8493		8493		14737		12500	51
52 SPEECH PATHOLOGY	534		534		8855		2227	52
54 ELECTROENCEPHALOGRAPHY	1401		1401		2205		893	54
55 MEDICAL SUPPLIES CHARGED TO P							301182	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	3937		3937				18768	56
57 RENAL DIALYSIS	1192		1192				1683	57
59 EMG					2097	2097	1683	59
59.01 CARDIOVASCULAR LAB	23297		23297		67236	67236	4588836	59.01
59.02 MERCY EYE CENTER	9180		9180		7221		6829	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER	977		977		5798	5798	32035	59.04
59.05 CARDIAC REHAB	1135		1135		8560		8943	59.05
59.06 PRE-BIRTH CENTER					7176		4834	59.06
59.07 SLEEP LAB								59.07
59.08 UROLOGY					2095		12542	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL	1871		1871		16641		368	59.10
59.11 DIABETES TREATMENT					3588		4	59.11
59.12 MENTAL HEALTH CENTER	4126		4126		21148		282	59.12
59.13 VEIN CLINIC					166		14426	59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	18986		18986		107882			60
61 EMERGENCY	14404		14404		123240	123240	482841	61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION NURS	CENTRAL SERVICES *	
	SQUARE FEET	PATIENT DAYS	SQUARE FEET	MEALS SERVED	PROD FTE'S	DIRECT FTE	SUPPLY COSTED REQUI	
	8	9	10	11	12	14	15	
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
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	446160	64842	429317	371505	2168745	1343521	19874879	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	930		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		17874					98.04
98.05 DOCTORS OFFICE	6343		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	15090777	1340060	5123359	4877989	2594202	3167046	1324930	103
104 UNIT COST MULT-WS B PT I	32.018996		11.273410		1.065022		.066101	
104 UNIT COST MULT-WS B PT I		20.666543		13.130345		2.357273		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	865567	89976	132823	217262	115543	111541	99487	106
108 UNIT COST MULT-WS B PT III	1.836525		.292263		.047435		.004963	107
108 UNIT COST MULT-WS B PT III		1.387619		.584816		.083021		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY COSTED REQUI	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
	16	17	22	23	24	
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	13940745					16
17 MEDICAL RECORDS & LIBRARY		529014832				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)					100	24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS		70596418	5429	5429		25
26 INTENSIVE CARE UNIT		9000047	364	364		26
27 CORONARY CARE UNIT		3121588	137	137		27
27.01 NURSERY INTENSIVE CARE CENTER		4710023	268	268		27.01
31 SUBPROVIDER I		8865208				31
31.01 REHAB		2299997	122	122		31.01
33 NURSERY		5327674				33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		40020882	800	800		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	1225	1225		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
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	13940745	50694722			100	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
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		6166307				60
61 EMERGENCY		40062775	1159	1159		61

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
	16	17	22	23	24	
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
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	13940745	529014832	9504	9504	100	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	18603686	2696778	9870438	3230795	156126	103
104 UNIT COST MULT-WS B PT I	1.334483		1038.556187		1561.260000	
104 UNIT COST MULT-WS B PT I		.005098		339.940551		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	373399	73541	174046	159743	3961	107
108 UNIT COST MULT-WS B PT III	.026785		18.312921		39.610000	
108 UNIT COST MULT-WS B PT III		.000139		16.807976		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	38334915		38334915	3622	38338537	25
26 INTENSIVE CARE UNIT	6982724		6982724	82845	7065569	26
27 CORONARY CARE UNIT	2892203		2892203		2892203	27
27.01 NURSERY INTENSIVE CARE CENT	1966837		1966837		1966837	27.01
31 SUBPROVIDER I	5429412		5429412	7578	5436990	31
31.01 REHAB	2224238		2224238	17769	2242007	31.01
33 NURSERY	1632549		1632549		1632549	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	19934576		19934576		19934576	37
37.01 GI LAB	1871198		1871198		1871198	37.01
38 RECOVERY ROOM	1385234		1385234		1385234	38
39 DELIVERY ROOM & LABOR ROOM	6142717		6142717		6142717	39
40 ANESTHESIOLOGY	798376		798376		798376	40
41 RADIOLOGY-DIAGNOSTIC	9656543		9656543		9656543	41
41.01 MRI CENTER	2788445		2788445		2788445	41.01
42 RADIOLOGY-THERAPEUTIC	1109365		1109365	2221	1111586	42
43 RADIOISOTOPE	1620433		1620433	6047	1626480	43
44 LABORATORY	14507132		14507132	3702	14510834	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2861288		2861288		2861288	49
50 PHYSICAL THERAPY	1803768		1803768		1803768	50
51 OCCUPATIONAL THERAPY	1352536		1352536		1352536	51
52 SPEECH PATHOLOGY	546084		546084		546084	52
54 ELECTROENCEPHALOGRAPHY	148994		148994		148994	54
55 MEDICAL SUPPLIES CHARGED TO	316221		316221		316221	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	19209356		19209356		19209356	56
57 RENAL DIALYSIS	1013504		1013504		1013504	57
59 EMG	93113		93113		93113	59
59.01 CARDIOVASCULAR LAB	12829280		12829280	147883	12977163	59.01
59.02 MERCY EYE CENTER	792220		792220		792220	59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	562428		562428		562428	59.04
59.05 CARDIAC REHAB	545294		545294		545294	59.05
59.06 PRE-BIRTH CENTER	407106		407106		407106	59.06
59.07 SLEEP LAB	351524		351524		351524	59.07
59.08 UROLOGY	140574		140574		140574	59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	803698		803698		803698	59.10
59.11 DIABETES TREATMENT	179880		179880		179880	59.11
59.12 MENTAL HEALTH CENTER	1329786		1329786	28543	1358329	59.12
59.13 VEIN CLINIC	36557		36557		36557	59.13
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	7051282		7051282		7051282	60
61 EMERGENCY	8566254		8566254	13919	8580173	61
62 OBSERVATION BEDS (NON-DISTI	1958366		1958366		1958366	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	182176010		182176010	314129	182490139	101
102 LESS OBSERVATION BEDS	1958366		1958366		1958366	102
103 TOTAL	180217644		180217644	314129	180531773	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	69406353		69406353			25
26 INTENSIVE CARE UNIT	9249754		9249754			26
27 CORONARY CARE UNIT	3326727		3326727			27
27.01 NURSERY INTENSIVE CARE CENT	6199819		6199819			27.01
31 SUBPROVIDER I	9772045		9772045			31
31.01 REHAB	2066291		2066291			31.01
33 NURSERY	4082530		4082530			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	24209676	20320195	44529871	.447667	.447667	.447667 37
37.01 GI LAB	2134422	5163144	7297566	.256414	.256414	.256414 37.01
38 RECOVERY ROOM	1649124	3053250	4702374	.294582	.294582	.294582 38
39 DELIVERY ROOM & LABOR ROOM	19251614	515179	19766793	.310759	.310759	.310759 39
40 ANESTHESIOLOGY	2874718	2264360	5139078	.155354	.155354	.155354 40
41 RADIOLOGY-DIAGNOSTIC	14016912	38985402	53002314	.182191	.182191	.182191 41
41.01 MRI CENTER	3438723	7621815	11060538	.252108	.252108	.252108 41.01
42 RADIOLOGY-THERAPEUTIC	433636	4940045	5373681	.206444	.206444	.206857 42
43 RADIOISOTOPE	2183020	6371394	8554414	.189427	.189427	.190133 43
44 LABORATORY	45594608	45592735	91187343	.159092	.159092	.159132 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	12831566	1250949	14082515	.203180	.203180	.203180 49
50 PHYSICAL THERAPY	1635755	1416162	3051917	.591028	.591028	.591028 50
51 OCCUPATIONAL THERAPY	1001263	781022	1782285	.758878	.758878	.758878 51
52 SPEECH PATHOLOGY	839567	399442	1239009	.440743	.440743	.440743 52
54 ELECTROENCEPHALOGRAPHY	240347	155598	395945	.376300	.376300	.376300 54
55 MEDICAL SUPPLIES CHARGED TO	1312612	116333	1428945	.221297	.221297	.221297 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	30010345	21938169	51948514	.369777	.369777	.369777 56
57 RENAL DIALYSIS	5050787	149240	5200027	.194904	.194904	.194904 57
59 EMG	21581	723325	744906	.125000	.125000	.125000 59
59.01 CARDIOVASCULAR LAB	34330744	22955098	57285842	.223952	.223952	.226534 59.01
59.02 MERCY EYE CENTER	3212	1347167	1350379	.586665	.586665	.586665 59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	14257	708162	722419	.778534	.778534	.778534 59.04
59.05 CARDIAC REHAB	15601	969152	984753	.553737	.553737	.553737 59.05
59.06 PRE-BIRTH CENTER	77621	912195	989816	.411295	.411295	.411295 59.06
59.07 SLEEP LAB	2297	1687210	1689507	.208063	.208063	.208063 59.07
59.08 UROLOGY	6568	149225	155793	.902313	.902313	.902313 59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	350	1810716	1811066	.443771	.443771	.443771 59.10
59.11 DIABETES TREATMENT	132	108294	108426	1.659012	1.659012	1.659012 59.11
59.12 MENTAL HEALTH CENTER	523	948257	948780	1.401575	1.401575	1.431659 59.12
59.13 VEIN CLINIC	2670	99875	102545	.356497	.356497	.356497 59.13
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		5761151	5761151	1.223936	1.223936	1.223936 60
61 EMERGENCY	13955020	27166937	41121957	.208313	.208313	.208652 61
62 OBSERVATION BEDS (NON-DISTI	541643	2982435	3524078	.555710	.555710	.555710 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	321784433	229363633	551148066			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	321784433	229363633	551148066			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				1545902		1545902
26 INTENSIVE CARE UNIT				220204		220204
27 CORONARY CARE UNIT				81612		81612
27.01 NURSERY INTENSIVE CARE CENTER				36936		36936
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				245857		245857
31.01 REHAB				104745		104745
33 NURSERY				59722		59722
101 TOTAL				2294978		2294978

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	51526	22326			30.00	669780
26 INTENSIVE CARE UNIT	4281	2391			51.44	122993
27 CORONARY CARE UNIT	1482	795			55.07	43781
27.01 NURSERY INTENSIVE CARE CENTER	3026				12.21	
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	8620	2619			28.52	74694
31.01 REHAB	1808	924			57.93	53527
33 NURSERY	4689				12.74	
101 TOTAL	75432	29055				964775

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		1429813	44529871	7718353			.032109	247829 37
37.01 GI LAB		235177	7297566	1202755			.032227	38761 37.01
38 RECOVERY ROOM		65713	4702374	600894			.013974	8397 38
39 DELIVERY ROOM & LABOR ROOM		268245	19766793	78405			.013570	1064 39
40 ANESTHESIOLOGY		139421	5139078	832057			.027130	22574 40
41 RADIOLOGY-DIAGNOSTIC		874619	53002314	7220837			.016502	119158 41
41.01 MRI CENTER		70302	11060538	1626407			.006356	10337 41.01
42 RADIOLOGY-THERAPEUTIC		124564	5373681	203921			.023180	4727 42
43 RADIOISOTOPE		104625	8554414	1134667			.012231	13878 43
44 LABORATORY		661860	91187343	20252728			.007258	146994 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		171183	14082515	7238278			.012156	87989 49
50 PHYSICAL THERAPY		57658	3051917	742285			.018892	14023 50
51 OCCUPATIONAL THERAPY		71652	1782285	142208			.040202	5717 51
52 SPEECH PATHOLOGY		13766	1239009	579030			.011110	6433 52
54 ELECTROENCEPHALOGRAPHY		10338	395945	139029			.026110	3630 54
55 MEDICAL SUPPLIES CHARGED TO P		6746	1428945	651734			.004721	3077 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		405230	51948514	13437672			.007801	104827 56
57 RENAL DIALYSIS		24600	5200027	3272664			.004731	15483 57
59 EMG		3715	744906	9569			.004987	48 59
59.01 CARDIOVASCULAR LAB		902705	57285842	18763349			.015758	295673 59.01
59.02 MERCY EYE CENTER		69023	1350379	2188			.051114	112 59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		227143	722419	7032			.314420	2211 59.04
59.05 CARDIAC REHAB		27509	984753	7351			.027935	205 59.05
59.06 PRE-BIRTH CENTER		15737	989816	3128			.015899	50 59.06
59.07 SLEEP LAB		6224	1689507	2261			.003684	8 59.07
59.08 UROLOGY		4149	155793	1455			.026631	39 59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		25319	1811066	344			.013980	5 59.10
59.11 DIABETES TREATMENT		3482	108426				.032114	59.11
59.12 MENTAL HEALTH CENTER		46651	948780	515			.049169	25 59.12
59.13 VEIN CLINIC		703	102545	1575			.006856	11 59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		253836	5761151				.044060	60
61 EMERGENCY		370249	41121957	6524328			.009004	58745 61
62 OBSERVATION BEDS (NON-DISTINC		78965	3524078				.022407	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6770922	447044547	92397019				1212030 101

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 12/04/2010 09:05

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	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					51526		22326	25
26 INTENSIVE CARE UNIT					4281		2391	26
27 CORONARY CARE UNIT					1482		795	27
27.01 NURSERY INTENSIVE CARE CENTER					3026			27.01
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					8620		2619	31
31.01 REHAB					1808		924	31.01
33 NURSERY					4689			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					75432		29055	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
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS			156126				156126
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
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
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			156126				156126 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	
	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		44529871			7718353		3726668 37
37.01 GI LAB		7297566			1202755		1664851 37.01
38 RECOVERY ROOM		4702374			600894		706504 38
39 DELIVERY ROOM & LABOR ROOM		19766793			78405		1633 39
40 ANESTHESIOLOGY		5139078			832057		413274 40
41 RADIOLOGY-DIAGNOSTIC		53002314			7220837		9470084 41
41.01 MRI CENTER		11060538			1626407		1973552 41.01
42 RADIOLOGY-THERAPEUTIC		5373681			203921		1824921 42
43 RADIOISOTOPE		8554414			1134667		2169801 43
44 LABORATORY		91187343			20252728		795517 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		14082515			7238278		448921 49
50 PHYSICAL THERAPY		3051917			742285		50
51 OCCUPATIONAL THERAPY		1782285			142208		51
52 SPEECH PATHOLOGY		1239009			579030		52
54 ELECTROENCEPHALOGRAPHY		395945			139029		57042 54
55 MEDICAL SUPPLIES CHARGED TO P		1428945			651734		49102 55
55.30 IMPL. DEV. CHARGED TO PATIENT							
56 DRUGS CHARGED TO PATIENTS	156126	51948514	.003005	.003005	13437672	40380	8491736 56
57 RENAL DIALYSIS		5200027			3272664		78778 57
59 EMG		744906			9569		165806 59
59.01 CARDIOVASCULAR LAB		57285842			18763349		9734542 59.01
59.02 MERCY EYE CENTER		1350379			2188		697729 59.02
59.03 MERCY ENT							
59.04 WOUND CARE CENTER		722419			7032		347224 59.04
59.05 CARDIAC REHAB		984753			7351		502040 59.05
59.06 PRE-BIRTH CENTER		989816			3128		3597 59.06
59.07 SLEEP LAB		1689507			2261		404933 59.07
59.08 UROLOGY		155793			1455		28893 59.08
59.09 ADDP OP							
59.10 PSYCH PARTIAL HOSPITAL		1811066			344		429139 59.10
59.11 DIABETES TREATMENT		108426					36519 59.11
59.12 MENTAL HEALTH CENTER		948780			515		250294 59.12
59.13 VEIN CLINIC		102545			1575		
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5761151					565635 60
61 EMERGENCY		41121957			6524328		4270949 61
62 OBSERVATION BEDS (NON-DISTINC		3524078					1611466 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	156126	447044547			92397019	40380	50921150 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
	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS			25518		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
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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			25518		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
37 ANCILLARY SERVICE COST CENTERS						
37.01 OPERATING ROOM	.447667	.447667	.447667			37
38 GI LAB	.256414	.256414	.256414			37.01
39 RECOVERY ROOM	.294582	.294582	.294582			38
40 DELIVERY ROOM & LABOR ROOM	.310759	.310759	.310759			39
41 ANESTHESIOLOGY	.155354	.155354	.155354			40
42 RADIOLOGY-DIAGNOSTIC	.182191	.182191	.182191			41
43 MRI CENTER	.252108	.252108	.252108			41.01
44 RADIOLOGY-THERAPEUTIC	.206444	.206444	.206444			42
45 RADIOISOTOPE	.189427	.189427	.189427			43
46 LABORATORY	.159092	.159092	.159092			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.203180	.203180	.203180			49
50 PHYSICAL THERAPY	.591028	.591028	.591028			50
51 OCCUPATIONAL THERAPY	.758878	.758878	.758878			51
52 SPEECH PATHOLOGY	.440743	.440743	.440743			52
54 ELECTROENCEPHALOGRAPHY	.376300	.376300	.376300			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221297	.221297	.221297			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.369777	.369777	.369777			56
57 RENAL DIALYSIS	.194904	.194904	.194904			57
59 EMG	.125000	.125000	.125000			59
59.01 CARDIOVASCULAR LAB	.223952	.223952	.223952			59.01
59.02 MERCY EYE CENTER	.586665	.586665	.586665			59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	.778534	.778534	.778534			59.04
59.05 CARDIAC REHAB	.553737	.553737	.553737			59.05
59.06 PRE-BIRTH CENTER	.411295	.411295	.411295			59.06
59.07 SLEEP LAB	.208063	.208063	.208063			59.07
59.08 UROLOGY	.902313	.902313	.902313			59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	.443771	.443771	.443771			59.10
59.11 DIABETES TREATMENT	1.659012	1.659012	1.659012			59.11
59.12 MENTAL HEALTH CENTER	1.401575	1.401575	1.401575			59.12
59.13 VEIN CLINIC	.356497	.356497	.356497			59.13
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.223936	1.223936	1.223936			60
61 EMERGENCY	.208313	.208313	.208313			61
62 OBSERVATION BEDS (NON-DISTINCT	.555710	.555710	.555710			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 CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.369777	1
2 PROGRAM VACCINE CHARGES	2	2467	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	912	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		3726668						37
37.01 OPERATING ROOM								37.01
38 GI LAB		1664851						38
39 RECOVERY ROOM		706504						39
39 DELIVERY ROOM & LABOR ROOM		1633						39
40 ANESTHESIOLOGY		413274						40
41 RADIOLOGY-DIAGNOSTIC		9470084						41
41.01 MRI CENTER		1973552						41.01
42 RADIOLOGY-THERAPEUTIC		1824921						42
43 RADIOISOTOPE		2169801						43
44 LABORATORY		795517						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		448921						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY		57042						54
55 MEDICAL SUPPLIES CHARGED TO PA		49102						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		8491736						56
57 RENAL DIALYSIS		78778						57
59 EMG		165806						59
59.01 CARDIOVASCULAR LAB		9734542						59.01
59.02 MERCY EYE CENTER		697729						59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		347224						59.04
59.05 CARDIAC REHAB		502040						59.05
59.06 PRE-BIRTH CENTER		3597						59.06
59.07 SLEEP LAB		404933						59.07
59.08 UROLOGY		28893						59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		429139						59.10
59.11 DIABETES TREATMENT		36519						59.11
59.12 MENTAL HEALTH CENTER		250294						59.12
59.13 VEIN CLINIC								59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		565635						60
61 EMERGENCY		4270949						61
62 OBSERVATION BEDS (NON-DISTINCT		1611466						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 CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		50921150						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		50921150						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		1668306					37
37.01 GI LAB		426891					37.01
38 RECOVERY ROOM		208123					38
39 DELIVERY ROOM & LABOR ROOM		507					39
40 ANESTHESIOLOGY		64204					40
41 RADIOLOGY-DIAGNOSTIC		1725364					41
41.01 MRI CENTER		497548					41.01
42 RADIOLOGY-THERAPEUTIC		376744					42
43 RADIOISOTOPE		411019					43
44 LABORATORY		126560					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		91212					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY		21465					54
55 MEDICAL SUPPLIES CHARGED TO PAT		10866					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		3140049					56
57 RENAL DIALYSIS		15354					57
59 EMG		20726					59
59.01 CARDIOVASCULAR LAB		2180070					59.01
59.02 MERCY EYE CENTER		409333					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		270326					59.04
59.05 CARDIAC REHAB		277998					59.05
59.06 PRE-BIRTH CENTER		1479					59.06
59.07 SLEEP LAB		84252					59.07
59.08 UROLOGY		26071					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		190439					59.10
59.11 DIABETES TREATMENT		60585					59.11
59.12 MENTAL HEALTH CENTER		350806					59.12
59.13 VEIN CLINIC							59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		692301					60
61 EMERGENCY		889694					61
62 OBSERVATION BEDS (NON-DISTINCT		895508					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 CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		15133800					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		15133800					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		1429813	44529871	2984			.032109	96 37
37.01 GI LAB		235177	7297566				.032227	37.01
38 RECOVERY ROOM		65713	4702374	5700			.013974	80 38
39 DELIVERY ROOM & LABOR ROOM		268245	19766793				.013570	39
40 ANESTHESIOLOGY		139421	5139078	7004			.027130	190 40
41 RADIOLOGY-DIAGNOSTIC		874619	53002314	34565			.016502	570 41
41.01 MRI CENTER		70302	11060538	2200			.006356	14 41.01
42 RADIOLOGY-THERAPEUTIC		124564	5373681				.023180	42
43 RADIOISOTOPE		104625	8554414	6400			.012231	78 43
44 LABORATORY		661860	91187343	341663			.007258	2480 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		171183	14082515	12435			.012156	151 49
50 PHYSICAL THERAPY		57658	3051917	2230			.018892	42 50
51 OCCUPATIONAL THERAPY		71652	1782285	101830			.040202	4094 51
52 SPEECH PATHOLOGY		13766	1239009				.011110	52
54 ELECTROENCEPHALOGRAPHY		10338	395945	2500			.026110	65 54
55 MEDICAL SUPPLIES CHARGED TO P		6746	1428945	2526			.004721	12 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		405230	51948514	355008			.007801	2769 56
57 RENAL DIALYSIS		24600	5200027	17632			.004731	83 57
59 EMG		3715	744906				.004987	59
59.01 CARDIOVASCULAR LAB		902705	57285842	22036			.015758	347 59.01
59.02 MERCY EYE CENTER		69023	1350379				.051114	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		227143	722419				.314420	59.04
59.05 CARDIAC REHAB		27509	984753				.027935	59.05
59.06 PRE-BIRTH CENTER		15737	989816				.015899	59.06
59.07 SLEEP LAB		6224	1689507				.003684	59.07
59.08 UROLOGY		4149	155793				.026631	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		25319	1811066				.013980	59.10
59.11 DIABETES TREATMENT		3482	108426				.032114	59.11
59.12 MENTAL HEALTH CENTER		46651	948780				.049169	59.12
59.13 VEIN CLINIC		703	102545				.006856	59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		253836	5761151				.044060	60
61 EMERGENCY		370249	41121957	268543			.009004	2418 61
62 OBSERVATION BEDS (NON-DISTINC		78965	3524078				.022407	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6770922	447044547	1185256				13489 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			MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2					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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			156126					156126
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
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
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			156126					156126 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	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		44529871			2984		37
37.01 GI LAB		7297566					37.01
38 RECOVERY ROOM		4702374			5700		38
39 DELIVERY ROOM & LABOR ROOM		19766793					39
40 ANESTHESIOLOGY		5139078			7004		40
41 RADIOLOGY-DIAGNOSTIC		53002314			34565		41
41.01 MRI CENTER		11060538			2200		41.01
42 RADIOLOGY-THERAPEUTIC		5373681					42
43 RADIOISOTOPE		8554414			6400		43
44 LABORATORY		91187343			341663		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14082515			12435		49
50 PHYSICAL THERAPY		3051917			2230		50
51 OCCUPATIONAL THERAPY		1782285			101830		51
52 SPEECH PATHOLOGY		1239009					52
54 ELECTROENCEPHALOGRAPHY		395945			2500		54
55 MEDICAL SUPPLIES CHARGED TO P		1428945			2526		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	156126	51948514	.003005	.003005	355008	1067	56
57 RENAL DIALYSIS		5200027			17632		57
59 EMG		744906					59
59.01 CARDIOVASCULAR LAB		57285842			22036		59.01
59.02 MERCY EYE CENTER		1350379					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		722419					59.04
59.05 CARDIAC REHAB		984753					59.05
59.06 PRE-BIRTH CENTER		989816					59.06
59.07 SLEEP LAB		1689507					59.07
59.08 UROLOGY		155793					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		1811066					59.10
59.11 DIABETES TREATMENT		108426					59.11
59.12 MENTAL HEALTH CENTER		948780					59.12
59.13 VEIN CLINIC		102545					59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5761151					60
61 EMERGENCY		41121957			268543		61
62 OBSERVATION BEDS (NON-DISTINC		3524078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	156126	447044547			1185256	1067	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
	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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		1429813	44529871	2775			.032109	89 37
37.01 GI LAB		235177	7297566	1030			.032227	33 37.01
38 RECOVERY ROOM		65713	4702374	439			.013974	6 38
39 DELIVERY ROOM & LABOR ROOM		268245	19766793				.013570	39
40 ANESTHESIOLOGY		139421	5139078				.027130	40
41 RADIOLOGY-DIAGNOSTIC		874619	53002314	34915			.016502	576 41
41.01 MRI CENTER		70302	11060538				.006356	41.01
42 RADIOLOGY-THERAPEUTIC		124564	5373681	4524			.023180	105 42
43 RADIOISOTOPE		104625	8554414	924			.012231	11 43
44 LABORATORY		661860	91187343	125715			.007258	912 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		171183	14082515	18051			.012156	219 49
50 PHYSICAL THERAPY		57658	3051917	243709			.018892	4604 50
51 OCCUPATIONAL THERAPY		71652	1782285	249884			.040202	10046 51
52 SPEECH PATHOLOGY		13766	1239009	79795			.011110	887 52
54 ELECTROENCEPHALOGRAPHY		10338	395945				.026110	54
55 MEDICAL SUPPLIES CHARGED TO P		6746	1428945	28441			.004721	134 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		405230	51948514	218760			.007801	1707 56
57 RENAL DIALYSIS		24600	5200027	40736			.004731	193 57
59 EMG		3715	744906	279			.004987	1 59
59.01 CARDIOVASCULAR LAB		902705	57285842	7243			.015758	114 59.01
59.02 MERCY EYE CENTER		69023	1350379				.051114	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		227143	722419				.314420	59.04
59.05 CARDIAC REHAB		27509	984753				.027935	59.05
59.06 PRE-BIRTH CENTER		15737	989816				.015899	59.06
59.07 SLEEP LAB		6224	1689507				.003684	59.07
59.08 UROLOGY		4149	155793				.026631	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		25319	1811066				.013980	59.10
59.11 DIABETES TREATMENT		3482	108426				.032114	59.11
59.12 MENTAL HEALTH CENTER		46651	948780				.049169	59.12
59.13 VEIN CLINIC		703	102545				.006856	59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		253836	5761151				.044060	60
61 EMERGENCY		370249	41121957				.009004	61
62 OBSERVATION BEDS (NON-DISTINC		78965	3524078				.022407	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6770922	447044547	1057220				19637 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			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2					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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			156126					156126
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
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
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			156126					156126 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		44529871			2775		37
37.01 GI LAB		7297566			1030		37.01
38 RECOVERY ROOM		4702374			439		38
39 DELIVERY ROOM & LABOR ROOM		19766793					39
40 ANESTHESIOLOGY		5139078					40
41 RADIOLOGY-DIAGNOSTIC		53002314			34915		41
41.01 MRI CENTER		11060538					41.01
42 RADIOLOGY-THERAPEUTIC		5373681			4524		42
43 RADIOISOTOPE		8554414			924		43
44 LABORATORY		91187343			125715		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14082515			18051		49
50 PHYSICAL THERAPY		3051917			243709		50
51 OCCUPATIONAL THERAPY		1782285			249884		51
52 SPEECH PATHOLOGY		1239009			79795		52
54 ELECTROENCEPHALOGRAPHY		395945					54
55 MEDICAL SUPPLIES CHARGED TO P		1428945			28441		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	156126	51948514	.003005	.003005	218760	657	56
57 RENAL DIALYSIS		5200027			40736		57
59 EMG		744906			279		59
59.01 CARDIOVASCULAR LAB		57285842			7243		59.01
59.02 MERCY EYE CENTER		1350379					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		722419					59.04
59.05 CARDIAC REHAB		984753					59.05
59.06 PRE-BIRTH CENTER		989816					59.06
59.07 SLEEP LAB		1689507					59.07
59.08 UROLOGY		155793					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		1811066					59.10
59.11 DIABETES TREATMENT		108426					59.11
59.12 MENTAL HEALTH CENTER		948780					59.12
59.13 VEIN CLINIC		102545					59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5761151					60
61 EMERGENCY		41121957					61
62 OBSERVATION BEDS (NON-DISTINC		3524078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	156126	447044547			1057220	657	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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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 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				1545902		1545902
26 INTENSIVE CARE UNIT				220204		220204
27 CORONARY CARE UNIT				81612		81612
27.01 NURSERY INTENSIVE CARE CENTER				36936		36936
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				245857		245857
31.01 REHAB				104745		104745
33 NURSERY				59722		59722
101 TOTAL				2294978		2294978

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	51526	22939			30.00	688170
26 INTENSIVE CARE UNIT	4281				51.44	
27 CORONARY CARE UNIT	1482				55.07	
27.01 NURSERY INTENSIVE CARE CENTER	3026				12.21	
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	8620	4611			28.52	131506
31.01 REHAB	1808	209			57.93	12107
33 NURSERY	4689				12.74	
101 TOTAL	75432	27759				831783

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		1429813	44529871				.032109	37
37.01 GI LAB		235177	7297566				.032227	37.01
38 RECOVERY ROOM		65713	4702374				.013974	38
39 DELIVERY ROOM & LABOR ROOM		268245	19766793				.013570	39
40 ANESTHESIOLOGY		139421	5139078				.027130	40
41 RADIOLOGY-DIAGNOSTIC		874619	53002314				.016502	41
41.01 MRI CENTER		70302	11060538				.006356	41.01
42 RADIOLOGY-THERAPEUTIC		124564	5373681				.023180	42
43 RADIOISOTOPE		104625	8554414				.012231	43
44 LABORATORY		661860	91187343				.007258	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		171183	14082515				.012156	49
50 PHYSICAL THERAPY		57658	3051917				.018892	50
51 OCCUPATIONAL THERAPY		71652	1782285				.040202	51
52 SPEECH PATHOLOGY		13766	1239009				.011110	52
54 ELECTROENCEPHALOGRAPHY		10338	395945				.026110	54
55 MEDICAL SUPPLIES CHARGED TO P		6746	1428945				.004721	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		405230	51948514				.007801	56
57 RENAL DIALYSIS		24600	5200027				.004731	57
59 EMG		3715	744906				.004987	59
59.01 CARDIOVASCULAR LAB		902705	57285842				.015758	59.01
59.02 MERCY EYE CENTER		69023	1350379				.051114	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		227143	722419				.314420	59.04
59.05 CARDIAC REHAB		27509	984753				.027935	59.05
59.06 PRE-BIRTH CENTER		15737	989816				.015899	59.06
59.07 SLEEP LAB		6224	1689507				.003684	59.07
59.08 UROLOGY		4149	155793				.026631	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		25319	1811066				.013980	59.10
59.11 DIABETES TREATMENT		3482	108426				.032114	59.11
59.12 MENTAL HEALTH CENTER		46651	948780				.049169	59.12
59.13 VEIN CLINIC		703	102545				.006856	59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		253836	5761151				.044060	60
61 EMERGENCY		370249	41121957				.009004	61
62 OBSERVATION BEDS (NON-DISTINC		78965	3524078				.022407	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6770922	447044547					101

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 12/04/2010 09:05

APPORIONMENT 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					51526		22939	25
26 INTENSIVE CARE UNIT					4281			26
27 CORONARY CARE UNIT					1482			27
27.01 NURSERY INTENSIVE CARE CENTER					3026			27.01
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					8620		4611	31
31.01 REHAB					1808		209	31.01
33 NURSERY					4689			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					75432		27759	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
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS			156126				156126
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
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
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			156126				156126 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		44529871					37
37.01 GI LAB		7297566					37.01
38 RECOVERY ROOM		4702374					38
39 DELIVERY ROOM & LABOR ROOM		19766793					39
40 ANESTHESIOLOGY		5139078					40
41 RADIOLOGY-DIAGNOSTIC		53002314					41
41.01 MRI CENTER		11060538					41.01
42 RADIOLOGY-THERAPEUTIC		5373681					42
43 RADIOISOTOPE		8554414					43
44 LABORATORY		91187343					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14082515					49
50 PHYSICAL THERAPY		3051917					50
51 OCCUPATIONAL THERAPY		1782285					51
52 SPEECH PATHOLOGY		1239009					52
54 ELECTROENCEPHALOGRAPHY		395945					54
55 MEDICAL SUPPLIES CHARGED TO P		1428945					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	156126	51948514	.003005	.003005			56
57 RENAL DIALYSIS		5200027					57
59 EMG		744906					59
59.01 CARDIOVASCULAR LAB		57285842					59.01
59.02 MERCY EYE CENTER		1350379					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		722419					59.04
59.05 CARDIAC REHAB		984753					59.05
59.06 PRE-BIRTH CENTER		989816					59.06
59.07 SLEEP LAB		1689507					59.07
59.08 UROLOGY		155793					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		1811066					59.10
59.11 DIABETES TREATMENT		108426					59.11
59.12 MENTAL HEALTH CENTER		948780					59.12
59.13 VEIN CLINIC		102545					59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5761151					60
61 EMERGENCY		41121957					61
62 OBSERVATION BEDS (NON-DISTINC		3524078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	156126	447044547					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
	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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		1429813	44529871				.032109	37
37.01 GI LAB		235177	7297566				.032227	37.01
38 RECOVERY ROOM		65713	4702374				.013974	38
39 DELIVERY ROOM & LABOR ROOM		268245	19766793				.013570	39
40 ANESTHESIOLOGY		139421	5139078				.027130	40
41 RADIOLOGY-DIAGNOSTIC		874619	53002314				.016502	41
41.01 MRI CENTER		70302	11060538				.006356	41.01
42 RADIOLOGY-THERAPEUTIC		124564	5373681				.023180	42
43 RADIOISOTOPE		104625	8554414				.012231	43
44 LABORATORY		661860	91187343				.007258	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		171183	14082515				.012156	49
50 PHYSICAL THERAPY		57658	3051917				.018892	50
51 OCCUPATIONAL THERAPY		71652	1782285				.040202	51
52 SPEECH PATHOLOGY		13766	1239009				.011110	52
54 ELECTROENCEPHALOGRAPHY		10338	395945				.026110	54
55 MEDICAL SUPPLIES CHARGED TO P		6746	1428945				.004721	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		405230	51948514				.007801	56
57 RENAL DIALYSIS		24600	5200027				.004731	57
59 EMG		3715	744906				.004987	59
59.01 CARDIOVASCULAR LAB		902705	57285842				.015758	59.01
59.02 MERCY EYE CENTER		69023	1350379				.051114	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		227143	722419				.314420	59.04
59.05 CARDIAC REHAB		27509	984753				.027935	59.05
59.06 PRE-BIRTH CENTER		15737	989816				.015899	59.06
59.07 SLEEP LAB		6224	1689507				.003684	59.07
59.08 UROLOGY		4149	155793				.026631	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		25319	1811066				.013980	59.10
59.11 DIABETES TREATMENT		3482	108426				.032114	59.11
59.12 MENTAL HEALTH CENTER		46651	948780				.049169	59.12
59.13 VEIN CLINIC		703	102545				.006856	59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		253836	5761151				.044060	60
61 EMERGENCY		370249	41121957				.009004	61
62 OBSERVATION BEDS (NON-DISTINC		78965	3524078				.022407	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6770922	447044547					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			MEDICAL EDUCATION COST	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2					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
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			156126					156126
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
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
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			156126					156126 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		44529871					37
37.01 GI LAB		7297566					37.01
38 RECOVERY ROOM		4702374					38
39 DELIVERY ROOM & LABOR ROOM		19766793					39
40 ANESTHESIOLOGY		5139078					40
41 RADIOLOGY-DIAGNOSTIC		53002314					41
41.01 MRI CENTER		11060538					41.01
42 RADIOLOGY-THERAPEUTIC		5373681					42
43 RADIOISOTOPE		8554414					43
44 LABORATORY		91187343					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14082515					49
50 PHYSICAL THERAPY		3051917					50
51 OCCUPATIONAL THERAPY		1782285					51
52 SPEECH PATHOLOGY		1239009					52
54 ELECTROENCEPHALOGRAPHY		395945					54
55 MEDICAL SUPPLIES CHARGED TO P		1428945					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	156126	51948514	.003005	.003005			56
57 RENAL DIALYSIS		5200027					57
59 EMG		744906					59
59.01 CARDIOVASCULAR LAB		57285842					59.01
59.02 MERCY EYE CENTER		1350379					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		722419					59.04
59.05 CARDIAC REHAB		984753					59.05
59.06 PRE-BIRTH CENTER		989816					59.06
59.07 SLEEP LAB		1689507					59.07
59.08 UROLOGY		155793					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		1811066					59.10
59.11 DIABETES TREATMENT		108426					59.11
59.12 MENTAL HEALTH CENTER		948780					59.12
59.13 VEIN CLINIC		102545					59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5761151					60
61 EMERGENCY		41121957					61
62 OBSERVATION BEDS (NON-DISTINC		3524078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	156126	447044547					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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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		1429813	44529871				.032109	37
37.01 GI LAB		235177	7297566				.032227	37.01
38 RECOVERY ROOM		65713	4702374				.013974	38
39 DELIVERY ROOM & LABOR ROOM		268245	19766793				.013570	39
40 ANESTHESIOLOGY		139421	5139078				.027130	40
41 RADIOLOGY-DIAGNOSTIC		874619	53002314				.016502	41
41.01 MRI CENTER		70302	11060538				.006356	41.01
42 RADIOLOGY-THERAPEUTIC		124564	5373681				.023180	42
43 RADIOISOTOPE		104625	8554414				.012231	43
44 LABORATORY		661860	91187343				.007258	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		171183	14082515				.012156	49
50 PHYSICAL THERAPY		57658	3051917				.018892	50
51 OCCUPATIONAL THERAPY		71652	1782285				.040202	51
52 SPEECH PATHOLOGY		13766	1239009				.011110	52
54 ELECTROENCEPHALOGRAPHY		10338	395945				.026110	54
55 MEDICAL SUPPLIES CHARGED TO P		6746	1428945				.004721	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		405230	51948514				.007801	56
57 RENAL DIALYSIS		24600	5200027				.004731	57
59 EMG		3715	744906				.004987	59
59.01 CARDIOVASCULAR LAB		902705	57285842				.015758	59.01
59.02 MERCY EYE CENTER		69023	1350379				.051114	59.02
59.03 MERCY ENT								59.03
59.04 WOUND CARE CENTER		227143	722419				.314420	59.04
59.05 CARDIAC REHAB		27509	984753				.027935	59.05
59.06 PRE-BIRTH CENTER		15737	989816				.015899	59.06
59.07 SLEEP LAB		6224	1689507				.003684	59.07
59.08 UROLOGY		4149	155793				.026631	59.08
59.09 ADDP OP								59.09
59.10 PSYCH PARTIAL HOSPITAL		25319	1811066				.013980	59.10
59.11 DIABETES TREATMENT		3482	108426				.032114	59.11
59.12 MENTAL HEALTH CENTER		46651	948780				.049169	59.12
59.13 VEIN CLINIC		703	102545				.006856	59.13
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		253836	5761151				.044060	60
61 EMERGENCY		370249	41121957				.009004	61
62 OBSERVATION BEDS (NON-DISTINC		78965	3524078				.022407	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6770922	447044547					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			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST						
	COST 1	COST 1.01	COST 2					
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.01 GI LAB								37.01
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 MRI CENTER								41.01
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			156126					156126
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
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
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			156126					156126 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		44529871					37
37.01 GI LAB		7297566					37.01
38 RECOVERY ROOM		4702374					38
39 DELIVERY ROOM & LABOR ROOM		19766793					39
40 ANESTHESIOLOGY		5139078					40
41 RADIOLOGY-DIAGNOSTIC		53002314					41
41.01 MRI CENTER		11060538					41.01
42 RADIOLOGY-THERAPEUTIC		5373681					42
43 RADIOISOTOPE		8554414					43
44 LABORATORY		91187343					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		14082515					49
50 PHYSICAL THERAPY		3051917					50
51 OCCUPATIONAL THERAPY		1782285					51
52 SPEECH PATHOLOGY		1239009					52
54 ELECTROENCEPHALOGRAPHY		395945					54
55 MEDICAL SUPPLIES CHARGED TO P		1428945					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	156126	51948514	.003005	.003005			56
57 RENAL DIALYSIS		5200027					57
59 EMG		744906					59
59.01 CARDIOVASCULAR LAB		57285842					59.01
59.02 MERCY EYE CENTER		1350379					59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER		722419					59.04
59.05 CARDIAC REHAB		984753					59.05
59.06 PRE-BIRTH CENTER		989816					59.06
59.07 SLEEP LAB		1689507					59.07
59.08 UROLOGY		155793					59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL		1811066					59.10
59.11 DIABETES TREATMENT		108426					59.11
59.12 MENTAL HEALTH CENTER		948780					59.12
59.13 VEIN CLINIC		102545					59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5761151					60
61 EMERGENCY		41121957					61
62 OBSERVATION BEDS (NON-DISTINC		3524078					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	156126	447044547					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
	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
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
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)	51526	8620	1808				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	51526	8620	1808				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	51526	8620	1808				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)	22326	2619	924				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	38338537	5436990	2242007				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	38338537	5436990	2242007				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	.620288	.713610	.758705				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1199.54	883.87	1634.43				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	38338537	5436990	2242007				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	744.06	630.74	1240.05		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16611884	1651908	1145806		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16611884	1651908	1145806		41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)					42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	7065569	4281	1650.45	2391	3946226 43
44	CORONARY CARE UNIT	2892203	1482	1951.55	795	1551482 44
44.01	NURSERY INTENSIVE CARE CENTER	1966837	3026	649.98		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	23004920	344899	498422		48
49	TOTAL PROGRAM INPATIENT COSTS	45114512	1996807	1644228		49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	836554	74694	53527		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1252410	14556	20294		51
52	TOTAL PROGRAM EXCLUDABLE COST	2088964	89250	73821		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	43025548	1907557	1570407		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						
	1	1	1	1	1	
54						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

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2632	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.06	84
85 OBSERVATION BED COST	1958366	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		38338537		1958366		86
87 NEW CAPITAL-RELATED COST	1545902	38338537	.040322	1958366	78965	87
88 NON PHYSICIAN ANESTHETIST		38338537		1958366		88
89 MEDICAL EDUCATION		38338537		1958366		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0158) 1	(OTHER) (14-S158) 1	(OTHER) (14-T158) 1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	51526	8620	1808				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	51526	8620	1808				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	51526	8620	1808				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)	22939	4611	209				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	4689						15
16 TITLE V OR XIX NURSERY DAYS							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	38334915	5429412	2224238				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	38334915	5429412	2224238				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	.620229	.712615	.752692				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1199.54	883.87	1634.43				33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	38334915	5429412	2224238				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0158)	SUB I (OTHER) (14-S158)	SUB II (OTHER) (14-T158)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	743.99	629.86	1230.22			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17066387	2904284	257116			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	17066387	2904284	257116			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)	1632549	4689	348.17			42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	6982724	4281	1631.10			43
44 CORONARY CARE UNIT	2892203	1482	1951.55			44
44.01 NURSERY INTENSIVE CARE CENTER	1966837	3026	649.98			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	17066387	2904284	257116			49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	688170	131506	12107			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	688170	131506	12107			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 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
12/04/2010 09:05

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 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
12/04/2010 09:05

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2632	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.06	84
85 OBSERVATION BED COST	1958366	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		32226728		25
26 INTENSIVE CARE UNIT		4981687		26
27 CORONARY CARE UNIT		1874877		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	.447667	7718353	3455252	37
37.01 GI LAB	.256414	1202755	308403	37.01
38 RECOVERY ROOM	.294582	600894	177013	38
39 DELIVERY ROOM & LABOR ROOM	.310759	78405	24365	39
40 ANESTHESIOLOGY	.155354	832057	129263	40
41 RADIOLOGY-DIAGNOSTIC	.182191	7220837	1315572	41
41.01 MRI CENTER	.252108	1626407	410030	41.01
42 RADIOLOGY-THERAPEUTIC	.206857	203921	42182	42
43 RADIOISOTOPE	.190133	1134667	215738	43
44 LABORATORY	.159132	20252728	3222857	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.203180	7238278	1470673	49
50 PHYSICAL THERAPY	.591028	742285	438711	50
51 OCCUPATIONAL THERAPY	.758878	142208	107919	51
52 SPEECH PATHOLOGY	.440743	579030	255203	52
54 ELECTROENCEPHALOGRAPHY	.376300	139029	52317	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221297	651734	144227	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.369777	13437672	4968942	56
57 RENAL DIALYSIS	.194904	3272664	637855	57
59 EMG	.125000	9569	1196	59
59.01 CARDIOVASCULAR LAB	.226534	18763349	4250537	59.01
59.02 MERCY EYE CENTER	.586665	2188	1284	59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.778534	7032	5475	59.04
59.05 CARDIAC REHAB	.553737	7351	4071	59.05
59.06 PRE-BIRTH CENTER	.411295	3128	1287	59.06
59.07 SLEEP LAB	.208063	2261	470	59.07
59.08 UROLOGY	.902313	1455	1313	59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.443771	344	153	59.10
59.11 DIABETES TREATMENT	1.659012			59.11
59.12 MENTAL HEALTH CENTER	1.431659	515	737	59.12
59.13 VEIN CLINIC	.356497	1575	561	59.13
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.223936			60
61 EMERGENCY	.208652	6524328	1361314	61
62 OBSERVATION BEDS (NON-DISTINCT	.555710			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		92397019	23004920	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		92397019		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[ ] HOSPITAL	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-S158)	[ ] 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				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
27.01 NURSERY INTENSIVE CARE CENTER				27.01
31 SUBPROVIDER I		2977693		31
31.01 REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.447667	2984	1336	37
37.01 GI LAB	.256414			37.01
38 RECOVERY ROOM	.294582	5700	1679	38
39 DELIVERY ROOM & LABOR ROOM	.310759			39
40 ANESTHESIOLOGY	.155354	7004	1088	40
41 RADIOLOGY-DIAGNOSTIC	.182191	34565	6297	41
41.01 MRI CENTER	.252108	2200	555	41.01
42 RADIOLOGY-THERAPEUTIC	.206857			42
43 RADIOISOTOPE	.190133	6400	1217	43
44 LABORATORY	.159132	341663	54370	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.203180	12435	2527	49
50 PHYSICAL THERAPY	.591028	2230	1318	50
51 OCCUPATIONAL THERAPY	.758878	101830	77277	51
52 SPEECH PATHOLOGY	.440743			52
54 ELECTROENCEPHALOGRAPHY	.376300	2500	941	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221297	2526	559	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.369777	355008	131274	56
57 RENAL DIALYSIS	.194904	17632	3437	57
59 EMG	.125000			59
59.01 CARDIOVASCULAR LAB	.226534	22036	4992	59.01
59.02 MERCY EYE CENTER	.586665			59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.778534			59.04
59.05 CARDIAC REHAB	.553737			59.05
59.06 PRE-BIRTH CENTER	.411295			59.06
59.07 SLEEP LAB	.208063			59.07
59.08 UROLOGY	.902313			59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.443771			59.10
59.11 DIABETES TREATMENT	1.659012			59.11
59.12 MENTAL HEALTH CENTER	1.431659			59.12
59.13 VEIN CLINIC	.356497			59.13
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.223936			60
61 EMERGENCY	.208652	268543	56032	61
62 OBSERVATION BEDS (NON-DISTINCT	.555710			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1185256	344899	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1185256		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		1095042		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.447667	2775	1242	37
37.01 GI LAB	.256414	1030	264	37.01
38 RECOVERY ROOM	.294582	439	129	38
39 DELIVERY ROOM & LABOR ROOM	.310759			39
40 ANESTHESIOLOGY	.155354			40
41 RADIOLOGY-DIAGNOSTIC	.182191	34915	6361	41
41.01 MRI CENTER	.252108			41.01
42 RADIOLOGY-THERAPEUTIC	.206857	4524	936	42
43 RADIOISOTOPE	.190133	924	176	43
44 LABORATORY	.159132	125715	20005	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.203180	18051	3668	49
50 PHYSICAL THERAPY	.591028	243709	144039	50
51 OCCUPATIONAL THERAPY	.758878	249884	189631	51
52 SPEECH PATHOLOGY	.440743	79795	35169	52
54 ELECTROENCEPHALOGRAPHY	.376300			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221297	28441	6294	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.369777	218760	80892	56
57 RENAL DIALYSIS	.194904	40736	7940	57
59 EMG	.125000	279	35	59
59.01 CARDIOVASCULAR LAB	.226534	7243	1641	59.01
59.02 MERCY EYE CENTER	.586665			59.02
59.03 MERCY ENT				59.03
59.04 WOUND CARE CENTER	.778534			59.04
59.05 CARDIAC REHAB	.553737			59.05
59.06 PRE-BIRTH CENTER	.411295			59.06
59.07 SLEEP LAB	.208063			59.07
59.08 UROLOGY	.902313			59.08
59.09 ADDP OP				59.09
59.10 PSYCH PARTIAL HOSPITAL	.443771			59.10
59.11 DIABETES TREATMENT	1.659012			59.11
59.12 MENTAL HEALTH CENTER	1.431659			59.12
59.13 VEIN CLINIC	.356497			59.13
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.223936			60
61 EMERGENCY	.208652			61
62 OBSERVATION BEDS (NON-DISTINCT	.555710			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1057220	498422	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1057220		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	.447667		37
37.01 GI LAB	.256414		37.01
38 RECOVERY ROOM	.294582		38
39 DELIVERY ROOM & LABOR ROOM	.310759		39
40 ANESTHESIOLOGY	.155354		40
41 RADIOLOGY-DIAGNOSTIC	.182191		41
41.01 MRI CENTER	.252108		41.01
42 RADIOLOGY-THERAPEUTIC	.206444		42
43 RADIOISOTOPE	.189427		43
44 LABORATORY	.159092		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.203180		49
50 PHYSICAL THERAPY	.591028		50
51 OCCUPATIONAL THERAPY	.758878		51
52 SPEECH PATHOLOGY	.440743		52
54 ELECTROENCEPHALOGRAPHY	.376300		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221297		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.369777		56
57 RENAL DIALYSIS	.194904		57
59 EMG	.125000		59
59.01 CARDIOVASCULAR LAB	.223952		59.01
59.02 MERCY EYE CENTER	.586665		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.778534		59.04
59.05 CARDIAC REHAB	.553737		59.05
59.06 PRE-BIRTH CENTER	.411295		59.06
59.07 SLEEP LAB	.208063		59.07
59.08 UROLOGY	.902313		59.08
59.09 ADDP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.443771		59.10
59.11 DIABETES TREATMENT	1.659012		59.11
59.12 MENTAL HEALTH CENTER	1.401575		59.12
59.13 VEIN CLINIC	.356497		59.13
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.223936		60
61 EMERGENCY	.208313		61
62 OBSERVATION BEDS (NON-DISTINCT	.555710		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
27.01 NURSERY INTENSIVE CARE CENTER			27.01
31 SUBPROVIDER I			31
31.01 REHAB			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.447667		37
37.01 GI LAB	.256414		37.01
38 RECOVERY ROOM	.294582		38
39 DELIVERY ROOM & LABOR ROOM	.310759		39
40 ANESTHESIOLOGY	.155354		40
41 RADIOLOGY-DIAGNOSTIC	.182191		41
41.01 MRI CENTER	.252108		41.01
42 RADIOLOGY-THERAPEUTIC	.206444		42
43 RADIOISOTOPE	.189427		43
44 LABORATORY	.159092		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.203180		49
50 PHYSICAL THERAPY	.591028		50
51 OCCUPATIONAL THERAPY	.758878		51
52 SPEECH PATHOLOGY	.440743		52
54 ELECTROENCEPHALOGRAPHY	.376300		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221297		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.369777		56
57 RENAL DIALYSIS	.194904		57
59 EMG	.125000		59
59.01 CARDIOVASCULAR LAB	.223952		59.01
59.02 MERCY EYE CENTER	.586665		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.778534		59.04
59.05 CARDIAC REHAB	.553737		59.05
59.06 PRE-BIRTH CENTER	.411295		59.06
59.07 SLEEP LAB	.208063		59.07
59.08 UROLOGY	.902313		59.08
59.09 ADDP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.443771		59.10
59.11 DIABETES TREATMENT	1.659012		59.11
59.12 MENTAL HEALTH CENTER	1.401575		59.12
59.13 VEIN CLINIC	.356497		59.13
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.223936		60
61 EMERGENCY	.208313		61
62 OBSERVATION BEDS (NON-DISTINCT	.555710		62
OTHER REIMBURSABLE COST CENTERS			
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	.447667		37
37.01 GI LAB	.256414		37.01
38 RECOVERY ROOM	.294582		38
39 DELIVERY ROOM & LABOR ROOM	.310759		39
40 ANESTHESIOLOGY	.155354		40
41 RADIOLOGY-DIAGNOSTIC	.182191		41
41.01 MRI CENTER	.252108		41.01
42 RADIOLOGY-THERAPEUTIC	.206444		42
43 RADIOISOTOPE	.189427		43
44 LABORATORY	.159092		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.203180		49
50 PHYSICAL THERAPY	.591028		50
51 OCCUPATIONAL THERAPY	.758878		51
52 SPEECH PATHOLOGY	.440743		52
54 ELECTROENCEPHALOGRAPHY	.376300		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.221297		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.369777		56
57 RENAL DIALYSIS	.194904		57
59 EMG	.125000		59
59.01 CARDIOVASCULAR LAB	.223952		59.01
59.02 MERCY EYE CENTER	.586665		59.02
59.03 MERCY ENT			59.03
59.04 WOUND CARE CENTER	.778534		59.04
59.05 CARDIAC REHAB	.553737		59.05
59.06 PRE-BIRTH CENTER	.411295		59.06
59.07 SLEEP LAB	.208063		59.07
59.08 UROLOGY	.902313		59.08
59.09 ADDP OP			59.09
59.10 PSYCH PARTIAL HOSPITAL	.443771		59.10
59.11 DIABETES TREATMENT	1.659012		59.11
59.12 MENTAL HEALTH CENTER	1.401575		59.12
59.13 VEIN CLINIC	.356497		59.13
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.223936		60
61 EMERGENCY	.208313		61
62 OBSERVATION BEDS (NON-DISTINCT	.555710		62
OTHER REIMBURSABLE COST CENTERS			
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	9836184					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9836184					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	19772367					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	827821					1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	827821					1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1655642					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	225178					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	238.36					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	87.01					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]	7.00					3.06
3.07	SUM OF LINES 3.04-3.06	87.01	7.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	99.99					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	97.01					3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	94.73					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	89.73					3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	93.82	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	0.393606				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.390124				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	0.390124				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	2054538				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2054538				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 ]	4128342				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8237418 0	8237418			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	0.3945				4.01
4.02	SUM OF 4 AND 4.01	0.5312				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.3304				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	13032540				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	60939871				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	60939871				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4214161				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2832684				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	40380				15
16	TOTAL	68027096				16
17	PRIMARY PAYER PAYMENTS					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	68027096				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3801268				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	165829				20
21	REIMBURSABLE BAD DEBTS	2493515				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1745461				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1772412				21.02
22	SUBTOTAL	65805460				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	65805460				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	65544441				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	261019				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					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	912			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	15108282			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	14052773			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				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	25518			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	912			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2467			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	2467			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	2467			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1555			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	912			17
17.01 TOTAL PPS PAYMENTS	14078291			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	3371069		18.01
19 SUBTOTAL	10708134		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	879259		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	11587393		23
24 PRIMARY PAYER PAYMENTS	1130		24
25 SUBTOTAL	11586263		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	1661261		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	1162883		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1296241		27.02
28 SUBTOTAL	12749146		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	12749146		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	11786126		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	963020		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 B

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S158)	SUB I (14-S158)	SUB I (14-S158)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO 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 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 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			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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0158)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		64145043		11786126	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/29/2010       06/04/2010	1773139       373741	NONE       NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	1399398		3.99	
4 TOTAL INTERIM PAYMENTS		65544441		11786126	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE    NONE	NONE    NONE	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		261019	963020	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		65805460		12749146	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		



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

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1713247		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/29/2010 116706		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	116706		3.99
4 TOTAL INTERIM PAYMENTS		1829953		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 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 .01 PROVIDER TO .02 PROGRAM	216360		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2046313		7
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 (14-S158)	SUB II (14-T158)	SUB II (14-T158) 1.01	SUB III	SUB IV	
1							1
1.01							1.01
1.02				1503615			1.02
1.03				0.1022			1.03
1.04				216961			1.04
1.05							1.05
1.06				2053260			1.06
1.07							1.07
1.08		1977298					1.08
1.09							1.09
1.10		4047					1.10
1.11							1.11
1.12							1.12
1.13							1.13
1.14							1.14
1.15							1.15
1.16		23.616438					1.16
1.17							1.17
1.18							1.18
1.19		1981345					1.19
1.20							1.20
1.21							1.21
1.22							1.22
1.23		1981345					1.23
1.35			1.23				1.35
1.36							1.36
1.37			1.23				1.37
1.38							1.38
1.39			1.23				1.39
1.40				4.953425			1.40
1.41				0.221256	0.164748		1.41
1.42				332684			1.42
2							2
3							3
4		1981345	2053260				4
5							5
6		1981345	2053260				6
7		191628	7604				7
8		1789717	2045656				8
9		53898					9
10		1735819	2045656				10
11		5628					11
11.01		3940					11.01
11.02		2234					11.02
12		1739759	2045656				12
13							13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S158)	SUB II (14-T158)	SUB II (14-T158) 1.01	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		1067	657				13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION							14
15 CORRECTION OF PPS LIP PAYMENTS							15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS							16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		1740826	2046313				17
18 SEQUESTRATION ADJUSTMENT							18
19 INTERIM PAYMENTS		1735819	1829953				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)							19.01
20 BALANCE DUE PROVIDER/PROGRAM		5007	216360				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		12237					21
TO BE COMPLETED BY INTERMEDIARY							
50 ORIGINAL OUTLIER AMOUNT							50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)							51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY							52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)							53

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	
	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	COMPUTATION OF NET COST OF COVERED SERVICES			
2	INPATIENT HOSPITAL/SNF/NF SERVICES	17066387	2904284	257116
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL	17066387	2904284	257116
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL	17066387	2904284	257116
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES	2459906		
13	ANCILLARY SERVICE CHARGES			
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES	2459906		
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
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			
25	TOTAL CUSTOMARY CHARGES	2459906		
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	14606481	2904284	257116
28	COST OF COVERED SERVICES	17066387	2904284	257116
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36	SUBTOTAL	17066387	2904284	257116
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)			
38	LESSER OF LINES 30 OR 31	17066387	2904284	257116
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

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	14606481	2904284	257116	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]	7.00 3.03
3.04	FTE ADJUSTMENT CAP 88.01 7.00	95.01 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	100.22 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	95.01 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	67.20 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	34.27 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	101.47 3.09
3.10	SEE INSTRUCTIONS	96.20 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	34.99 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	30.20 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	30.20 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	31.80 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	31.80 3.16
3.17	SEE INSTRUCTIONS	91252.21 3.17
3.18	SEE INSTRUCTIONS	2901820 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		51.58	3.19
3.20	SEE INSTRUCTIONS		51.58	3.20
3.21	SEE INSTRUCTIONS		55.62	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		55.62	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		96368.21	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		5360000	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		8261820	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		29055	4
5	TOTAL INPATIENT DAYS		68111	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.426583	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 3524352	0	3524352	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1801	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		68111	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		187591	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		5200027	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 07/01/2009 TO 06/30/2010

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

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

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

12	REASONABLE COST	48755547	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS		15
16	TOTAL PART A REASONABLE COST	48755547	16
PART B REASONABLE COST			
17	REASONABLE COST	15134712	17
18	PRIMARY PAYER PAYMENTS	1130	18
19	TOTAL PART B REASONABLE COST	15133582	19
20	TOTAL REASONABLE COST	63889129	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.763127	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.236873	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	3711943	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	2832684	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	879259	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	27759	4
5	TOTAL INPATIENT DAYS	68111	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x ] [E-3,PART 6] [LINE 3.25] [ LINE 11 ]	.407555	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	68111	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  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
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DIRECT GRADUATE MEDICAL EDUCATION (GME)  
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

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

WORKSHEET E-3  
PART VI

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

1	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
5	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
13	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	87.01	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	87.01	15
16	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

1	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
5	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
13	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
16	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	4714875			1
2	TEMPORARY INVESTMENTS	8883301			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	30656926			4
5	OTHER RECEIVABLES	8874585			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2592178			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	7209410			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	62931275			11
FIXED ASSETS					
12	LAND	5119260			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	8363653			13
13.01	ACCUMULATED DEPRECIATION	-922386			13.01
14	BUILDINGS	101983433			14
14.01	ACCUMULATED DEPRECIATION	-69140042			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	89731331			18
18.01	ACCUMULATED DEPRECIATION	-63342164			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	71793085			21
OTHER ASSETS					
22	INVESTMENTS	12039874			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	4868775			25
26	TOTAL OTHER ASSETS	16908649			26
27	TOTAL ASSETS	151633009			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	18916405			28
29	SALARIES, WAGES & FEES PAYABLE	9949872			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2958826			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	681052			34
35	OTHER CURRENT LIABILITIES	8021000			35
36	TOTAL CURRENT LIABILITIES	40527155			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	22766205			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	34089472			41
42	TOTAL LONG TERM LIABILITIES	56855677			42
43	TOTAL LIABILITIES	97382832			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	54250177			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	54250177			51
52	TOTAL LIABILITIES AND FUND BALANCES	151633009			52

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
12/04/2010 09:05

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	46241901			1
2 NET INCOME (LOSS)	8008216			2
3 TOTAL	54250117			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	54250117			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	54250117			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	73512961		73512961	1
2 SUBPROVIDER I	9772045		9772045	2
2.01 SUBPROVIDER II	2066291		2066291	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	85351297		85351297	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	9249754		9249754	10
11 CORONARY CARE UNIT	3326727		3326727	11
11.01 NURSERY INTENSIVE CARE CENTER	6199819		6199819	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	18776300		18776300	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	104127597		104127597	16
17 ANCILLARY SERVICES	217139271	231370047	448509318	17
18 OUTPATIENT SERVICES		32305114	32305114	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	321266868	263675161	584942029	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		231335034	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	16251650		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		16251650	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		247586684	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	584942029	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	333505760	2
3	NET PATIENT REVENUES	251436269	3
4	LESS - TOTAL OPERATING EXPENSES	247586684	4
5	NET INCOME FROM SERVICE TO PATIENTS	3849585	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	576105	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		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	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	1364888	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	LOSS ON DISPOSAL OF ASSETS	-166276	24
24.01	CAPITATION REVENUE		24.01
24.02	JOINT VENTURE REVENUE	1038172	24.02
24.03	OTHER REVENUE	488257	24.03
24.04	REFERRAL LAB	98405	24.04
24.05	LAB REVENUE	448317	24.05
25	TOTAL OTHER INCOME	4158631	25
26	TOTAL	8008216	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8008216	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	3239092				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	16298				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	158.04				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	93.82	0.00	93.82		4.01
					NO. OF INTERNS & RESIDENTS
4.02			18.24		4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	590810				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	0.3945				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.5312				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.1136				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	367961				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4214161				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 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 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					22
23 I&R SERVICES-OTHER PRGM COSTS					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 C					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 PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
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
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50

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
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					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 & CA					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 CEN					100
100.01 SENIOR FRIENDS					100.01
100.02 OTHER NONREIMBURSABLE COST CEN					100.02
100.03 OTHER NONREIMBURSABLE COST CEN					100.03
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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25	ADULTS & PEDIATRICS	43.33		44.52			87.85	25
26	INTENSIVE CARE UNIT	55.85					55.85	26
27	CORONARY CARE UNIT	53.64					53.64	27
UTILIZATION PERCENTAGES BASED ON CHARGES								
37	OPERATING ROOM	17.33	8.37				25.70	37
37.01	GI LAB	16.48	22.81				39.29	37.01
38	RECOVERY ROOM	12.78	15.02				27.80	38
39	DELIVERY ROOM & LABOR ROOM	0.40	0.01				0.41	39
40	ANESTHESIOLOGY	16.19	8.04				24.23	40
41	RADIOLOGY-DIAGNOSTIC	13.62	17.87				31.49	41
41.01	MRI CENTER	14.70	17.84				32.54	41.01
42	RADIOLOGY-THERAPEUTIC	3.79	33.96				37.75	42
43	RADIOISOTOPE	13.26	25.36				38.62	43
44	LABORATORY	22.21	0.87				23.08	44
49	RESPIRATORY THERAPY	51.40	3.19				54.59	49
50	PHYSICAL THERAPY	24.32					24.32	50
51	OCCUPATIONAL THERAPY	7.98					7.98	51
52	SPEECH PATHOLOGY	46.73					46.73	52
54	ELECTROENCEPHALOGRAPHY	35.11	14.41				49.52	54
55	MEDICAL SUPPLIES CHARGED TO PAT	45.61	3.44				49.05	55
56	DRUGS CHARGED TO PATIENTS	25.87	16.35				42.22	56
57	RENAL DIALYSIS	62.94	1.51				64.45	57
59	EMG	1.28	22.26				23.54	59
59.01	CARDIOVASCULAR LAB	32.75	16.99				49.74	59.01
59.02	MERCY EYE CENTER	0.16	51.67				51.83	59.02
59.04	WOUND CARE CENTER	0.97	48.06				49.03	59.04
59.05	CARDIAC REHAB	0.75	50.98				51.73	59.05
59.06	PRE-BIRTH CENTER	0.32	0.36				0.68	59.06
59.07	SLEEP LAB	0.13	23.97				24.10	59.07
59.08	UROLOGY	0.93	18.55				19.48	59.08
59.10	PSYCH PARTIAL HOSPITAL	0.02	23.70				23.72	59.10
59.11	DIABETES TREATMENT		33.68				33.68	59.11
59.12	MENTAL HEALTH CENTER	0.05	26.38				26.43	59.12
59.13	VEIN CLINIC	1.54					1.54	59.13
60	CLINIC		9.82				9.82	60
61	EMERGENCY	15.87	10.39				26.26	61
62	OBSERVATION BEDS (NON-DISTINCT		45.73				45.73	62
101	TOTAL CHARGES	16.76	9.24				26.00	101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	30.38		53.49				83.87 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
38 RECOVERY ROOM	0.12						0.12 38
40 ANESTHESIOLOGY	0.14						0.14 40
41 RADIOLOGY-DIAGNOSTIC	0.07						0.07 41
41.01 MRI CENTER	0.02						0.02 41.01
43 RADIOISOTOPE	0.07						0.07 43
44 LABORATORY	0.37						0.37 44
49 RESPIRATORY THERAPY	0.09						0.09 49
50 PHYSICAL THERAPY	0.07						0.07 50
51 OCCUPATIONAL THERAPY	5.71						5.71 51
54 ELECTROENCEPHALOGRAPHY	0.63						0.63 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.18						0.18 55
56 DRUGS CHARGED TO PATIENTS	0.68						0.68 56
57 RENAL DIALYSIS	0.34						0.34 57
59.01 CARDIOVASCULAR LAB	0.04						0.04 59.01
61 EMERGENCY	0.65						0.65 61
101 TOTAL CHARGES	0.22						0.22 101

\*\*\*\*\* 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	51.11		11.56				62.67 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
37.01 GI LAB	0.01						0.01 37.01
38 RECOVERY ROOM	0.01						0.01 38
41 RADIOLOGY-DIAGNOSTIC	0.07						0.07 41
42 RADIOLOGY-THERAPEUTIC	0.08						0.08 42
43 RADIOISOTOPE	0.01						0.01 43
44 LABORATORY	0.14						0.14 44
49 RESPIRATORY THERAPY	0.13						0.13 49
50 PHYSICAL THERAPY	7.99						7.99 50
51 OCCUPATIONAL THERAPY	14.02						14.02 51
52 SPEECH PATHOLOGY	6.44						6.44 52
55 MEDICAL SUPPLIES CHARGED TO PAT	1.99						1.99 55
56 DRUGS CHARGED TO PATIENTS	0.42						0.42 56
57 RENAL DIALYSIS	0.78						0.78 57
59 EMG	0.04						0.04 59
59.01 CARDIOVASCULAR LAB	0.01						0.01 59.01
101 TOTAL CHARGES	0.19						0.19 101

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	3060046	1.42	-3060046	-2.71		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5089230	2.36	-5089230	-4.50		4
5	EMPLOYEE BENEFITS	19191119	8.90	-19191119	-16.97		5
6	ADMINISTRATIVE & GENERAL	41390500	19.19	-41390500	-36.59		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	10623308	4.93	-10623308	-9.39		8
9	LAUNDRY & LINEN SERVICE	685662	.32	-685662	-.61		9
10	HOUSEKEEPING	3264936	1.51	-3264936	-2.89		10
11	DIETARY	2932362	1.36	-2932362	-2.59		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1965452	.91	-1965452	-1.74		14
15	CENTRAL SERVICES & SUPPLY	481721	.22	-481721	-.43		15
16	PHARMACY	14439445	6.70	-14439445	-12.77		16
17	MEDICAL RECORDS & LIBRARY	1628763	.76	-1628763	-1.44		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	6897300	3.20	-6897300	-6.10		22
23	I&R SERVICES-OTHER PRGM COSTS A	1346894	.62	-1346894	-1.19		23
24	PARAMED ED PRGM-(SPECIFY)	120000	.06	-120000	-.11		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	17975683	8.33	27843092	24.61	45818775	21.24
26	INTENSIVE CARE UNIT	4044641	1.88	3439855	3.04	7484496	3.47
27	CORONARY CARE UNIT	1703796	.79	1377261	1.22	3081057	1.43
27.01	NURSERY INTENSIVE CARE CENTER	1224913	.57	1111361	.98	2336274	1.08
31	SUBPROVIDER I	2324199	1.08	3105213	2.75	5429412	2.52
31.01	REHAB	905468	.42	1486947	1.31	2392415	1.11
33	NURSERY	818705	.38	813844	.72	1632549	.76
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	12454319	5.77	8583054	7.59	21037373	9.75
37.01	GI LAB	1209579	.56	661619	.58	1871198	.87
38	RECOVERY ROOM	774334	.36	610900	.54	1385234	.64
39	DELIVERY ROOM & LABOR ROOM	3141266	1.46	3001451	2.65	6142717	2.85
40	ANESTHESIOLOGY	417573	.19	380803	.34	798376	.37
41	RADIOLOGY-DIAGNOSTIC	4786680	2.22	6558521	5.80	11345201	5.26
41.01	MRI CENTER	1886779	.87	901666	.80	2788445	1.29
42	RADIOLOGY-THERAPEUTIC	428550	.20	680815	.60	1109365	.51
43	RADIOISOTOPE	979505	.45	640928	.57	1620433	.75
44	LABORATORY	9030559	4.19	5476573	4.84	14507132	6.73
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1510080	.70	1351208	1.19	2861288	1.33
50	PHYSICAL THERAPY	1059670	.49	744098	.66	1803768	.84
51	OCCUPATIONAL THERAPY	578360	.27	774176	.68	1352536	.63

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
52 SPEECH PATHOLOGY	326184	.15	219900	.19	546084	.25	52
54 ELECTROENCEPHALOGRAPHY	47897	.02	101097	.09	148994	.07	54
55 MEDICAL SUPPLIES CHARGED TO PAT	225853	.10	90368	.08	316221	.15	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS			19209356	16.98	19209356	8.91	56
57 RENAL DIALYSIS	720278	.33	293226	.26	1013504	.47	57
59 EMG	49040	.02	44073	.04	93113	.04	59
59.01 CARDIOVASCULAR LAB	7525789	3.49	5303491	4.69	12829280	5.95	59.01
59.02 MERCY EYE CENTER	215975	.10	576245	.51	792220	.37	59.02
59.03 MERCY ENT							59.03
59.04 WOUND CARE CENTER	327301	.15	235127	.21	562428	.26	59.04
59.05 CARDIAC REHAB	292544	.14	252750	.22	545294	.25	59.05
59.06 PRE-BIRTH CENTER	257940	.12	149166	.13	407106	.19	59.06
59.07 SLEEP LAB	268341	.12	83183	.07	351524	.16	59.07
59.08 UROLOGY	86788	.04	53786	.05	140574	.07	59.08
59.09 ADDP OP							59.09
59.10 PSYCH PARTIAL HOSPITAL	414856	.19	388842	.34	803698	.37	59.10
59.11 DIABETES TREATMENT	109589	.05	70291	.06	179880	.08	59.11
59.12 MENTAL HEALTH CENTER	677226	.31	652560	.58	1329786	.62	59.12
59.13 VEIN CLINIC	27324	.01	9233	.01	36557	.02	59.13
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	3950260	1.83	3101022	2.74	7051282	3.27	60
61 EMERGENCY	4602645	2.13	5561287	4.92	10163932	4.71	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			45142	.04	45142	.02	96
97 RESEARCH	21291	.01	7423	.01	28714	.01	97
98 PHYSICIANS' PRIVATE OFFICES	14464452	6.71	5616199	4.96	20080651	9.31	98
98.01 DNBAR CLINIC	157411	.07	60200	.05	217611	.10	98.01
98.02 PHILLIPS HEALTH	129650	.06	52475	.05	182125	.08	98.02
98.03 OTHER HOME HEALTH							98.03
98.04 VITAS HOSPICE			867607	.77	867607	.40	98.04

PROVIDER NO. 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 12/04/2010 09:05

COST CENTER	--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
98.05 DOCTORS OFFICE	289525	.13	465190	.41	754715	.35	98.05
100 OTHER NONREIMBURSABLE COST CENT							100
100.01 SENIOR FRIENDS							100.01
100.02 OTHER NONREIMBURSABLE COST CENT	109146	.05	64114	.06	173260	.08	100.02
100.03 OTHER NONREIMBURSABLE COST CENT							100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	215668702	100.00	0	.00	215668702	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	1429813	44529871	.032109	7718353	247829	37
37.01 GI LAB	235177	7297566	.032227	1202755	38761	37.01
38 RECOVERY ROOM	65713	4702374	.013974	600894	8397	38
39 DELIVERY ROOM & LABOR ROOM	268245	19766793	.013570	78405	1064	39
40 ANESTHESIOLOGY	139421	5139078	.027130	832057	22574	40
41 RADIOLOGY-DIAGNOSTIC	874619	53002314	.016502	7220837	119158	41
41.01 MRI CENTER	70302	11060538	.006356	1626407	10337	41.01
42 RADIOLOGY-THERAPEUTIC	124564	5373681	.023180	203921	4727	42
43 RADIOISOTOPE	104625	8554414	.012231	1134667	13878	43
44 LABORATORY	661860	91187343	.007258	20252728	146994	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	171183	14082515	.012156	7238278	87989	49
50 PHYSICAL THERAPY	57658	3051917	.018892	742285	14023	50
51 OCCUPATIONAL THERAPY	71652	1782285	.040202	142208	5717	51
52 SPEECH PATHOLOGY	13766	1239009	.011110	579030	6433	52
54 ELECTROENCEPHALOGRAPHY	10338	395945	.026110	139029	3630	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6746	1428945	.004721	651734	3077	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	405230	51948514	.007801	13437672	104827	56
57 RENAL DIALYSIS	24600	5200027	.004731	3272664	15483	57
59 EMG	3715	744906	.004987	9569	48	59
59.01 CARDIOVASCULAR LAB	902705	57285842	.015758	18763349	295673	59.01
59.02 MERCY EYE CENTER	69023	1350379	.051114	2188	112	59.02
59.03 MERCY ENT						59.03
59.04 WOUND CARE CENTER	227143	722419	.314420	7032	2211	59.04
59.05 CARDIAC REHAB	27509	984753	.027935	7351	205	59.05
59.06 PRE-BIRTH CENTER	15737	989816	.015899	3128	50	59.06
59.07 SLEEP LAB	6224	1689507	.003684	2261	8	59.07
59.08 UROLOGY	4149	155793	.026631	1455	39	59.08
59.09 ADDP OP						59.09
59.10 PSYCH PARTIAL HOSPITAL	25319	1811066	.013980	344	5	59.10
59.11 DIABETES TREATMENT	3482	108426	.032114			59.11
59.12 MENTAL HEALTH CENTER	46651	948780	.049169	515	25	59.12
59.13 VEIN CLINIC	703	102545	.006856	1575	11	59.13
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	253836	5761151	.044060			60
61 EMERGENCY	370249	41121957	.009004	6524328	58745	61
62 OBSERVATION BEDS (NON-DISTINCT	78965	3524078	.022407			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6770922	447044547		92397019	1212030	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1545902		1545902	51526	30.00	22326	669780 25
26 INTENSIVE CARE UNIT	220204		220204	4281	51.44	2391	122993 26
27 CORONARY CARE UNIT	81612		81612	1482	55.07	795	43781 27
27.01 NURSERY INTENSIVE CARE CENTER	36936		36936	3026	12.21		27.01
101 TOTAL	1884654		1884654			25512	836554 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	836554
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1212030
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2048584
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)	5362
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)	25512
PER DISCHARGE CAPITAL COSTS	382.06
PER DIEM CAPITAL COSTS	80.30

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)	43025548
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	131480311
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.327

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))	1643571
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	2121660
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.775

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))	1995740
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4162949
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.479

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)	2048584
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.016

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 (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	15092920
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)	50842372
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.297