

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

WORKSHEET S  
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
2.  MANUALLY SUBMITTED COST REPORT  
3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
4 - REOPENED  
5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY 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 07/01/2010 AND ENDING 06/30/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII PART A 2	PART B 3	HIT 4	TITLE XIX 5	
1	HOSPITAL	1,073,856	323,428	-47,305	2,459,906	1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF	-5,620				3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	1,068,236	323,428	-47,305	2,459,906	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

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

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

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	MERCY HOSPITAL & MEDICAL CENT	14-0158	01600	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	MERCY HOSPITAL & MEDICAL CENT	14-S158	01600	4	07/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	MERCY HOSPITAL & MEDICAL CENT	14-T158	01600	5	07/01/1984	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011					20
21	TYPE OF CONTROL			1						21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.								1	N 23

		IN-STATE	IN-STATE	OUT-OF	OUT-OF	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
		MEDICAID PAID DAYS 1	MEDICAID ELIGIBLE DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID ELIGIBLE DAYS 4		
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	22,274	1,619	14	33	1,305	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		150				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

		V 1	XVIII 2	XIX 3	
					45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

	1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N	57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.	N		58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N		60

	Y/N	TIME AVERAGE	DIRECT GME AVERAGE	
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR TIME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	N		61

ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)			62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)			62.01

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N		63
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SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER  
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			64

ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2  
 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY  
 CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-  
 PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY  
 CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5  
 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE  
 INSTRUCTIONS)

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2	3	4	5

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS

EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010

66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)			66
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N	71
<b>INPATIENT REHABILITATION FACILITY PPS</b>					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			Y N	76
<b>LONG TERM CARE HOSPITAL PPS</b>					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N	80
<b>TEFRA PROVIDERS</b>					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N	86
<b>TITLE V AND XIX INPATIENT SERVICES</b>					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 2 N Y	XIX 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
<b>RURAL PROVIDERS</b>					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 N	2 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N	108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.			PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

		1	2
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	2	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME: ENTER NAME IN COLUMN 1	CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 05101	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.  
 SEE 42 CFR §413.13)

		PART A	PART B
155	HOSPITAL	1	2
156	SUBPROVIDER - IPF	N	N 155
157	SUBPROVIDER - IRF	N	N 156
158	SUBPROVIDER - (OTHER)	N	N 157
159	SNF	N	N 158
160	HHA	N	N 159
161	CMHC	N	N 160
			N 161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.		
	NAME	COUNTY	STATE
	0	1	2
			ZIP CODE
			3
			CBSA
			4
			FTE/CAMPUS
			5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	1.00	169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)			3	
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 N	2	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.			5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.			7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?			8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.			9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.			11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- |    |   |    |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.  | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.                | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.                               | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.                                | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.                                     | 27 |

INTEREST EXPENSE

- |    |   |    |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.                                     | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.  | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.  | 31 |

PURCHASED SERVICES

- |    |   |    |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.                                       | 33 |

PROVIDER-BASED PHYSICIANS

- |    |  |    |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.   | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- |    |  | Y/N | DATE |    |
|----|--|-----|------|----|
|    |  | 1   | 2    |    |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?   |     |      | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. |     |      | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.   |     |      | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.  |     |      | 40 |





HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	97,510,388		97,510,388	3,233,354.00	30.16	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A		584,314		584,314	6,601.00	88.52	4
4.01	PHYSICIANS-PART A - DIRECT TEACHING		1,961,586		1,961,586	27,458.00	71.44	4.01
5	PHYSICIAN-PART B		2,556,966		2,556,966	31,061.00	82.32	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	4,787,863	-1,290,452	3,497,411	146,074.00	23.94	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		14,008,478	-104,054	13,904,424	380,268.00	36.56	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		9,051,776		9,051,776	136,538.00	66.29	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15	HOME OFFICE: PHYSICIAN-PART A							15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		16,277,449		16,277,449			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,988,383		1,988,383			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A		62,073		62,073			22
23	PHYSICIAN PART B		150,900		150,900			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		887,461		887,461			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		1,896,485		1,896,485	58,704.00	32.31	26
27	ADMINISTRATIVE & GENERAL		14,516,166	-189,119	14,327,047	507,040.00	28.26	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		631,995		631,995	1,892.00	334.04	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,484,880		2,484,880	92,250.00	26.94	30
31	LAUNDRY & LINEN SERVICE		320,349		320,349	21,879.00	14.64	31
32	HOUSEKEEPING		2,249,539		2,249,539	171,993.00	13.08	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		708,978		708,978	12,481.00	56.80	33
34	DIETARY							34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		1,671,781		1,671,781	97,760.00	17.10	35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,713,584		1,713,584	35,540.00	48.22	38
39	CENTRAL SERVICES AND SUPPLY		472,174		472,174	32,651.00	14.46	39
40	PHARMACY							40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,232,722	-2,400	1,230,322	53,279.00	23.09	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	93,178,313	-671,134	92,507,179	3,140,894.00	29.45	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	14,008,478	-104,054	13,904,424	380,268.00	36.56	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	79,169,835	-567,080	78,602,755	2,760,626.00	28.47	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	9,051,776		9,051,776	136,538.00	66.29	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	16,339,522		16,339,522		20.79%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	104,561,133	-567,080	103,994,053	2,897,164.00	35.90	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	27,898,653	-191,519	27,707,134	1,085,469.00	25.53	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,608,946	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	9,137,624	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	347,259	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,387,478	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	6,468,005	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	261,000	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	155,854	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	19,366,166	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
02/01/2012 13:30

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)			0.337748	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)					
2	NET REVENUE FROM MEDICAID			64,204,019	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?			Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				5
6	MEDICAID CHARGES			147,741,813	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)			49,899,502	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)					
9	NET REVENUE FROM STAND-ALONE SCHIP				9
10	STAND-ALONE SCHIP CHARGES				10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)				12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)					
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)				16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)					
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	8,072,302	1,381,510	9,453,812	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,726,404	466,602	3,193,006	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	7,068,880	1,209,782	8,278,662	22
23	COST OF CHARITY CARE	-4,342,476	-743,180	-5,085,656	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			15,946,500	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			3,016,930	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,929,570	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,366,936	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			-718,720	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			-718,720	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		3,783,292	3,783,292	644,120	1
2	00200		5,387,579	5,387,579	147,252	2
3	00300					3
4	00400	1,896,485	19,810,885	21,707,370	644,120	4
5	00500	14,516,166	45,115,876	59,632,042	202,802	5
6	00600					6
7	00700	2,484,880	7,899,374	10,384,254		7
8	00800	320,349	400,488	720,837		8
9	00900	2,249,539	1,151,439	3,400,978		9
10	01000		3,084,533	3,084,533		10
11	01100					11
12	01200					12
13	01300	1,713,584	129,886	1,843,470		13
14	01400	472,174	300,664	772,838	-276,441	14
15	01500		14,430,980	14,430,980		15
16	01600	1,232,722	643,201	1,875,923	-2,400	16
17	01700					17
19	01900					19
20	02000					20
21	02100	4,787,863	3,862,103	8,649,966	-1,290,452	21
22	02200				1,961,585	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	15,029,178	4,256,592	19,285,770		30
31	03100	2,759,407	1,493,224	4,252,631		31
32	03200	1,342,808	389,881	1,732,689		32
32.01	02060				1,029,179	32.01
40	04000	2,347,409	233,815	2,581,224		40
41	04100		259,538	912,182		41
43	04300	1,745,981	1,935,012	3,680,993	-1,072,909	43
ANCILLARY SERVICE COST CENTERS						
50	05000	3,775,614	9,304,345	13,079,959	-2,893,873	50
50.01	03340					50.01
51	05100	618,467	663,828	1,282,295		51
52	05200	719,279	49,864	769,143		52
53	05300	2,329,795	626,130	2,955,925		53
54	05400	99,382	272,184	371,566		54
54.01	05401	3,197,754	919,624	4,117,378		54.01
55	05500	564,111	32,695	596,806		55
56	05600	314,935	680,706	995,641	-749	56
57	05700	768,827	1,706,489	2,475,316		57
58	05800	231,013	1,246,369	1,477,382		58
59	05900	2,827,239	5,387,455	8,214,694	-2,968,891	59
60	06000	4,278,169	5,601,336	9,879,505		60
62.30	06250					62.30
65	06500	1,238,543	322,314	1,560,857		65
66	06600	729,724	319,495	1,049,219		66
67	06700	571,702	30,101	601,803		67
68	06800	329,351	7,800	337,151		68
70	07000	48,287	1,080	49,367		70
71	07100				276,441	71
72	07200				5,820,239	72
73	07300					73
74	07400		742,800	742,800		74
76	03951	47,773	3,384	51,157		76
76.01	03952					76.01
76.02	03953	174,330	42,390	216,720		76.02
76.03	03954	270,225	-164,695	105,530	-105,530	76.03
76.04	03955	205,003	54,650	259,653		76.04
76.05	03956					76.05
76.06	03957	248,054	18,950	267,004		76.06
76.07	03958		315,918	315,918		76.07
76.08	03640	75,579	7,431	83,010		76.08
76.09	03959					76.09
76.10	03550	461,787	-123	461,664		76.10
76.11	03960	113,153	34,778	147,931		76.11
76.12	03961	819,368	12,491	831,859		76.12
76.13	03650	-371	-2,384	-2,755		76.13
76.97	07697	259,584	14,430	274,014		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	3,356,121	3,420,970	6,777,091	-1,845,744	90
91	09100	4,277,976	1,710,365	5,988,341		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
99.10	09910 CORF					99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY					99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY					99.40
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	86,501,963	147,951,532	234,453,495	268,749	118
	NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191	19100 RESEARCH	23,407		23,407		191
192	19200 PHYSICIANS' PRIVATE OFFICES	10,620,900	4,683,386	15,304,286	-374,279	192
192.01	19201 DNBAR CLINIC	51,645	91,077	142,722		192.01
192.02	19202 PHILLIPS HEALTH	55,535	85,364	140,899		192.02
192.03	19204 OTHER HOME HEALTH					192.03
192.04	19205 VITAS HOSPICE					192.04
192.05	19203 DOCTORS OFFICE	256,938	48,604	305,542		192.05
194	07950 OTHER NONREIMBURSABLE COST CENTERS					194
194.01	07951 SENIOR FRIENDS					194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS				105,530	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS					194.03
200	TOTAL (SUM OF LINES 118-199)	97,510,388	152,859,963	250,370,351		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	4,427,412	-196,583	4,230,829	1
2	00200	5,534,831	-17,206	5,517,625	2
3	00300				3
4	00400	22,351,490	-569,541	21,781,949	4
5	00500	59,834,844	-22,153,724	37,681,120	5
6	00600				6
7	00700	10,384,254	-4,098	10,380,156	7
8	00800	720,837		720,837	8
9	00900	3,400,978	-1,884	3,399,094	9
10	01000	3,084,533		3,084,533	10
11	01100				11
12	01200				12
13	01300	1,843,470	-87,027	1,756,443	13
14	01400	496,397		496,397	14
15	01500	14,430,980		14,430,980	15
16	01600	1,873,523	-6,401	1,867,122	16
17	01700				17
19	01900				19
20	02000				20
21	02100	7,359,514	-101	7,359,413	21
22	02200	1,961,585	-101	1,961,484	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	19,285,770	-688,506	18,597,264	30
31	03100	4,252,631	-259,363	3,993,268	31
32	03200	1,732,689		1,732,689	32
32.01	02060	1,029,179		1,029,179	32.01
40	04000	2,581,224		2,581,224	40
41	04100	912,182	-16,288	895,894	41
43	04300	2,608,084	-1,645,000	963,084	43
ANCILLARY SERVICE COST CENTERS					
50	05000	10,186,086		10,186,086	50
50.01	03340	1,282,295		1,282,295	50.01
51	05100	769,143		769,143	51
52	05200	2,955,925		2,955,925	52
53	05300	371,566		371,566	53
54	05400	4,117,378	-41,221	4,076,157	54
54.01	05401				54.01
55	05500	596,806	-200,500	396,306	55
56	05600	994,892	-19,105	975,787	56
57	05700	2,475,316	-641,325	1,833,991	57
58	05800	1,477,382	-472,511	1,004,871	58
59	05900	5,245,803	-811,000	4,434,803	59
60	06000	9,879,505	-502,352	9,377,153	60
62.30	06250				62.30
65	06500	1,560,857	-1,594	1,559,263	65
66	06600	1,049,219	-624	1,048,595	66
67	06700	601,803	-9,364	592,439	67
68	06800	337,151	-9,495	327,656	68
70	07000	49,367		49,367	70
71	07100	276,441		276,441	71
72	07200	5,820,239		5,820,239	72
73	07300				73
74	07400	742,800		742,800	74
76	03951	51,157	-60	51,097	76
76.01	03952				76.01
76.02	03953	216,720		216,720	76.02
76.03	03954				76.03
76.04	03955	259,653		259,653	76.04
76.05	03956				76.05
76.06	03957	267,004		267,004	76.06
76.07	03958	315,918		315,918	76.07
76.08	03640	83,010	-172	82,838	76.08
76.09	03959				76.09
76.10	03550	461,664	-60,338	401,326	76.10
76.11	03960	147,931		147,931	76.11
76.12	03961	831,859	-292,223	539,636	76.12
76.13	03650	-2,755	2,755		76.13
76.97	07697	274,014	-14,459	259,555	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	4,931,347	-1,316,728	3,614,619	90
91	09100	5,988,341	-542,452	5,445,889	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
	SPECIAL PURPOSE COST CENTERS				
118	SUBTOTALS (SUM OF LINES 1-117)	234,722,244	-30,578,591	204,143,653	118
	NONREIMBURSABLE COST CENTERS				
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
191	19100 RESEARCH	23,407		23,407	191
192	19200 PHYSICIANS' PRIVATE OFFICES	14,930,007	-274,323	14,655,684	192
192.01	19201 DNBAR CLINIC	142,722		142,722	192.01
192.02	19202 PHILLIPS HEALTH	140,899		140,899	192.02
192.03	19204 OTHER HOME HEALTH				192.03
192.04	19205 VITAS HOSPICE				192.04
192.05	19203 DOCTORS OFFICE	305,542		305,542	192.05
194	07950 OTHER NONREIMBURSABLE COST CENTERS				194
194.01	07951 SENIOR FRIENDS				194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	105,530		105,530	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS				194.03
200	TOTAL (SUM OF LINES 118-199)	250,370,351	-30,852,914	219,517,437	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 PROPERTY INSURANCE	A	CAP REL COSTS-MVBLE EQUIP	2			147,252 1
500 TOTAL RECLASSIFICATIONS						147,252 500
CODE LETTER - A						
1 D&T COST ALLOCATION	B	ADMINISTRATIVE & GENERAL	5			916,717 1
500 TOTAL RECLASSIFICATIONS						916,717 500
CODE LETTER - B						
1 SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	32.01		901,953	127,226 1
500 TOTAL RECLASSIFICATIONS					901,953	127,226 500
CODE LETTER - D						
1 IMPLANT SUPPLIES	E	IMPL. DEV. CHARGED TO PATIENT	72			5,820,239 1
2						2
500 TOTAL RECLASSIFICATIONS						5,820,239 500
CODE LETTER - E						
1 INTEREST EXPENSE	F	CAP REL COSTS-BLDG & FIXT	1			644,120 1
500 TOTAL RECLASSIFICATIONS						644,120 500
CODE LETTER - F						
1 D&T BENEFITS	G	EMPLOYEE BENEFITS	4			644,120 1
500 TOTAL RECLASSIFICATIONS						644,120 500
CODE LETTER - G						
1 ENT COSTS	I	OTHER NONREIMBURSABLE COST CE	194.02		270,225	1
2		MERCY ENT	76.03			164,695 2
500 TOTAL RECLASSIFICATIONS					270,225	164,695 500
CODE LETTER - I						
1 TEACHING SALARIES	J	I&R SRVCES-OTHER PRGM COSTS A	22		1,961,585	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS					1,961,585	500
CODE LETTER - J						
1 MEDICAL SUPPLIES	K	MEDICAL SUPPLIES CHRGED TO PA	71			276,441 1
500 TOTAL RECLASSIFICATIONS						276,441 500
CODE LETTER - K						
1 BILLING FEES	L	ADMINISTRATIVE & GENERAL	5			266,576 1
2						2
500 TOTAL RECLASSIFICATIONS						266,576 500
CODE LETTER - L						
GRAND TOTAL (INCREASES)					3,133,763	9,007,386

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE		OTHER	WKST A-7	
			LINE #	SALARY		REF.	
	1	6	7	8	9	10	
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	5		147,252	9	1
500 TOTAL RECLASSIFICATIONS					147,252		500
CODE LETTER - A							
1 D&T COST ALLOCATION	B	CLINIC	90		916,717		1
500 TOTAL RECLASSIFICATIONS					916,717		500
CODE LETTER - B							
1 SPECIAL CARE NURSERY	D	NURSERY	43	901,953	127,226		1
500 TOTAL RECLASSIFICATIONS				901,953	127,226		500
CODE LETTER - D							
1 IMPLANT SUPPLIES	E	OPERATING ROOM	50		2,893,873		1
2		CARDIAC CATHETERIZATION	59		2,926,366		2
500 TOTAL RECLASSIFICATIONS					5,820,239		500
CODE LETTER - E							
1 INTEREST EXPENSE	F	ADMINISTRATIVE & GENERAL	5		644,120	9	1
500 TOTAL RECLASSIFICATIONS					644,120		500
CODE LETTER - F							
1 D&T BENEFITS	G	CLINIC	90		644,120		1
500 TOTAL RECLASSIFICATIONS					644,120		500
CODE LETTER - G							
1 ENT COSTS	I	MERCY ENT	76.03	270,225			1
2		OTHER NONREIMBURSABLE COST CE	194.02		164,695		2
500 TOTAL RECLASSIFICATIONS				270,225	164,695		500
CODE LETTER - I							
1 TEACHING SALARIES	J	I&R SRVCS-SALARY & FRINGES A	21	1,290,452			1
2		ADMINISTRATIVE & GENERAL	5	189,119			2
3		MEDICAL RECORDS & LIBRARY	16	2,400			3
4		RADIOISOTOPE	56	749			4
5		CARDIAC CATHETERIZATION	59	42,525			5
6		CLINIC	90	62,061			6
7		PHYSICIANS' PRIVATE OFFICES	192	374,279			7
500 TOTAL RECLASSIFICATIONS				1,961,585			500
CODE LETTER - J							
1 MEDICAL SUPPLIES	K	CENTRAL SERVICES & SUPPLY	14		276,441		1
500 TOTAL RECLASSIFICATIONS					276,441		500
CODE LETTER - K							
1 BILLING FEES	L	NURSERY	43		43,730		1
2		CLINIC	90		222,846		2
500 TOTAL RECLASSIFICATIONS					266,576		500
CODE LETTER - L							
GRAND TOTAL (DECREASES)				3,133,763	9,007,386		

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	6,319,968					6,319,968	1
2 LAND IMPROVEMENTS	7,162,944	1,314,661		1,314,661		8,477,605	2
3 BUILDINGS AND FIXTURES	101,983,433	1,515,391		1,515,391		103,498,824	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	89,731,323	6,645,376		6,645,376	100,000	96,276,699	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	205,197,668	9,475,428		9,475,428	100,000	214,573,096	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	205,197,668	9,475,428		9,475,428	100,000	214,573,096	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	3,783,292						3,783,292 1
2 CAP REL COSTS-MVBLE EQUIP	5,387,579						5,387,579 2
3 TOTAL (SUM OF LINES 1-2)	9,170,871						9,170,871 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,230,829						4,230,829 1
2 CAP REL COSTS-MVBLE EQUIP	5,517,625						5,517,625 2
3 TOTAL	9,748,454						9,748,454 3

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-BUILDINGS & FIXTURES (CHAPTER 2)	B	-10,706	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-117,742	ADMINISTRATIVE & GENERAL	5	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6,475,173			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,107,854			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.60 VEIN CLINIC	A	2,755	VEIN CLINIC	76.13	33.60
33.61 MARKETING COSTS	A	-600,331	ADMINISTRATIVE & GENERAL	5	33.61
33.62 AMBULANCE COSTS	A	-87,027	NURSING ADMINISTRATION	13	33.62
33.63 LOBBYING COSTS	A	-30,291	ADMINISTRATIVE & GENERAL	5	33.63
33.73 MISCELLANEOUS INCOME	B	-118,192	ADMINISTRATIVE & GENERAL	5	33.73
33.74 RENTAL REVENUE	B	-185,877	CAP REL COSTS-BLDG & FIXT	1	9 33.74
33.75 EQUIPMENT RENTAL REVENUE	B	-17,206	CAP REL COSTS-MVBLE EQUIP	2	9 33.75
33.76 BAD DEBTS	A	-9,364	OCCUPATIONAL THERAPY	67	33.76
33.78 MISCELLANEOUS INCOME	B	-130	RADIOLOGY-DIAGNOSTIC	54	33.78
33.79 REFERRAL LAB REVENUE	B	-226,882	LABORATORY	60	33.79
33.80 THERAPY CONTRACT REVENUE	B	-624	PHYSICAL THERAPY	66	33.80
33.81 THERAPY CONTRACT SERVICES	B	-9,495	SPEECH PATHOLOGY	68	33.81
33.82 BAD DEBTS	A	-274,323	PHYSICIANS' PRIVATE OFFICES	192	33.82
33.83 MISCELLANEOUS INCOME	B	-60	EMG	76	33.83
33.84 D&T SUBSIDY	A	-600,000	ADMINISTRATIVE & GENERAL	5	33.84
33.85 BAD DEBTS	A	-16,873,760	ADMINISTRATIVE & GENERAL	5	33.85
33.88 AMORTIZATION OF GOODWILL	A	-100,654	ADMINISTRATIVE & GENERAL	5	33.88
33.89 OTHER REVENUE	B	-300	RADIOLOGY-THERAPEUTIC	55	33.89
33.90 OTHER REVENUE	B	-172	UROLOGY	76.08	33.90
33.91 OTHER REVENUE	B	-140	MENTAL HEALTH CENTER	76.12	33.91
33.92 MRI OTHER REVENUE	B	-5,982	MAGNETIC RESONANCE IMAGING (MRI)	58	33.92
33.93 COMMISSION INCOME	B	-20,463	ADMINISTRATIVE & GENERAL	5	33.93
33.94 OTHER REVENUE	B	-101	I&R SRVCS-SALARY & FRINGES APP	21	33.94
33.95 CONTRACT SERVICE REVENUE	B	-275,470	LABORATORY	60	33.95
33.96 OTHER REVENUE	B	-32,417	EMPLOYEE BENEFITS	4	33.96
33.97 OTHER REVENUE	B	-4,098	OPERATION OF PLANT	7	33.97
33.98 OTHER REVENUE	B	-1,884	HOUSEKEEPING	9	33.98
33.99 OTHER REVENUE	B	-101	I&R SRVCS-OTHER PRGM COSTS APP	22	33.99

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 02/01/2012 13:30

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	
					5
34					34
35					35
36					36
37	A	-2,710,986	ADMINISTRATIVE & GENERAL	5	37
38	A	-537,124	EMPLOYEE BENEFITS	4	38
39	A	-362,861	ADMINISTRATIVE & GENERAL	5	39
40	A	-57,879	ADULTS & PEDIATRICS	30	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50		-30,852,914			50
TOTAL (SUM OF LINES 1 THRU 49)					
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	5	ADMINISTRATIVE & GENERAL	578,283	578,283		1
2	57	COMPUTED TOMOGRAPHY (CT) SCAN	827,603	1,468,928	-641,325	2
3	58	MAGNETIC RESONANCE IMAGING (MRI)	870,151	1,336,680	-466,529	3
4						4
5		TOTALS (SUM OF LINES 1-4)	2,276,037	3,383,891	-1,107,854	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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		
B	SISTERS OF MERCY	100.00			RELIGIOUS ORDER		6
							7
							8
							9
							10

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

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	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	710,196	427,437	282,759	177,200	1,077	91,752	4,588	1
2	16	MEDICAL RECORDS & LIBRAR	8,446		8,446	177,200	24	2,045	102	2
4	30	ADULTS & PEDIATRICS	641,547	630,627	10,920	177,200	168	14,312	716	4
5	31	INTENSIVE CARE UNIT	278,105		278,105	177,200	220	18,742	937	5
6	40	SUBPROVIDER - IPF	249,587		249,587	177,200	3,445	293,488	14,674	6
7	41	SUBPROVIDER - IRF	110,000		110,000	177,200	1,100	93,712	4,686	7
8	43	NURSERY	1,645,000	1,645,000						8
9	54	RADIOLOGY-DIAGNOSTIC	49,866		49,866	177,200	103	8,775	439	9
10	55	RADIOLOGY-THERAPEUTIC	224,200	200,200	24,000	177,200	500	42,596	2,130	10
11	65	RESPIRATORY THERAPY	11,050		11,050	177,200	111	9,456	473	11
12	59	CARDIAC CATHETERIZATION	811,085	367,036	444,049	177,200	1	85	4	12
13	76.97	CARDIAC REHABILITATION	20,656	14,459	6,197	177,200	73	6,219	311	13
14	76.10	PSYCH PARTIAL HOSPITAL	60,338	60,338						14
15	90	CLINIC	1,424,184	1,316,728	107,456	177,200	1,431	121,910	6,096	15
16	91	EMERGENCY	542,452	542,452		177,200				16
17	56	RADIOISOTOPE	24,211	18,221	5,990	177,000	60	5,106	255	17
18	76.12	MENTAL HEALTH CENTER	292,083	292,083						18
200		TOTAL	7,103,006	5,514,581	1,588,425		8,313	708,198	35,411	200

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	5 ADMINISTRATIVE & GENERAL	AGGREGATE				91,752	191,007	618,444	1
2	16 MEDICAL RECORDS & LIBRAR	AGGREGATE				2,045	6,401	6,401	2
4	30 ADULTS & PEDIATRICS	AGGREGATE				14,312		630,627	4
5	31 INTENSIVE CARE UNIT	AGGREGATE				18,742	259,363	259,363	5
6	40 SUBPROVIDER - IPF	AGGREGATE				293,488			6
7	41 SUBPROVIDER - IRF	AGGREGATE				93,712	16,288	16,288	7
8	43 NURSERY	AGGREGATE						1,645,000	8
9	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE				8,775	41,091	41,091	9
10	55 RADIOLOGY-THERAPEUTIC	AGGREGATE				42,596		200,200	10
11	65 RESPIRATORY THERAPY	AGGREGATE				9,456	1,594	1,594	11
12	59 CARDIAC CATHETERIZATION	AGGREGATE				85	443,964	811,000	12
13	76.97 CARDIAC REHABILITATION	AGGREGATE				6,219		14,459	13
14	76.10 PSYCH PARTIAL HOSPITAL	AGGREGATE						60,338	14
15	90 CLINIC	AGGREGATE				121,910		1,316,728	15
16	91 EMERGENCY	AGGREGATE						542,452	16
17	56 RADIOISOTOPE	AGGREGATE				5,106	884	19,105	17
18	76.12 MENTAL HEALTH CENTER	AGGREGATE						292,083	18
200	TOTAL					708,198	960,592	6,475,173	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	4,230,829	4,230,829				1
2 CAP REL COSTS-MVBLE EQUIP	5,517,625		5,517,625			2
4 EMPLOYEE BENEFITS	21,781,949	30,578		21,812,527		4
5 ADMINISTRATIVE & GENERAL	37,681,120	909,623	3,041,033	3,452,982	45,084,758	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,380,156	635,548	102,490	617,301	11,735,495	7
8 LAUNDRY & LINEN SERVICE	720,837	53,304	16,427	79,582	870,150	8
9 HOUSEKEEPING	3,399,094	41,580	6,357	558,837	4,005,868	9
10 DIETARY	3,084,533	126,375	8,065		3,218,973	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,756,443	13,993	14,493	425,694	2,210,623	13
14 CENTRAL SERVICES & SUPPLY	496,397	43,755	2,310	117,299	659,761	14
15 PHARMACY	14,430,980				14,430,980	15
16 MEDICAL RECORDS & LIBRARY	1,867,122	21,987	1,625	305,640	2,196,374	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,359,413			868,837	8,228,250	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,961,484	99,920	1,446	487,303	2,550,153	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,597,264	635,543	143,663	3,733,596	23,110,066	30
31 INTENSIVE CARE UNIT	3,993,268	47,603	46,318	685,500	4,772,689	31
32 CORONARY CARE UNIT	1,732,689	20,314	51,129	333,584	2,137,716	32
32.01 NURSERY INTENSIVE CARE CENTER	1,029,179		6,715	224,066	1,259,960	32.01
40 SUBPROVIDER - IPF	2,581,224	126,274	6,285	583,150	3,296,933	40
41 SUBPROVIDER - IRF	895,894	54,509	2,354	162,132	1,114,889	41
43 NURSERY	963,084	19,328	5,133	209,676	1,197,221	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,186,086	201,998	423,972	937,949	11,750,005	50
50.01 GI LAB	1,282,295	7,735	620	153,641	1,444,291	50.01
51 RECOVERY ROOM	769,143	13,289		178,685	961,117	51
52 DELIVERY ROOM & LABOR ROOM	2,955,925	95,887	44,158	578,775	3,674,745	52
53 ANESTHESIOLOGY	371,566	2,045	101,378	24,689	499,678	53
54 RADIOLOGY-DIAGNOSTIC	4,076,157	150,148	697,915	794,396	5,718,616	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	396,306	29,756	5,067	90,404	521,533	55
56 RADIOISOTOPE	975,787	12,320	980	78,051	1,067,138	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,833,991	2,817	27,383	190,994	2,055,185	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,004,871	20,894		57,389	1,083,154	58
59 CARDIAC CATHETERIZATION	4,434,803	131,242	403,676	645,835	5,615,556	59
60 LABORATORY	9,377,153	119,530	69,674	1,052,231	10,618,588	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	1,559,263	20,940	70,487	307,683	1,958,373	65
66 PHYSICAL THERAPY	1,048,595	25,503	1,008	181,280	1,256,386	66
67 OCCUPATIONAL THERAPY	592,439	47,845	1,019	142,024	783,327	67
68 SPEECH PATHOLOGY	327,656	3,008	1,701	81,818	414,183	68
70 ELECTROENCEPHALOGRAPHY	49,367	7,892	241	11,996	69,496	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	276,441				276,441	71
72 IMPL. DEV. CHARGED TO PATIENT	5,820,239				5,820,239	72
73 DRUGS CHARGED TO PATIENTS		23,869			23,869	73
74 RENAL DIALYSIS	742,800	6,715			749,515	74
76 EMG	51,097		1,951	11,868	64,916	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	216,720	51,715	5,062	43,308	316,805	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	259,653	5,504	73	50,927	316,157	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	267,004		14,635	61,622	343,261	76.06
76.07 SLEEP LAB	315,918				315,918	76.07
76.08 UROLOGY	82,838		1,609	18,776	103,223	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	401,326	10,540	294	79,724	491,884	76.10
76.11 DIABETES TREATMENT	147,931			28,110	176,041	76.11
76.12 MENTAL HEALTH CENTER	539,636	23,244		130,990	693,870	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	259,555	6,394	11,349	64,487	341,785	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,614,619	106,957		818,320	4,539,896	90

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
91 EMERGENCY	5,445,889	81,144	88,401	1,062,748	6,678,182	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	204,143,653	4,089,165	5,428,496	20,723,899	202,824,232	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,239			5,239	190
191 RESEARCH	23,407			5,815	29,222	191
192 PHYSICIANS' PRIVATE OFFICES	14,655,684		74,140	925,228	15,655,052	192
192.01 DNBAR CLINIC	142,722			12,830	155,552	192.01
192.02 PHILLIPS HEALTH	140,899		2,740	13,796	157,435	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE		100,692			100,692	192.04
192.05 DOCTORS OFFICE	305,542	35,733	1,597	63,829	406,701	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	105,530		10,652	67,130	183,312	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	219,517,437	4,230,829	5,517,625	21,812,527	219,517,437	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	45,084,758					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,033,215	14,768,710				7
8 LAUNDRY & LINEN SERVICE	224,903	296,498	1,391,551			8
9 HOUSEKEEPING	1,035,377	231,288		5,272,533		9
10 DIETARY	831,992	702,953		260,260	5,014,178	10
11 CAFETERIA					2,804,156	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	571,369	77,838		28,819		13
14 CENTRAL SERVICES & SUPPLY	170,525	243,384		90,110		14
15 PHARMACY	3,729,903					15
16 MEDICAL RECORDS & LIBRARY	567,686	122,303		45,281		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,126,715					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	659,125	555,800		205,779		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,973,158	3,535,161	1,054,861	1,308,850	1,757,269	30
31 INTENSIVE CARE UNIT	1,233,573	264,786	97,064	98,034	80,848	31
32 CORONARY CARE UNIT	552,525	112,996	32,761	41,836	27,294	32
32.01 NURSERY INTENSIVE CARE CENTER	325,656					32.01
40 SUBPROVIDER - IPF	852,142	702,389	168,227	260,051	280,246	40
41 SUBPROVIDER - IRF	288,160	303,204	38,638	112,258	64,365	41
43 NURSERY	309,440	107,513		39,805		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,036,965	1,123,602		416,000		50
50.01 GI LAB	373,299	43,024		15,929		50.01
51 RECOVERY ROOM	248,415	73,921		27,368		51
52 DELIVERY ROOM & LABOR ROOM	949,793	533,364		197,472		52
53 ANESTHESIOLOGY	129,149	11,375		4,211		53
54 RADIOLOGY-DIAGNOSTIC	1,478,062	835,189		309,219		54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	134,798	165,515		61,280		55
56 RADIOISOTOPE	275,818	68,531		25,373		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	531,193	15,668		5,801		57
58 MAGNETIC RESONANCE IMAGING (MRI)	279,957	116,224		43,031		58
59 CARDIAC CATHETERIZATION	1,451,425	730,027		270,284		59
60 LABORATORY	2,744,533	664,880		246,164		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	506,171	116,475		43,123		65
66 PHYSICAL THERAPY	324,732	141,856		52,521		66
67 OCCUPATIONAL THERAPY	202,463	266,134		98,533		67
68 SPEECH PATHOLOGY	107,052	16,733		6,195		68
70 ELECTROENCEPHALOGRAPHY	17,962	43,901		16,254		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	71,450					71
72 IMPL. DEV. CHARGED TO PATIENT	1,504,328					72
73 DRUGS CHARGED TO PATIENTS	6,169	132,769		49,156		73
74 RENAL DIALYSIS	193,723	37,352		13,829		74
76 EMG	16,779					76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	81,883	287,661		106,503		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	81,716	30,615		11,335		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	88,721					76.06
76.07 SLEEP LAB	81,654					76.07
76.08 UROLOGY	26,680					76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	127,135	58,629		21,707		76.10
76.11 DIABETES TREATMENT	45,500					76.11
76.12 MENTAL HEALTH CENTER	179,341	129,291		47,868		76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	88,339	35,566		13,168		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,173,404	594,939		220,269		90
91 EMERGENCY	1,726,076	451,359		167,110		91
92 OBSERVATION BEDS						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	40,770,149	13,980,713	1,391,551	4,980,786	5,014,178	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	29,142		10,790		190
191 RESEARCH	7,553					191
192 PHYSICIANS' PRIVATE OFFICES	4,046,283					192
192.01 DNBAR CLINIC	40,205					192.01
192.02 PHILLIPS HEALTH	40,691					192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	26,025	560,093		207,368		192.04
192.05 DOCTORS OFFICE	105,118	198,762		73,589		192.05
OTHER NONREIMBURSABLE COST CENTERS						
194 SENIOR FRIENDS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	47,380					194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	45,084,758	14,768,710	1,391,551	5,272,533	5,014,178	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	2,804,156					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	41,937	2,930,586				13
14 CENTRAL SERVICES & SUPPLY	38,528		1,202,308			14
15 PHARMACY			1,594	18,162,477		15
16 MEDICAL RECORDS & LIBRARY	62,868				2,994,512	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	204,764		149			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	627,331	1,220,194	74,393		401,061	30
31 INTENSIVE CARE UNIT	91,180	177,350	23,799		53,197	31
32 CORONARY CARE UNIT	39,509	76,848	2,080		18,202	32
32.01 NURSERY INTENSIVE CARE CENTER	30,163	58,668	4,490		27,037	32.01
40 SUBPROVIDER - IPF	81,675	158,862	1,033		47,148	40
41 SUBPROVIDER - IRF	26,806	52,139	5,063		11,568	41
43 NURSERY	26,006	50,582	2,577		25,300	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	153,723	298,998	272,646		177,252	50
50.01 GI LAB	20,666	40,197	18,560		34,234	50.01
51 RECOVERY ROOM	22,155	43,093	1,700		23,215	51
52 DELIVERY ROOM & LABOR ROOM	85,193	165,704	23,121		105,243	52
53 ANESTHESIOLOGY	5,312	10,333	14,909		24,745	53
54 RADIOLOGY-DIAGNOSTIC	138,896		33,479		200,811	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	13,376		225		27,171	55
56 RADIOISOTOPE	8,029		20,785		44,498	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,961		13,142		114,281	57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,505		747		41,273	58
59 CARDIAC CATHETERIZATION	88,263	171,676	74,149		282,409	59
60 LABORATORY	184,708		209,268		506,941	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	48,173	93,699	11,405		75,025	65
66 PHYSICAL THERAPY	24,245		362		18,775	66
67 OCCUPATIONAL THERAPY	19,299		766		10,249	67
68 SPEECH PATHOLOGY	10,518		269		6,568	68
70 ELECTROENCEPHALOGRAPHY	2,539		55		2,124	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			15,515		4,591	71
72 IMPL. DEV. CHARGED TO PATIENT			326,660		78,764	72
73 DRUGS CHARGED TO PATIENTS				18,162,477	265,547	73
74 RENAL DIALYSIS			1,245		27,843	74
76 EMG	2,518	4,898	167		3,946	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	7,957		770		6,060	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	6,311	12,274	2,464		3,619	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	9,500		281		5,846	76.06
76.07 SLEEP LAB					9,628	76.07
76.08 UROLOGY	2,454		406		670	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	17,680				10,895	76.10
76.11 DIABETES TREATMENT	4,322		18		476	76.11
76.12 MENTAL HEALTH CENTER	25,771		43		5,095	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	8,816		388		5,263	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	126,531				38,431	90
91 EMERGENCY	151,704	295,071	32,907		249,511	91
92 OBSERVATION BEDS						92

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,469,892	2,930,586	1,191,630	18,162,477	2,994,512	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	1,184					191
192 PHYSICIANS' PRIVATE OFFICES	293,100		9,060			192
192.01 DNBAR CLINIC	2,351		49			192.01
192.02 PHILLIPS HEALTH	2,723		42			192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE	17,788		1,527			192.05
OTHER NONREIMBURSABLE COST CENTERS						
194.01 SENIOR FRIENDS						194
194.02 OTHER NONREIMBURSABLE COST CENTERS	17,118					194.01
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.02
200 CROSS FOOT ADJUSTMENTS						194.03
201 NEGATIVE COST CENTER						200
202 TOTAL (SUM OF LINES 118-201)	2,804,156	2,930,586	1,202,308	18,162,477	2,994,512	201
						202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	10,354,965					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		4,175,770				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,915,098	2,385,337	47,362,779	-8,300,435	39,062,344	30
31 INTENSIVE CARE UNIT	396,592	159,931	7,449,043	-556,523	6,892,520	31
32 CORONARY CARE UNIT	149,267	60,194	3,251,228	-209,461	3,041,767	32
32.01 NURSERY INTENSIVE CARE CENTER	291,996	117,751	2,115,721	-409,747	1,705,974	32.01
40 SUBPROVIDER - IPF			5,848,706		5,848,706	40
41 SUBPROVIDER - IRF	132,924	53,603	2,203,617	-186,527	2,017,090	41
43 NURSERY			1,758,444		1,758,444	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	871,630	351,496	18,452,317	-1,223,126	17,229,191	50
50.01 GI LAB			1,990,200		1,990,200	50.01
51 RECOVERY ROOM			1,400,984		1,400,984	51
52 DELIVERY ROOM & LABOR ROOM			5,734,635		5,734,635	52
53 ANESTHESIOLOGY			699,712		699,712	53
54 RADIOLOGY-DIAGNOSTIC	1,334,684	538,228	10,587,184	-1,872,912	8,714,272	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC			923,898		923,898	55
56 RADIOISOTOPE			1,510,172		1,510,172	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			2,739,231		2,739,231	57
58 MAGNETIC RESONANCE IMAGING (MRI)			1,570,891		1,570,891	58
59 CARDIAC CATHETERIZATION			8,683,789		8,683,789	59
60 LABORATORY			15,175,082		15,175,082	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY			2,852,444		2,852,444	65
66 PHYSICAL THERAPY			1,818,877		1,818,877	66
67 OCCUPATIONAL THERAPY			1,380,771		1,380,771	67
68 SPEECH PATHOLOGY			561,518		561,518	68
70 ELECTROENCEPHALOGRAPHY			152,331		152,331	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			367,997		367,997	71
72 IMPL. DEV. CHARGED TO PATIENT			7,729,991		7,729,991	72
73 DRUGS CHARGED TO PATIENTS			18,639,987		18,639,987	73
74 RENAL DIALYSIS			1,023,507		1,023,507	74
76 EMG			93,224		93,224	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER			807,639		807,639	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER			464,491		464,491	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER			447,609		447,609	76.06
76.07 SLEEP LAB			407,200		407,200	76.07
76.08 UROLOGY			133,433		133,433	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL			727,930		727,930	76.10
76.11 DIABETES TREATMENT			226,357		226,357	76.11
76.12 MENTAL HEALTH CENTER			1,081,279		1,081,279	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION			493,325		493,325	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			6,693,470		6,693,470	90
91 EMERGENCY	1,262,774	509,230	11,523,924	-1,772,004	9,751,920	91
92 OBSERVATION BEDS						92

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 02/01/2012 13:30

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	10,354,965	4,175,770	197,084,937	-14,530,735	182,554,202	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			46,525		46,525	190
191 RESEARCH			37,959		37,959	191
192 PHYSICIANS' PRIVATE OFFICES			20,003,495		20,003,495	192
192.01 DNBAR CLINIC			198,157		198,157	192.01
192.02 PHILLIPS HEALTH			200,891		200,891	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE			894,178		894,178	192.04
192.05 DOCTORS OFFICE			803,485		803,485	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			247,810		247,810	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	10,354,965	4,175,770	219,517,437	-14,530,735	204,986,702	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		30,578		30,578	30,578	4
5 ADMINISTRATIVE & GENERAL	218,665	909,623	3,041,033	4,169,321	4,837	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,197	635,548	102,490	758,235	865	7
8 LAUNDRY & LINEN SERVICE		53,304	16,427	69,731	111	8
9 HOUSEKEEPING		41,580	6,357	47,937	783	9
10 DIETARY		126,375	8,065	134,440		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		13,993	14,493	28,486	596	13
14 CENTRAL SERVICES & SUPPLY	54	43,755	2,310	46,119	164	14
15 PHARMACY	42,944			42,944		15
16 MEDICAL RECORDS & LIBRARY		21,987	1,625	23,612	428	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					1,217	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		99,920	1,446	101,366	683	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,084	635,543	143,663	784,290	5,254	30
31 INTENSIVE CARE UNIT		47,603	46,318	93,921	960	31
32 CORONARY CARE UNIT		20,314	51,129	71,443	467	32
32.01 NURSERY INTENSIVE CARE CENTER			6,715	6,715	314	32.01
40 SUBPROVIDER - IPF		126,274	6,285	132,559	817	40
41 SUBPROVIDER - IRF		54,509	2,354	56,863	227	41
43 NURSERY		19,328	5,133	24,461	294	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	702,174	201,998	423,972	1,328,144	1,314	50
50.01 GI LAB	181,276	7,735	620	189,631	215	50.01
51 RECOVERY ROOM		13,289		13,289	250	51
52 DELIVERY ROOM & LABOR ROOM	570	95,887	44,158	140,615	811	52
53 ANESTHESIOLOGY		2,045	101,378	103,423	35	53
54 RADIOLOGY-DIAGNOSTIC	45,334	150,148	697,915	893,397	1,113	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC		29,756	5,067	34,823	127	55
56 RADIOISOTOPE		12,320	980	13,300	109	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,817	27,383	30,200	268	57
58 MAGNETIC RESONANCE IMAGING (MRI)		20,894		20,894	80	58
59 CARDIAC CATHETERIZATION		131,242	403,676	534,918	905	59
60 LABORATORY	210,710	119,530	69,674	399,914	1,474	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	12,055	20,940	70,487	103,482	431	65
66 PHYSICAL THERAPY		25,503	1,008	26,511	254	66
67 OCCUPATIONAL THERAPY		47,845	1,019	48,864	199	67
68 SPEECH PATHOLOGY		3,008	1,701	4,709	115	68
70 ELECTROENCEPHALOGRAPHY		7,892	241	8,133	17	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		23,869		23,869		73
74 RENAL DIALYSIS		6,715		6,715		74
76 EMG			1,951	1,951	17	76
76.01 CARDIOVASCULAR LAB	140,212			140,212		76.01
76.02 MERCY EYE CENTER		51,715	5,062	56,777	61	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	211,263	5,504	73	216,840	71	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER			14,635	14,635	86	76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY			1,609	1,609	26	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL		10,540	294	10,834	112	76.10
76.11 DIABETES TREATMENT					39	76.11
76.12 MENTAL HEALTH CENTER		23,244		23,244	183	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION		6,394	11,349	17,743	90	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	22,567	106,957		129,524	1,146	90
91 EMERGENCY		81,144	88,401	169,545	1,489	91
92 OBSERVATION BEDS						92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2		BENEFITS	
				2A	4	
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,813,105	4,089,165	5,428,496	11,330,766	29,054	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,239		5,239		190
191 RESEARCH					8	191
192 PHYSICIANS' PRIVATE OFFICES			74,140	74,140	1,296	192
192.01 DNBAR CLINIC					18	192.01
192.02 PHILLIPS HEALTH			2,740	2,740	19	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE		100,692		100,692		192.04
192.05 DOCTORS OFFICE		35,733	1,597	37,330	89	192.05
OTHER NONREIMBURSABLE COST CENTERS						
194.01 SENIOR FRIENDS						194
194.02 OTHER NONREIMBURSABLE COST CENTERS			10,652	10,652	94	194.01
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.02
200 CROSS FOOT ADJUSTMENTS						194.03
201 NEGATIVE COST CENTER						200
202 TOTAL (SUM OF LINES 118-201)	1,813,105	4,230,829	5,517,625	11,561,559	30,578	201
						202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	4,174,158					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	280,830	1,039,930				7
8 LAUNDRY & LINEN SERVICE	20,823		111,543			8
9 HOUSEKEEPING	95,860	16,286		160,866		9
10 DIETARY	77,030	49,498		7,941	268,909	10
11 CAFETERIA					150,385	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	52,900	5,481		879		13
14 CENTRAL SERVICES & SUPPLY	15,788	17,138		2,749		14
15 PHARMACY	345,333					15
16 MEDICAL RECORDS & LIBRARY	52,559	8,612		1,382		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	196,902					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	61,025	39,136		6,278		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	553,011	248,926	84,555	39,937	94,242	30
31 INTENSIVE CARE UNIT	114,210	18,645	7,780	2,991	4,336	31
32 CORONARY CARE UNIT	51,156	7,957	2,626	1,276	1,464	32
32.01 NURSERY INTENSIVE CARE CENTER	30,151					32.01
40 SUBPROVIDER - IPF	78,896	49,458	13,485	7,934	15,030	40
41 SUBPROVIDER - IRF	26,679	21,350	3,097	3,425	3,452	41
43 NURSERY	28,649	7,570		1,214		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	281,178	79,118		12,692		50
50.01 GI LAB	34,562	3,029		486		50.01
51 RECOVERY ROOM	23,000	5,205		835		51
52 DELIVERY ROOM & LABOR ROOM	87,937	37,557		6,025		52
53 ANESTHESIOLOGY	11,957	801		128		53
54 RADIOLOGY-DIAGNOSTIC	136,846	58,809		9,434		54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	12,480	11,655		1,870		55
56 RADIOISOTOPE	25,537	4,826		774		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	49,181	1,103		177		57
58 MAGNETIC RESONANCE IMAGING (MRI)	25,920	8,184		1,313		58
59 CARDIAC CATHETERIZATION	134,380	51,404		8,246		59
60 LABORATORY	254,103	46,817		7,510		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	46,864	8,201		1,316		65
66 PHYSICAL THERAPY	30,065	9,989		1,602		66
67 OCCUPATIONAL THERAPY	18,745	18,740		3,006		67
68 SPEECH PATHOLOGY	9,911	1,178		189		68
70 ELECTROENCEPHALOGRAPHY	1,663	3,091		496		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	6,615					71
72 IMPL. DEV. CHARGED TO PATIENT	139,278					72
73 DRUGS CHARGED TO PATIENTS	571	9,349		1,500		73
74 RENAL DIALYSIS	17,936	2,630		422		74
76 EMG	1,553					76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	7,581	20,256		3,249		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	7,566	2,156		346		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	8,214					76.06
76.07 SLEEP LAB	7,560					76.07
76.08 UROLOGY	2,470					76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	11,771	4,128		662		76.10
76.11 DIABETES TREATMENT	4,213					76.11
76.12 MENTAL HEALTH CENTER	16,604	9,104		1,460		76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	8,179	2,504		402		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	108,640	41,892		6,720		90
91 EMERGENCY	159,809	31,782		5,099		91
92 OBSERVATION BEDS						92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,774,691	984,443	111,543	151,965	268,909	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	125	2,052		329		190
191 RESEARCH	699					191
192 PHYSICIANS' PRIVATE OFFICES	374,625					192
192.01 DNBAR CLINIC	3,722					192.01
192.02 PHILLIPS HEALTH	3,767					192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	2,410	39,439		6,327		192.04
192.05 DOCTORS OFFICE	9,732	13,996		2,245		192.05
OTHER NONREIMBURSABLE COST CENTERS						
194 SENIOR FRIENDS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	4,387					194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,174,158	1,039,930	111,543	160,866	268,909	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	150,385					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,249	90,591				13
14 CENTRAL SERVICES & SUPPLY	2,066		84,024			14
15 PHARMACY			111	388,388		15
16 MEDICAL RECORDS & LIBRARY	3,372				89,965	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	10,981		10			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,644	37,719	5,199		12,039	30
31 INTENSIVE CARE UNIT	4,890	5,482	1,663		1,597	31
32 CORONARY CARE UNIT	2,119	2,376	145		546	32
32.01 NURSERY INTENSIVE CARE CENTER	1,618	1,814	314		812	32.01
40 SUBPROVIDER - IPF	4,380	4,911	72		1,415	40
41 SUBPROVIDER - IRF	1,438	1,612	354		347	41
43 NURSERY	1,395	1,564	180		759	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,244	9,243	19,053		5,321	50
50.01 GI LAB	1,108	1,243	1,297		1,028	50.01
51 RECOVERY ROOM	1,188	1,332	119		697	51
52 DELIVERY ROOM & LABOR ROOM	4,569	5,122	1,616		3,159	52
53 ANESTHESIOLOGY	285	319	1,042		743	53
54 RADIOLOGY-DIAGNOSTIC	7,449		2,340		6,028	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	717		16		816	55
56 RADIOISOTOPE	431		1,453		1,336	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	212		918		3,430	57
58 MAGNETIC RESONANCE IMAGING (MRI)	349		52		1,239	58
59 CARDIAC CATHETERIZATION	4,733	5,307	5,182		8,477	59
60 LABORATORY	9,906		14,624		15,294	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	2,583	2,896	797		2,252	65
66 PHYSICAL THERAPY	1,300		25		564	66
67 OCCUPATIONAL THERAPY	1,035		54		308	67
68 SPEECH PATHOLOGY	564		19		197	68
70 ELECTROENCEPHALOGRAPHY	136		4		64	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,084		138	71
72 IMPL. DEV. CHARGED TO PATIENT			22,831		2,364	72
73 DRUGS CHARGED TO PATIENTS				388,388	7,971	73
74 RENAL DIALYSIS			87		836	74
76 EMG	135	151	12		118	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	427		54		182	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	338	379	172		109	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	509		20		175	76.06
76.07 SLEEP LAB					289	76.07
76.08 UROLOGY	132		28		20	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	948				327	76.10
76.11 DIABETES TREATMENT	232		1		14	76.11
76.12 MENTAL HEALTH CENTER	1,382		3		153	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	473		27		158	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,786				1,154	90
91 EMERGENCY	8,136	9,121	2,300		7,489	91
92 OBSERVATION BEDS						92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	
	11	13	14	15	16	
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	132,459	90,591	83,278	388,388	89,965	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	63					191
192 PHYSICIANS' PRIVATE OFFICES	15,719		633			192
192.01 DNBAR CLINIC	126		3			192.01
192.02 PHILLIPS HEALTH	146		3			192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE	954		107			192.05
OTHER NONREIMBURSABLE COST CENTERS						
194 SENIOR FRIENDS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	918					194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	150,385	90,591	84,024	388,388	89,965	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	198,119				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		219,479			22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS			1,898,816		1,898,816 30
31 INTENSIVE CARE UNIT			256,475		256,475 31
32 CORONARY CARE UNIT			141,575		141,575 32
32.01 NURSERY INTENSIVE CARE CENTER			41,738		41,738 32.01
40 SUBPROVIDER - IPF			308,957		308,957 40
41 SUBPROVIDER - IRF			118,844		118,844 41
43 NURSERY			66,086		66,086 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			1,744,307		1,744,307 50
50.01 GI LAB			232,599		232,599 50.01
51 RECOVERY ROOM			45,915		45,915 51
52 DELIVERY ROOM & LABOR ROOM			287,411		287,411 52
53 ANESTHESIOLOGY			118,733		118,733 53
54 RADIOLOGY-DIAGNOSTIC			1,115,416		1,115,416 54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC			62,504		62,504 55
56 RADIOISOTOPE			47,766		47,766 56
57 COMPUTED TOMOGRAPHY (CT) SCAN			85,489		85,489 57
58 MAGNETIC RESONANCE IMAGING (MRI)			58,031		58,031 58
59 CARDIAC CATHETERIZATION			753,552		753,552 59
60 LABORATORY			749,642		749,642 60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY			168,822		168,822 65
66 PHYSICAL THERAPY			70,310		70,310 66
67 OCCUPATIONAL THERAPY			90,951		90,951 67
68 SPEECH PATHOLOGY			16,882		16,882 68
70 ELECTROENCEPHALOGRAPHY			13,604		13,604 70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			7,837		7,837 71
72 IMPL. DEV. CHARGED TO PATIENT			164,473		164,473 72
73 DRUGS CHARGED TO PATIENTS			431,648		431,648 73
74 RENAL DIALYSIS			28,626		28,626 74
76 EMG			3,937		3,937 76
76.01 CARDIOVASCULAR LAB			140,212		140,212 76.01
76.02 MERCY EYE CENTER			88,587		88,587 76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER			227,977		227,977 76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER			23,639		23,639 76.06
76.07 SLEEP LAB			7,849		7,849 76.07
76.08 UROLOGY			4,285		4,285 76.08
76.09 ADDP OP					76.09
76.10 PSYCH PARTIAL HOSPITAL			28,782		28,782 76.10
76.11 DIABETES TREATMENT			4,499		4,499 76.11
76.12 MENTAL HEALTH CENTER			52,133		52,133 76.12
76.13 VEIN CLINIC					76.13
76.97 CARDIAC REHABILITATION			29,576		29,576 76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC			295,862		295,862 90
91 EMERGENCY			394,770		394,770 91
92 OBSERVATION BEDS					92

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)			10,429,117		10,429,117 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			7,745		7,745 190
191 RESEARCH			770		770 191
192 PHYSICIANS' PRIVATE OFFICES			466,413		466,413 192
192.01 DNBAR CLINIC			3,869		3,869 192.01
192.02 PHILLIPS HEALTH			6,675		6,675 192.02
192.03 OTHER HOME HEALTH					192.03
192.04 VITAS HOSPICE			148,868		148,868 192.04
192.05 DOCTORS OFFICE			64,453		64,453 192.05
194 OTHER NONREIMBURSABLE COST CENTERS					194
194.01 SENIOR FRIENDS					194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			16,051		16,051 194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS					194.03
200 CROSS FOOT ADJUSTMENTS	198,119	219,479	417,598		417,598 200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	198,119	219,479	11,561,559		11,561,559 202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	1,502,040					1
2 CAP REL COSTS-MVBLE EQUIP		5,374,598				2
4 EMPLOYEE BENEFITS	10,856		87,803,969			4
5 ADMINISTRATIVE & GENERAL	322,936	2,962,203	13,899,605	-45,084,758	174,432,679	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	225,634	99,833	2,484,880		11,735,495	7
8 LAUNDRY & LINEN SERVICE	18,924	16,001	320,349		870,150	8
9 HOUSEKEEPING	14,762	6,192	2,249,539		4,005,868	9
10 DIETARY	44,866	7,856			3,218,973	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,968	14,117	1,713,584		2,210,623	13
14 CENTRAL SERVICES & SUPPLY	15,534	2,250	472,174		659,761	14
15 PHARMACY					14,430,980	15
16 MEDICAL RECORDS & LIBRARY	7,806	1,583	1,230,322		2,196,374	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			3,497,411		8,228,250	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	35,474	1,409	1,961,585		2,550,153	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	225,632	139,939	15,029,178		23,110,066	30
31 INTENSIVE CARE UNIT	16,900	45,117	2,759,407		4,772,689	31
32 CORONARY CARE UNIT	7,212	49,804	1,342,808		2,137,716	32
32.01 NURSERY INTENSIVE CARE CENTER		6,541	901,953		1,259,960	32.01
40 SUBPROVIDER - IPF	44,830	6,122	2,347,409		3,296,933	40
41 SUBPROVIDER - IRF	19,352	2,293	652,644		1,114,889	41
43 NURSERY	6,862	5,000	844,028		1,197,221	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,714	412,982	3,775,614		11,750,005	50
50.01 GI LAB	2,746	604	618,467		1,444,291	50.01
51 RECOVERY ROOM	4,718		719,279		961,117	51
52 DELIVERY ROOM & LABOR ROOM	34,042	43,013	2,329,795		3,674,745	52
53 ANESTHESIOLOGY	726	98,750	99,382		499,678	53
54 RADIOLOGY-DIAGNOSTIC	53,306	679,824	3,197,754		5,718,616	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	10,564	4,936	363,911		521,533	55
56 RADIOISOTOPE	4,374	955	314,186		1,067,138	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,000	26,673	768,827		2,055,185	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,418		231,013		1,083,154	58
59 CARDIAC CATHETERIZATION	46,594	393,212	2,599,739		5,615,556	59
60 LABORATORY	42,436	67,868	4,235,644		10,618,588	60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	7,434	68,660	1,238,543		1,958,373	65
66 PHYSICAL THERAPY	9,054	982	729,724		1,256,386	66
67 OCCUPATIONAL THERAPY	16,986	993	571,702		783,327	67
68 SPEECH PATHOLOGY	1,068	1,657	329,351		414,183	68
70 ELECTROENCEPHALOGRAPHY	2,802	235	48,287		69,496	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					276,441	71
72 IMPL. DEV. CHARGED TO PATIENT					5,820,239	72
73 DRUGS CHARGED TO PATIENTS	8,474				23,869	73
74 RENAL DIALYSIS	2,384				749,515	74
76 EMG		1,900	47,773		64,916	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	18,360	4,931	174,330		316,805	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	1,954	71	205,003		316,157	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER		14,256	248,054		343,261	76.06
76.07 SLEEP LAB					315,918	76.07
76.08 UROLOGY		1,567	75,579		103,223	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	3,742	286	320,922		491,884	76.10
76.11 DIABETES TREATMENT			113,153		176,041	76.11
76.12 MENTAL HEALTH CENTER	8,252		527,285		693,870	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	2,270	11,055	259,584		341,785	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	37,972		3,294,060		4,539,896	90
91 EMERGENCY	28,808	86,109	4,277,976		6,678,182	91

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,451,746	5,287,779	83,421,813	-45,084,758	157,739,474	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,860				5,239	190
191 RESEARCH			23,407		29,222	191
192 PHYSICIANS' PRIVATE OFFICES		72,218	3,724,406		15,655,052	192
192.01 DNBAR CLINIC			51,645		155,552	192.01
192.02 PHILLIPS HEALTH		2,669	55,535		157,435	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	35,748				100,692	192.04
192.05 DOCTORS OFFICE	12,686	1,556	256,938		406,701	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS		10,376	270,225		183,312	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,230,829	5,517,625	21,812,527		45,084,758	202
203 UNIT COST MULT-WS B PT I	2.816722	1.026612	0.248423		0.258465	203
204 COST TO BE ALLOC PER B PT II			30,578		4,174,158	204
205 UNIT COST MULT-WS B PT II			0.000348		0.023930	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OF PLANT	+ LINEN	KEEPING		
	SQUARE	SERVICE	SQUARE	MEALS	PROD
	FEET	PATIENT	FEET	SERVED	FTE'S
	7	DAYS	9	10	11
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	942,614				7
8 LAUNDRY & LINEN SERVICE	18,924	65,116			8
9 HOUSEKEEPING	14,762		908,928		9
10 DIETARY	44,866		44,866	422,539	10
11 CAFETERIA				236,303	2,376,433
12 MAINTENANCE OF PERSONNEL					11
13 NURSING ADMINISTRATION	4,968		4,968		12
14 CENTRAL SERVICES & SUPPLY	15,534		15,534		13
15 PHARMACY					14
16 MEDICAL RECORDS & LIBRARY	7,806		7,806		15
17 SOCIAL SERVICE					16
19 NONPHYSICIAN ANESTHETISTS					17
20 NURSING SCHOOL					19
21 I&R SRVCES-SALARY & FRINGES APPRVD					20
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	35,474		35,474		21
23 PARAMED ED PRGM-(SPECIFY)					22
INPATIENT ROUTINE SERV COST CENTERS					23
30 ADULTS & PEDIATRICS	225,632	49,361	225,632	148,083	531,644
31 INTENSIVE CARE UNIT	16,900	4,542	16,900	6,813	77,272
32 CORONARY CARE UNIT	7,212	1,533	7,212	2,300	33,483
32.01 NURSERY INTENSIVE CARE CENTER					25,562
40 SUBPROVIDER - IPF	44,830	7,872	44,830	23,616	69,217
41 SUBPROVIDER - IRF	19,352	1,808	19,352	5,424	22,717
43 NURSERY	6,862		6,862		22,039
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	71,714		71,714		130,275
50.01 GI LAB	2,746		2,746		17,514
51 RECOVERY ROOM	4,718		4,718		18,776
52 DELIVERY ROOM & LABOR ROOM	34,042		34,042		72,198
53 ANESTHESIOLOGY	726		726		4,502
54 RADIOLOGY-DIAGNOSTIC	53,306		53,306		117,710
54.01 MRI CENTER					54,01
55 RADIOLOGY-THERAPEUTIC	10,564		10,564		11,336
56 RADIOISOTOPE	4,374		4,374		6,804
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,000		1,000		3,357
58 MAGNETIC RESONANCE IMAGING (MRI)	7,418		7,418		5,513
59 CARDIAC CATHETERIZATION	46,594		46,594		74,800
60 LABORATORY	42,436		42,436		156,534
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
65 RESPIRATORY THERAPY	7,434		7,434		40,825
66 PHYSICAL THERAPY	9,054		9,054		20,547
67 OCCUPATIONAL THERAPY	16,986		16,986		16,355
68 SPEECH PATHOLOGY	1,068		1,068		8,914
70 ELECTROENCEPHALOGRAPHY	2,802		2,802		2,152
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS	8,474		8,474		73
74 RENAL DIALYSIS	2,384		2,384		74
76 EMG					2,134
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	18,360		18,360		6,743
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	1,954		1,954		5,348
76.05 CARDIAC REHAB					8,051
76.06 PRE-BIRTH CENTER					2,080
76.07 SLEEP LAB					76.07
76.08 UROLOGY					76.08
76.09 ADDP OP					76.09
76.10 PSYCH PARTIAL HOSPITAL	3,742		3,742		14,983
76.11 DIABETES TREATMENT					3,663
76.12 MENTAL HEALTH CENTER	8,252		8,252		21,840
76.13 VEIN CLINIC					76.13
76.97 CARDIAC REHABILITATION	2,270		2,270		7,471
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	37,972		37,972		107,231
91 EMERGENCY	28,808		28,808		128,564

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	8	SQUARE FEET 9	MEALS SERVED 10	PROD FTE'S 11	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	892,320	65,116	858,634	422,539	2,093,155	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,860		1,860			190
191 RESEARCH					1,003	191
192 PHYSICIANS' PRIVATE OFFICES					248,393	192
192.01 DNBAR CLINIC					1,992	192.01
192.02 PHILLIPS HEALTH					2,308	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	35,748		35,748			192.04
192.05 DOCTORS OFFICE	12,686		12,686		15,075	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS					14,507	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	14,768,710	1,391,551	5,272,533	5,014,178	2,804,156	202
203 UNIT COST MULT-WS B PT I	15.667824	21.370339	5.800826	11.866782	1.179985	203
204 COST TO BE ALLOC PER B PT II	1,039,930	111,543	160,866	268,909	150,385	204
205 UNIT COST MULT-WS B PT II	1.103241	1.712989	0.176984	0.636412	0.063282	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURS DIRECT FTE 13	CENTRAL SERVICES * SUPPLY COSTED REQUI 14	PHARMACY COSTED REQUI 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	I&R SALARY & FRINGES ASSIGNED TIME 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,276,870					13
14 CENTRAL SERVICES & SUPPLY		21,422,274				14
15 PHARMACY		28,394	1,000			15
16 MEDICAL RECORDS & LIBRARY		4		554,887,568		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					9,504	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		2,656				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	531,644	1,325,517		74,311,840	5,429	30
31 INTENSIVE CARE UNIT	77,272	424,052		9,856,791	364	31
32 CORONARY CARE UNIT	33,483	37,059		3,372,699	137	32
32.01 NURSERY INTENSIVE CARE CENTER	25,562	80,000		5,009,586	268	32.01
40 SUBPROVIDER - IPF	69,217	18,408		8,735,890		40
41 SUBPROVIDER - IRF	22,717	90,208		2,143,421	122	41
43 NURSERY	22,039	45,916		4,687,862		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	130,275	4,857,915		32,842,768	800	50
50.01 GI LAB	17,514	330,697		6,343,237		50.01
51 RECOVERY ROOM	18,776	30,290		4,301,535		51
52 DELIVERY ROOM & LABOR ROOM	72,198	411,970		19,500,226		52
53 ANESTHESIOLOGY	4,502	265,639		4,584,924		53
54 RADIOLOGY-DIAGNOSTIC		596,525		37,207,978	1,225	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC		4,016		5,034,430		55
56 RADIOISOTOPE		370,349		8,245,009		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		234,164		21,174,908		57
58 MAGNETIC RESONANCE IMAGING (MRI)		13,304		7,647,358		58
59 CARDIAC CATHETERIZATION	74,800	1,321,162		52,326,999		59
60 LABORATORY		3,728,677		93,969,977		60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
65 RESPIRATORY THERAPY	40,825	203,205		13,901,223		65
66 PHYSICAL THERAPY		6,447		3,478,807		66
67 OCCUPATIONAL THERAPY		13,650		1,899,000		67
68 SPEECH PATHOLOGY		4,794		1,217,057		68
70 ELECTROENCEPHALOGRAPHY		983		393,640		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		276,441		850,586		71
72 IMPL. DEV. CHARGED TO PATIENT		5,820,239		14,594,000		72
73 DRUGS CHARGED TO PATIENTS			1,000	49,202,680		73
74 RENAL DIALYSIS		22,188		5,159,046		74
76 EMG	2,134	2,969		731,067		76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER		13,716		1,122,838		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	5,348	43,896		670,607		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER		5,003		1,083,104		76.06
76.07 SLEEP LAB				1,784,018		76.07
76.08 UROLOGY		7,232		124,234		76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL				2,018,778		76.10
76.11 DIABETES TREATMENT		313		88,131		76.11
76.12 MENTAL HEALTH CENTER		766		943,995		76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION		6,920		975,160		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				7,120,773		90
91 EMERGENCY	128,564	586,329		46,231,386	1,159	91

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURS DIRECT FTE 13	CENTRAL SERVICES * SUPPLY COSTED REQUI 14	PHARMACY  COSTED REQUI 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	I&R SALARY & FRINGES ASSIGNED TIME 21	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,276,870	21,232,013	1,000	554,887,568	9,504	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES		161,427				192
192.01 DNBAR CLINIC		880				192.01
192.02 PHILLIPS HEALTH		752				192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE		27,202				192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,930,586	1,202,308	18,162,477	2,994,512	10,354,965	202
203 UNIT COST MULT-WS B PT I	2.295133	0.056124	18,162.477000	0.005397	1,089.537563	203
204 COST TO BE ALLOC PER B PT II	90,591	84,024	388,388	89,965	198,119	204
205 UNIT COST MULT-WS B PT II	0.070948	0.003922	388.388000	0.000162	20.845854	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	
	PROGRAM	EDUCATION	
	COSTS	ASSIGNED	
	TIME	TIME	
	22	23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5 ADMINISTRATIVE & GENERAL			5
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	9,504		22
23 PARAMED ED PRGM-(SPECIFY)		100	23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	5,429		30
31 INTENSIVE CARE UNIT	364		31
32 CORONARY CARE UNIT	137		32
32.01 NURSERY INTENSIVE CARE CENTER	268		32.01
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF	122		41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	800		50
50.01 GI LAB			50.01
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	1,225		54
54.01 MRI CENTER			54.01
55 RADIOLOGY-THERAPEUTIC			55
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS			62.30
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT		100	72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76 EMG			76
76.01 CARDIOVASCULAR LAB			76.01
76.02 MERCY EYE CENTER			76.02
76.03 MERCY ENT			76.03
76.04 WOUND CARE CENTER			76.04
76.05 CARDIAC REHAB			76.05
76.06 PRE-BIRTH CENTER			76.06
76.07 SLEEP LAB			76.07
76.08 UROLOGY			76.08
76.09 ADDP OP			76.09
76.10 PSYCH PARTIAL HOSPITAL			76.10
76.11 DIABETES TREATMENT			76.11
76.12 MENTAL HEALTH CENTER			76.12
76.13 VEIN CLINIC			76.13
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC			90
91 EMERGENCY	1,159		91

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 02/01/2012 13:30

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	
	PROGRAM	EDUCATION	
	COSTS	ASSIGNED	
	ASSIGNED	TIME	
	TIME	22	23
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	9,504	100	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
191 RESEARCH			191
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 DNBAR CLINIC			192.01
192.02 PHILLIPS HEALTH			192.02
192.03 OTHER HOME HEALTH			192.03
192.04 VITAS HOSPICE			192.04
192.05 DOCTORS OFFICE			192.05
194 OTHER NONREIMBURSABLE COST CENTERS			194
194.01 SENIOR FRIENDS			194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS			194.03
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	4,175,770		202
203 UNIT COST MULT-WS B PT I	439.369739		203
204 COST TO BE ALLOC PER B PT II	219,479		204
205 UNIT COST MULT-WS B PT II	23.093329		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,062,344		39,062,344		39,062,344	30
31 INTENSIVE CARE UNIT	6,892,520		6,892,520	259,363	7,151,883	31
32 CORONARY CARE UNIT	3,041,767		3,041,767		3,041,767	32
32.01 NURSERY INTENSIVE CARE CENT	1,705,974		1,705,974		1,705,974	32.01
40 SUBPROVIDER - IPF	5,848,706		5,848,706		5,848,706	40
41 SUBPROVIDER - IRF	2,017,090		2,017,090	16,288	2,033,378	41
43 NURSERY	1,758,444		1,758,444		1,758,444	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	17,229,191		17,229,191		17,229,191	50
50.01 GI LAB	1,990,200		1,990,200		1,990,200	50.01
51 RECOVERY ROOM	1,400,984		1,400,984		1,400,984	51
52 DELIVERY ROOM & LABOR ROOM	5,734,635		5,734,635		5,734,635	52
53 ANESTHESIOLOGY	699,712		699,712		699,712	53
54 RADIOLOGY-DIAGNOSTIC	8,714,272		8,714,272	41,091	8,755,363	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	923,898		923,898		923,898	55
56 RADIOISOTOPE	1,510,172		1,510,172	884	1,511,056	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,739,231		2,739,231		2,739,231	57
58 MAGNETIC RESONANCE IMAGING	1,570,891		1,570,891		1,570,891	58
59 CARDIAC CATHETERIZATION	8,683,789		8,683,789	443,964	9,127,753	59
60 LABORATORY	15,175,082		15,175,082		15,175,082	60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	2,852,444		2,852,444	1,594	2,854,038	65
66 PHYSICAL THERAPY	1,818,877		1,818,877		1,818,877	66
67 OCCUPATIONAL THERAPY	1,380,771		1,380,771		1,380,771	67
68 SPEECH PATHOLOGY	561,518		561,518		561,518	68
70 ELECTROENCEPHALOGRAPHY	152,331		152,331		152,331	70
71 MEDICAL SUPPLIES CHRGD TO	367,997		367,997		367,997	71
72 IMPL. DEV. CHARGED TO PATIE	7,729,991		7,729,991		7,729,991	72
73 DRUGS CHARGED TO PATIENTS	18,639,987		18,639,987		18,639,987	73
74 RENAL DIALYSIS	1,023,507		1,023,507		1,023,507	74
76 EMG	93,224		93,224		93,224	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	807,639		807,639		807,639	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	464,491		464,491		464,491	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	447,609		447,609		447,609	76.06
76.07 SLEEP LAB	407,200		407,200		407,200	76.07
76.08 UROLOGY	133,433		133,433		133,433	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	727,930		727,930		727,930	76.10
76.11 DIABETES TREATMENT	226,357		226,357		226,357	76.11
76.12 MENTAL HEALTH CENTER	1,081,279		1,081,279		1,081,279	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	493,325		493,325		493,325	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,693,470		6,693,470		6,693,470	90
91 EMERGENCY	9,751,920		9,751,920		9,751,920	91
92 OBSERVATION BEDS	4,858,202		4,858,202		4,858,202	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	187,412,404		187,412,404	763,184	188,175,588	200
201 LESS OBSERVATION BEDS	4,858,202		4,858,202		4,858,202	201
202 TOTAL (SEE INSTRUCTIONS)	182,554,202		182,554,202	763,184	183,317,386	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	68,085,252		68,085,252			30
31 INTENSIVE CARE UNIT	9,856,791		9,856,791			31
32 CORONARY CARE UNIT	3,372,699		3,372,699			32
32.01 NURSERY INTENSIVE CARE CENT	5,009,586		5,009,586			32.01
40 SUBPROVIDER - IPF	8,735,890		8,735,890			40
41 SUBPROVIDER - IRF	2,143,421		2,143,421			41
43 NURSERY	4,687,862		4,687,862			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,777,556	16,065,212	32,842,768	0.524596	0.524596	0.524596 50
50.01 GI LAB	1,851,006	4,492,231	6,343,237	0.313751	0.313751	0.313751 50.01
51 RECOVERY ROOM	1,555,009	2,746,526	4,301,535	0.325694	0.325694	0.325694 51
52 DELIVERY ROOM & LABOR ROOM	18,923,005	577,221	19,500,226	0.294080	0.294080	0.294080 52
53 ANESTHESIOLOGY	2,554,536	2,030,388	4,584,924	0.152611	0.152611	0.152611 53
54 RADIOLOGY-DIAGNOSTIC	8,646,028	28,561,950	37,207,978	0.234204	0.234204	0.235309 54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	248,322	4,786,108	5,034,430	0.183516	0.183516	0.183516 55
56 RADIOISOTOPE	1,839,484	6,405,525	8,245,009	0.183162	0.183162	0.183269 56
57 COMPUTED TOMOGRAPHY (CT) SC	7,030,688	14,144,220	21,174,908	0.129362	0.129362	0.129362 57
58 MAGNETIC RESONANCE IMAGING	1,650,504	5,996,854	7,647,358	0.205416	0.205416	0.205416 58
59 CARDIAC CATHETERIZATION	29,773,174	22,553,825	52,326,999	0.165952	0.165952	0.174437 59
60 LABORATORY	45,548,435	48,421,542	93,969,977	0.161489	0.161489	0.161489 60
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
65 RESPIRATORY THERAPY	12,666,444	1,234,779	13,901,223	0.205194	0.205194	0.205308 65
66 PHYSICAL THERAPY	1,663,567	1,815,240	3,478,807	0.522845	0.522845	0.522845 66
67 OCCUPATIONAL THERAPY	1,082,915	816,085	1,899,000	0.727104	0.727104	0.727104 67
68 SPEECH PATHOLOGY	838,966	378,091	1,217,057	0.461374	0.461374	0.461374 68
70 ELECTROENCEPHALOGRAPHY	246,697	146,943	393,640	0.386980	0.386980	0.386980 70
71 MEDICAL SUPPLIES CHRGD TO	779,645	70,941	850,586	0.432639	0.432639	0.432639 71
72 IMPL. DEV. CHARGED TO PATIE	10,536,029	4,057,971	14,594,000	0.529669	0.529669	0.529669 72
73 DRUGS CHARGED TO PATIENTS	30,963,035	18,239,645	49,202,680	0.378841	0.378841	0.378841 73
74 RENAL DIALYSIS	5,040,652	118,394	5,159,046	0.198391	0.198391	0.198391 74
76 EMG	14,246	716,821	731,067	0.127518	0.127518	0.127518 76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	540	1,122,298	1,122,838	0.719284	0.719284	0.719284 76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	14,911	655,696	670,607	0.692643	0.692643	0.692643 76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	65,520	1,017,584	1,083,104	0.413265	0.413265	0.413265 76.06
76.07 SLEEP LAB		1,784,018	1,784,018	0.228249	0.228249	0.228249 76.07
76.08 UROLOGY		124,234	124,234	1.074046	1.074046	1.074046 76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL		2,018,778	2,018,778	0.360580	0.360580	0.360580 76.10
76.11 DIABETES TREATMENT		88,131	88,131	2.568415	2.568415	2.568415 76.11
76.12 MENTAL HEALTH CENTER	1,035	942,960	943,995	1.145429	1.145429	1.145429 76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	10,038	965,122	975,160	0.505891	0.505891	0.505891 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		7,120,773	7,120,773	0.939992	0.939992	0.939992 90
91 EMERGENCY	15,610,647	30,620,739	46,231,386	0.210937	0.210937	0.210937 91
92 OBSERVATION BEDS		6,226,588	6,226,588	0.780235	0.780235	0.780235 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
200 SUBTOTAL (SEE INSTRUCTIONS)	317,824,135	237,063,433	554,887,568			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	317,824,135	237,063,433	554,887,568			202

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	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	DAYS	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	4	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,898,816	1,898,816	56,372	33.68	22,671	763,559	30
31 INTENSIVE CARE UNIT	256,475	256,475	4,542	56.47	2,519	142,248	31
32 CORONARY CARE UNIT	141,575	141,575	1,533	92.35	896	82,746	32
32.01 NURSERY INTENSIVE CARE CENTER	41,738	41,738	2,845	14.67			32.01
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	308,957	308,957	7,872	39.25	2,277	89,372	40
41 SUBPROVIDER - IRF	118,844	118,844	1,808	65.73	1,085	71,317	41
42 SUBPROVIDER I							42
43 NURSERY	66,086	66,086	4,502	14.68			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	2,832,491	2,832,491	79,474		29,448	1,149,242	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[XX] [ ] [ ]	HOSPITAL (14-0158) IPF IRF	[ ] [ ] [ ]	SUB (OTHER)	[XX] [ ]	PPS TEFRA						
	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)							
		1	2	3	4	5							
	ANCILLARY SERVICE COST CENTERS												
50	OPERATING ROOM	1,744,307	32,842,768	0.053111	5,028,073	267,046							50
50.01	GI LAB	232,599	6,343,237	0.036669	987,595	36,214							50.01
51	RECOVERY ROOM	45,915	4,301,535	0.010674	624,870	6,670							51
52	DELIVERY ROOM & LABOR ROOM	287,411	19,500,226	0.014739	69,881	1,030							52
53	ANESTHESIOLOGY	118,733	4,584,924	0.025896	777,706	20,139							53
54	RADIOLOGY-DIAGNOSTIC	1,115,416	37,207,978	0.029978	5,059,616	151,677							54
54.01	MRI CENTER												54.01
55	RADIOLOGY-THERAPEUTIC	62,504	5,034,430	0.012415	78,837	979							55
56	RADIOISOTOPE	47,766	8,245,009	0.005793	1,035,906	6,001							56
57	COMPUTED TOMOGRAPHY (CT) SCAN	85,489	21,174,908	0.004037	4,529,946	18,287							57
58	MAGNETIC RESONANCE IMAGING (M	58,031	7,647,358	0.007588	716,736	5,439							58
59	CARDIAC CATHETERIZATION	753,552	52,326,999	0.014401	15,971,856	230,011							59
60	LABORATORY	749,642	93,969,977	0.007977	21,591,968	172,239							60
62.30	BLOOD CLOTTING FACTORS ADMIN												62.30
65	RESPIRATORY THERAPY	168,822	13,901,223	0.012144	7,075,299	85,922							65
66	PHYSICAL THERAPY	70,310	3,478,807	0.020211	720,582	14,564							66
67	OCCUPATIONAL THERAPY	90,951	1,899,000	0.047894	169,759	8,130							67
68	SPEECH PATHOLOGY	16,882	1,217,057	0.013871	431,081	5,980							68
70	ELECTROENCEPHALOGRAPHY	13,604	393,640	0.034559	130,581	4,513							70
71	MEDICAL SUPPLIES CHRGD TO PA	7,837	850,586	0.009214	408,172	3,761							71
72	IMPL. DEV. CHARGED TO PATIENT	164,473	14,594,000	0.011270	6,024,348	67,894							72
73	DRUGS CHARGED TO PATIENTS	431,648	49,202,680	0.008773	13,638,072	119,647							73
74	RENAL DIALYSIS	28,626	5,159,046	0.005549	3,248,974	18,029							74
76	EMG	3,937	731,067	0.005385	7,774	42							76
76.01	CARDIOVASCULAR LAB	140,212											76.01
76.02	MERCY EYE CENTER	88,587	1,122,838	0.078896	339	27							76.02
76.03	MERCY ENT												76.03
76.04	WOUND CARE CENTER	227,977	670,607	0.339956	7,670	2,607							76.04
76.05	CARDIAC REHAB												76.05
76.06	PRE-BIRTH CENTER	23,639	1,083,104	0.021825	2,961	65							76.06
76.07	SLEEP LAB	7,849	1,784,018	0.004400									76.07
76.08	UROLOGY	4,285	124,234	0.034491									76.08
76.09	ADDP OP												76.09
76.10	PSYCH PARTIAL HOSPITAL	28,782	2,018,778	0.014257									76.10
76.11	DIABETES TREATMENT	4,499	88,131	0.051049									76.11
76.12	MENTAL HEALTH CENTER	52,133	943,995	0.055226	366	20							76.12
76.13	VEIN CLINIC												76.13
76.97	CARDIAC REHABILITATION	29,576	975,160	0.030329	4,688	142							76.97
76.98	HYPERBARIC OXYGEN THERAPY												76.98
76.99	LITHOTRIPSY												76.99
	OUTPATIENT SERVICE COST CENTERS												
90	CLINIC	295,862	7,120,773	0.041549									90
91	EMERGENCY	394,770	46,231,386	0.008539	7,084,919	60,498							91
92	OBSERVATION BEDS	236,157	6,226,588	0.037927									92
	OTHER REIMBURSABLE COST CENTERS												
200	TOTAL (SUM OF LINES 50-199)	7,832,783	452,996,067	452,996,067	95,428,575	1,307,573							200

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
02/01/2012 13:30

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

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	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	56,372		22,671		30
31 INTENSIVE CARE UNIT	4,542		2,519		31
32 CORONARY CARE UNIT	1,533		896		32
32.01 NURSERY INTENSIVE CARE CENTER	2,845				32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	7,872		2,277		40
41 SUBPROVIDER - IRF	1,808		1,085		41
42 SUBPROVIDER I					42
43 NURSERY	4,502				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	79,474		29,448		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GI LAB						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 EMG						76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER						76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER						76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER						76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY						76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT						76.11
76.12 MENTAL HEALTH CENTER						76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0158)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[ ] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	32,842,768		5,028,073		3,180,886	50
50.01	GI LAB	6,343,237		987,595		1,629,542	50.01
51	RECOVERY ROOM	4,301,535		624,870		647,633	51
52	DELIVERY ROOM & LABOR ROOM	19,500,226		69,881		1,237	52
53	ANESTHESIOLOGY	4,584,924		777,706		395,784	53
54	RADIOLOGY-DIAGNOSTIC	37,207,978		5,059,616		4,860,518	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	5,034,430		78,837		1,815,780	55
56	RADIOISOTOPE	8,245,009		1,035,906		2,243,243	56
57	COMPUTED TOMOGRAPHY (CT) SCA	21,174,908		4,529,946		3,802,624	57
58	MAGNETIC RESONANCE IMAGING (	7,647,358		716,736		1,458,502	58
59	CARDIAC CATHETERIZATION	52,326,999		15,971,856		10,290,696	59
60	LABORATORY	93,969,977		21,591,968		957,478	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	13,901,223		7,075,299		500,854	65
66	PHYSICAL THERAPY	3,478,807		720,582		540	66
67	OCCUPATIONAL THERAPY	1,899,000		169,759		30,948	67
68	SPEECH PATHOLOGY	1,217,057		431,081			68
70	ELECTROENCEPHALOGRAPHY	393,640		130,581		47,182	70
71	MEDICAL SUPPLIES CHRGD TO P	850,586		408,172		31,127	71
72	IMPL. DEV. CHARGED TO PATIEN	14,594,000		6,024,348		1,968,107	72
73	DRUGS CHARGED TO PATIENTS	49,202,680		13,638,072		6,643,398	73
74	RENAL DIALYSIS	5,159,046		3,248,974		58,344	74
76	EMG	731,067		7,774		170,666	76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	1,122,838		339		594,469	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	670,607		7,670		326,439	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	1,083,104		2,961		3,253	76.06
76.07	SLEEP LAB	1,784,018				459,429	76.07
76.08	UROLOGY	124,234				22,594	76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL	2,018,778				390,174	76.10
76.11	DIABETES TREATMENT	88,131				22,818	76.11
76.12	MENTAL HEALTH CENTER	943,995		366		250,744	76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION	975,160		4,688		262,867	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	7,120,773				615,055	90
91	EMERGENCY	46,231,386		7,084,919		4,942,410	91
92	OBSERVATION BEDS	6,226,588				2,304,678	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	452,996,067		95,428,575		50,930,019	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	PPS REIMBURSED SERVICES	COST REIMB. SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS	
	1		2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.524596		3,180,886			1,668,680		50
50.01 GI LAB	0.313751		1,629,542			511,270		50.01
51 RECOVERY ROOM	0.325694		647,633			210,930		51
52 DELIVERY ROOM & LABOR ROOM	0.294080		1,237			364		52
53 ANESTHESIOLOGY	0.152611		395,784			60,401		53
54 RADIOLOGY-DIAGNOSTIC	0.234204		4,860,518			1,138,353		54
54.01 MRI CENTER								54.01
55 RADIOLOGY-THERAPEUTIC	0.183516		1,815,780			333,225		55
56 RADIOISOTOPE	0.183162		2,243,243			410,877		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362		3,802,624			491,915		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416		1,458,502			299,600		58
59 CARDIAC CATHETERIZATION	0.165952		10,290,696			1,707,762		59
60 LABORATORY	0.161489		957,478			154,622		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
65 RESPIRATORY THERAPY	0.205194		500,854			102,772		65
66 PHYSICAL THERAPY	0.522845		540			282		66
67 OCCUPATIONAL THERAPY	0.727104		30,948			22,502		67
68 SPEECH PATHOLOGY	0.461374							68
70 ELECTROENCEPHALOGRAPHY	0.386980		47,182			18,258		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639		31,127			13,467		71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669		1,968,107			1,042,445		72
73 DRUGS CHARGED TO PATIENTS	0.378841		6,643,398		994	2,516,792		377 73
74 RENAL DIALYSIS	0.198391		58,344			11,575		74
76 EMG	0.127518		170,666			21,763		76
76.01 CARDIOVASCULAR LAB								76.01
76.02 MERCY EYE CENTER	0.719284		594,469			427,592		76.02
76.03 MERCY ENT								76.03
76.04 WOUND CARE CENTER	0.692643		326,439			226,106		76.04
76.05 CARDIAC REHAB								76.05
76.06 PRE-BIRTH CENTER	0.413265		3,253			1,344		76.06
76.07 SLEEP LAB	0.228249		459,429			104,864		76.07
76.08 UROLOGY	1.074046		22,594			24,267		76.08
76.09 ADPP OP								76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580		390,174			140,689		76.10
76.11 DIABETES TREATMENT	2.568415		22,818			58,606		76.11
76.12 MENTAL HEALTH CENTER	1.145429		250,744			287,209		76.12
76.13 VEIN CLINIC								76.13
76.97 CARDIAC REHABILITATION	0.505891		262,867			132,982		76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.939992		615,055			578,147		90
91 EMERGENCY	0.210937		4,942,410			1,042,537		91
92 OBSERVATION BEDS	0.780235		2,304,678			1,798,190		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			50,930,019		994	15,560,388		377 200
201 LESS BPB CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			50,930,019		994	15,560,388		377 202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S158) [ ] IRF	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,744,307	32,842,768	0.053111	50
50.01	GI LAB	232,599	6,343,237	0.036669	50.01
51	RECOVERY ROOM	45,915	4,301,535	0.010674	51
52	DELIVERY ROOM & LABOR ROOM	287,411	19,500,226	0.014739	52
53	ANESTHESIOLOGY	118,733	4,584,924	0.025896	53
54	RADIOLOGY-DIAGNOSTIC	1,115,416	37,207,978	0.029978	11,984 359 54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	62,504	5,034,430	0.012415	805 10 55
56	RADIOISOTOPE	47,766	8,245,009	0.005793	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	85,489	21,174,908	0.004037	11,910 48 57
58	MAGNETIC RESONANCE IMAGING (M	58,031	7,647,358	0.007588	4,400 33 58
59	CARDIAC CATHETERIZATION	753,552	52,326,999	0.014401	20,097 289 59
60	LABORATORY	749,642	93,969,977	0.007977	313,190 2,498 60
62.30	BLOOD CLOTTING FACTORS ADMIN				62.30
65	RESPIRATORY THERAPY	168,822	13,901,223	0.012144	18,032 219 65
66	PHYSICAL THERAPY	70,310	3,478,807	0.020211	1,290 26 66
67	OCCUPATIONAL THERAPY	90,951	1,899,000	0.047894	78,134 3,742 67
68	SPEECH PATHOLOGY	16,882	1,217,057	0.013871	1,082 15 68
70	ELECTROENCEPHALOGRAPHY	13,604	393,640	0.034559	70
71	MEDICAL SUPPLIES CHRGED TO PA	7,837	850,586	0.009214	71
72	IMPL. DEV. CHARGED TO PATIENT	164,473	14,594,000	0.011270	72
73	DRUGS CHARGED TO PATIENTS	431,648	49,202,680	0.008773	288,439 2,530 73
74	RENAL DIALYSIS	28,626	5,159,046	0.005549	12,768 71 74
76	EMG	3,937	731,067	0.005385	2,000 11 76
76.01	CARDIOVASCULAR LAB	140,212			76.01
76.02	MERCY EYE CENTER	88,587	1,122,838	0.078896	76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	227,977	670,607	0.339956	76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	23,639	1,083,104	0.021825	76.06
76.07	SLEEP LAB	7,849	1,784,018	0.004400	76.07
76.08	UROLOGY	4,285	124,234	0.034491	76.08
76.09	ADDP OP				76.09
76.10	PSYCH PARTIAL HOSPITAL	28,782	2,018,778	0.014257	76.10
76.11	DIABETES TREATMENT	4,499	88,131	0.051049	76.11
76.12	MENTAL HEALTH CENTER	52,133	943,995	0.055226	76.12
76.13	VEIN CLINIC				76.13
76.97	CARDIAC REHABILITATION	29,576	975,160	0.030329	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	295,862	7,120,773	0.041549	90
91	EMERGENCY	394,770	46,231,386	0.008539	234,757 2,005 91
92	OBSERVATION BEDS	236,157	6,226,588	0.037927	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	7,832,783	452,996,067	452,996,067	998,888 11,856 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GI LAB						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 EMG						76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER						76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER						76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER						76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY						76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT						76.11
76.12 MENTAL HEALTH CENTER						76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (14-S158)	[ ] SNF		[ ] TEFRA
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF		
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)
	7	8	9	10	11
					12
					13
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	32,842,768			50
50.01	GI LAB	6,343,237			50.01
51	RECOVERY ROOM	4,301,535			51
52	DELIVERY ROOM & LABOR ROOM	19,500,226			52
53	ANESTHESIOLOGY	4,584,924			53
54	RADIOLOGY-DIAGNOSTIC	37,207,978		11,984	54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	5,034,430		805	55
56	RADIOISOTOPE	8,245,009			56
57	COMPUTED TOMOGRAPHY (CT) SCA	21,174,908		11,910	57
58	MAGNETIC RESONANCE IMAGING (	7,647,358		4,400	58
59	CARDIAC CATHETERIZATION	52,326,999		20,097	59
60	LABORATORY	93,969,977		313,190	60
62.30	BLOOD CLOTTING FACTORS ADMIN				62.30
65	RESPIRATORY THERAPY	13,901,223		18,032	65
66	PHYSICAL THERAPY	3,478,807		1,290	66
67	OCCUPATIONAL THERAPY	1,899,000		78,134	67
68	SPEECH PATHOLOGY	1,217,057		1,082	68
70	ELECTROENCEPHALOGRAPHY	393,640			70
71	MEDICAL SUPPLIES CHRGED TO P	850,586			71
72	IMPL. DEV. CHARGED TO PATIEN	14,594,000			72
73	DRUGS CHARGED TO PATIENTS	49,202,680		288,439	73
74	RENAL DIALYSIS	5,159,046		12,768	74
76	EMG	731,067		2,000	76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1,122,838			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	670,607			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	1,083,104			76.06
76.07	SLEEP LAB	1,784,018			76.07
76.08	UROLOGY	124,234			76.08
76.09	ADDP OP				76.09
76.10	PSYCH PARTIAL HOSPITAL	2,018,778			76.10
76.11	DIABETES TREATMENT	88,131			76.11
76.12	MENTAL HEALTH CENTER	943,995			76.12
76.13	VEIN CLINIC				76.13
76.97	CARDIAC REHABILITATION	975,160			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	7,120,773			90
91	EMERGENCY	46,231,386		234,757	91
92	OBSERVATION BEDS	6,226,588			92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	452,996,067		998,888	200



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [XX] TITLE XVIII-PT A [ ] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T158)	[ ] SUB (OTHER)	[XX] PPS [ ] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,744,307	32,842,768	0.053111	1,255	67	50
50.01	GI LAB	232,599	6,343,237	0.036669			50.01
51	RECOVERY ROOM	45,915	4,301,535	0.010674			51
52	DELIVERY ROOM & LABOR ROOM	287,411	19,500,226	0.014739			52
53	ANESTHESIOLOGY	118,733	4,584,924	0.025896			53
54	RADIOLOGY-DIAGNOSTIC	1,115,416	37,207,978	0.029978	12,685	380	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	62,504	5,034,430	0.012415	3,200	40	55
56	RADIOISOTOPE	47,766	8,245,009	0.005793			56
57	COMPUTED TOMOGRAPHY (CT) SCAN	85,489	21,174,908	0.004037	8,137	33	57
58	MAGNETIC RESONANCE IMAGING (M	58,031	7,647,358	0.007588			58
59	CARDIAC CATHETERIZATION	753,552	52,326,999	0.014401	4,039	58	59
60	LABORATORY	749,642	93,969,977	0.007977	99,591	794	60
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
65	RESPIRATORY THERAPY	168,822	13,901,223	0.012144	17,354	211	65
66	PHYSICAL THERAPY	70,310	3,478,807	0.020211	293,260	5,927	66
67	OCCUPATIONAL THERAPY	90,951	1,899,000	0.047894	305,065	14,611	67
68	SPEECH PATHOLOGY	16,882	1,217,057	0.013871	69,419	963	68
70	ELECTROENCEPHALOGRAPHY	13,604	393,640	0.034559			70
71	MEDICAL SUPPLIES CHRGD TO PA	7,837	850,586	0.009214	18,077	167	71
72	IMPL. DEV. CHARGED TO PATIENT	164,473	14,594,000	0.011270			72
73	DRUGS CHARGED TO PATIENTS	431,648	49,202,680	0.008773	261,960	2,298	73
74	RENAL DIALYSIS	28,626	5,159,046	0.005549	43,168	240	74
76	EMG	3,937	731,067	0.005385	500	3	76
76.01	CARDIOVASCULAR LAB	140,212					76.01
76.02	MERCY EYE CENTER	88,587	1,122,838	0.078896			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	227,977	670,607	0.339956			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	23,639	1,083,104	0.021825			76.06
76.07	SLEEP LAB	7,849	1,784,018	0.004400			76.07
76.08	UROLOGY	4,285	124,234	0.034491			76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL	28,782	2,018,778	0.014257			76.10
76.11	DIABETES TREATMENT	4,499	88,131	0.051049			76.11
76.12	MENTAL HEALTH CENTER	52,133	943,995	0.055226			76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION	29,576	975,160	0.030329			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	295,862	7,120,773	0.041549			90
91	EMERGENCY	394,770	46,231,386	0.008539			91
92	OBSERVATION BEDS	236,157	6,226,588	0.037927			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	7,832,783	452,996,067	452,996,067	1,137,710	25,792	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GI LAB						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 EMG						76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER						76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER						76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER						76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY						76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT						76.11
76.12 MENTAL HEALTH CENTER						76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	32,842,768			1,255			50
50.01 GI LAB	6,343,237						50.01
51 RECOVERY ROOM	4,301,535						51
52 DELIVERY ROOM & LABOR ROOM	19,500,226						52
53 ANESTHESIOLOGY	4,584,924						53
54 RADIOLOGY-DIAGNOSTIC	37,207,978			12,685			54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	5,034,430			3,200			55
56 RADIOISOTOPE	8,245,009						56
57 COMPUTED TOMOGRAPHY (CT) SCA	21,174,908			8,137			57
58 MAGNETIC RESONANCE IMAGING (	7,647,358						58
59 CARDIAC CATHETERIZATION	52,326,999			4,039			59
60 LABORATORY	93,969,977			99,591			60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	13,901,223			17,354			65
66 PHYSICAL THERAPY	3,478,807			293,260			66
67 OCCUPATIONAL THERAPY	1,899,000			305,065			67
68 SPEECH PATHOLOGY	1,217,057			69,419			68
70 ELECTROENCEPHALOGRAPHY	393,640						70
71 MEDICAL SUPPLIES CHRGED TO P	850,586			18,077			71
72 IMPL. DEV. CHARGED TO PATIEN	14,594,000						72
73 DRUGS CHARGED TO PATIENTS	49,202,680			261,960			73
74 RENAL DIALYSIS	5,159,046			43,168			74
76 EMG	731,067			500			76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,122,838						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	670,607						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	1,083,104						76.06
76.07 SLEEP LAB	1,784,018						76.07
76.08 UROLOGY	124,234						76.08
76.09 ADDP OP							76.09
76.10 PSYCH PARTIAL HOSPITAL	2,018,778						76.10
76.11 DIABETES TREATMENT	88,131						76.11
76.12 MENTAL HEALTH CENTER	943,995						76.12
76.13 VEIN CLINIC							76.13
76.97 CARDIAC REHABILITATION	975,160						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	7,120,773						90
91 EMERGENCY	46,231,386						91
92 OBSERVATION BEDS	6,226,588						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	452,996,067			1,137,710			200



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	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS							30
31 INTENSIVE CARE UNIT							31
32 CORONARY CARE UNIT							32
32.01 NURSERY INTENSIVE CARE CENTER							32.01
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF							41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)							200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 GI LAB					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (M					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 EMG					76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER					76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER					76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER					76.06
76.07 SLEEP LAB					76.07
76.08 UROLOGY					76.08
76.09 ADDP OP					76.09
76.10 PSYCH PARTIAL HOSPITAL					76.10
76.11 DIABETES TREATMENT					76.11
76.12 MENTAL HEALTH CENTER					76.12
76.13 VEIN CLINIC					76.13
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 02/01/2012 13:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
 02/01/2012 13:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GI LAB						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 EMG						76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER						76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER						76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER						76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY						76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT						76.11
76.12 MENTAL HEALTH CENTER						76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-0158)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS
APPLICABLE	[ ] TITLE XVIII-PT A	[ ] IPF	[ ] SNF	[ ] TEFRA	[ ] OTHER
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)
	7	8	9	10	11
					12
					13
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	32,842,768			50
50.01	GI LAB	6,343,237			50.01
51	RECOVERY ROOM	4,301,535			51
52	DELIVERY ROOM & LABOR ROOM	19,500,226			52
53	ANESTHESIOLOGY	4,584,924			53
54	RADIOLOGY-DIAGNOSTIC	37,207,978			54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	5,034,430			55
56	RADIOISOTOPE	8,245,009			56
57	COMPUTED TOMOGRAPHY (CT) SCA	21,174,908			57
58	MAGNETIC RESONANCE IMAGING (	7,647,358			58
59	CARDIAC CATHETERIZATION	52,326,999			59
60	LABORATORY	93,969,977			60
62.30	BLOOD CLOTTING FACTORS ADMIN				62.30
65	RESPIRATORY THERAPY	13,901,223			65
66	PHYSICAL THERAPY	3,478,807			66
67	OCCUPATIONAL THERAPY	1,899,000			67
68	SPEECH PATHOLOGY	1,217,057			68
70	ELECTROENCEPHALOGRAPHY	393,640			70
71	MEDICAL SUPPLIES CHRGED TO P	850,586			71
72	IMPL. DEV. CHARGED TO PATIEN	14,594,000			72
73	DRUGS CHARGED TO PATIENTS	49,202,680			73
74	RENAL DIALYSIS	5,159,046			74
76	EMG	731,067			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1,122,838			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	670,607			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	1,083,104			76.06
76.07	SLEEP LAB	1,784,018			76.07
76.08	UROLOGY	124,234			76.08
76.09	ADDP OP				76.09
76.10	PSYCH PARTIAL HOSPITAL	2,018,778			76.10
76.11	DIABETES TREATMENT	88,131			76.11
76.12	MENTAL HEALTH CENTER	943,995			76.12
76.13	VEIN CLINIC				76.13
76.97	CARDIAC REHABILITATION	975,160			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	7,120,773			90
91	EMERGENCY	46,231,386			91
92	OBSERVATION BEDS	6,226,588			92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	452,996,067			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.524596						50
50.01 GI LAB	0.313751						50.01
51 RECOVERY ROOM	0.325694						51
52 DELIVERY ROOM & LABOR ROOM	0.294080						52
53 ANESTHESIOLOGY	0.152611						53
54 RADIOLOGY-DIAGNOSTIC	0.234204						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.183516						55
56 RADIOISOTOPE	0.183162						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416						58
59 CARDIAC CATHETERIZATION	0.165952						59
60 LABORATORY	0.161489						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.205194						65
66 PHYSICAL THERAPY	0.522845						66
67 OCCUPATIONAL THERAPY	0.727104						67
68 SPEECH PATHOLOGY	0.461374						68
70 ELECTROENCEPHALOGRAPHY	0.386980						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639						71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669						72
73 DRUGS CHARGED TO PATIENTS	0.378841						73
74 RENAL DIALYSIS	0.198391						74
76 EMG	0.127518						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	0.719284						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	0.692643						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	0.413265						76.06
76.07 SLEEP LAB	0.228249						76.07
76.08 UROLOGY	1.074046						76.08
76.09 ADDP OP							76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580						76.10
76.11 DIABETES TREATMENT	2.568415						76.11
76.12 MENTAL HEALTH CENTER	1.145429						76.12
76.13 VEIN CLINIC							76.13
76.97 CARDIAC REHABILITATION	0.505891						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.939992						90
91 EMERGENCY	0.210937						91
92 OBSERVATION BEDS	0.780235						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S158) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER					
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)			
		1	2	3	4	5			
		ANCILLARY SERVICE COST CENTERS							
50								50	
50.01								50.01	
51								51	
52								52	
53								53	
54								54	
54.01								54.01	
55								55	
56								56	
57								57	
58								58	
59								59	
60								60	
62.30								62.30	
65								65	
66								66	
67								67	
68								68	
70								70	
71								71	
72								72	
73								73	
74								74	
76								76	
76.01								76.01	
76.02								76.02	
76.03								76.03	
76.04								76.04	
76.05								76.05	
76.06								76.06	
76.07								76.07	
76.08								76.08	
76.09								76.09	
76.10								76.10	
76.11								76.11	
76.12								76.12	
76.13								76.13	
76.97								76.97	
76.98								76.98	
76.99								76.99	
		OUTPATIENT SERVICE COST CENTERS							
90								90	
91								91	
92								92	
		OTHER REIMBURSABLE COST CENTERS							
200								200	
		TOTAL (SUM OF LINES 50-199)							

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GI LAB						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 EMG						76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER						76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER						76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER						76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY						76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT						76.11
76.12 MENTAL HEALTH CENTER						76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[ ] HOSPITAL	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS	
APPLICABLE	[ ] TITLE XVIII-PT A	[XX] IPF (14-S158)	[ ] SNF		[ ] TEFRA	
BOXES	[XX] TITLE XIX	[ ] IRF	[ ] NF		[ ] OTHER	
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES (COL. 9 x COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	32,842,768				50
50.01	GI LAB	6,343,237				50.01
51	RECOVERY ROOM	4,301,535				51
52	DELIVERY ROOM & LABOR ROOM	19,500,226				52
53	ANESTHESIOLOGY	4,584,924				53
54	RADIOLOGY-DIAGNOSTIC	37,207,978				54
54.01	MRI CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	5,034,430				55
56	RADIOISOTOPE	8,245,009				56
57	COMPUTED TOMOGRAPHY (CT) SCA	21,174,908				57
58	MAGNETIC RESONANCE IMAGING (	7,647,358				58
59	CARDIAC CATHETERIZATION	52,326,999				59
60	LABORATORY	93,969,977				60
62.30	BLOOD CLOTTING FACTORS ADMIN					62.30
65	RESPIRATORY THERAPY	13,901,223				65
66	PHYSICAL THERAPY	3,478,807				66
67	OCCUPATIONAL THERAPY	1,899,000				67
68	SPEECH PATHOLOGY	1,217,057				68
70	ELECTROENCEPHALOGRAPHY	393,640				70
71	MEDICAL SUPPLIES CHRGED TO P	850,586				71
72	IMPL. DEV. CHARGED TO PATIEN	14,594,000				72
73	DRUGS CHARGED TO PATIENTS	49,202,680				73
74	RENAL DIALYSIS	5,159,046				74
76	EMG	731,067				76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	1,122,838				76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	670,607				76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	1,083,104				76.06
76.07	SLEEP LAB	1,784,018				76.07
76.08	UROLOGY	124,234				76.08
76.09	ADDP OP					76.09
76.10	PSYCH PARTIAL HOSPITAL	2,018,778				76.10
76.11	DIABETES TREATMENT	88,131				76.11
76.12	MENTAL HEALTH CENTER	943,995				76.12
76.13	VEIN CLINIC					76.13
76.97	CARDIAC REHABILITATION	975,160				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	7,120,773				90
91	EMERGENCY	46,231,386				91
92	OBSERVATION BEDS	6,226,588				92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	452,996,067				200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [XX] IPF (14-S158) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.524596						50
50.01 GI LAB	0.313751						50.01
51 RECOVERY ROOM	0.325694						51
52 DELIVERY ROOM & LABOR ROOM	0.294080						52
53 ANESTHESIOLOGY	0.152611						53
54 RADIOLOGY-DIAGNOSTIC	0.234204						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.183516						55
56 RADIOISOTOPE	0.183162						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416						58
59 CARDIAC CATHETERIZATION	0.165952						59
60 LABORATORY	0.161489						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.205194						65
66 PHYSICAL THERAPY	0.522845						66
67 OCCUPATIONAL THERAPY	0.727104						67
68 SPEECH PATHOLOGY	0.461374						68
70 ELECTROENCEPHALOGRAPHY	0.386980						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639						71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669						72
73 DRUGS CHARGED TO PATIENTS	0.378841						73
74 RENAL DIALYSIS	0.198391						74
76 EMG	0.127518						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	0.719284						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	0.692643						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	0.413265						76.06
76.07 SLEEP LAB	0.228249						76.07
76.08 UROLOGY	1.074046						76.08
76.09 ADDP OP							76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580						76.10
76.11 DIABETES TREATMENT	2.568415						76.11
76.12 MENTAL HEALTH CENTER	1.145429						76.12
76.13 VEIN CLINIC							76.13
76.97 CARDIAC REHABILITATION	0.505891						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.939992						90
91 EMERGENCY	0.210937						91
92 OBSERVATION BEDS	0.780235						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [ ] IPF [XX] IRF (14-T158)	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER					
		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)			
		1	2	3	4	5			
		ANCILLARY SERVICE COST CENTERS							
50								50	
50.01								50.01	
51								51	
52								52	
53								53	
54								54	
54.01								54.01	
55								55	
56								56	
57								57	
58								58	
59								59	
60								60	
62.30								62.30	
65								65	
66								66	
67								67	
68								68	
70								70	
71								71	
72								72	
73								73	
74								74	
76								76	
76.01								76.01	
76.02								76.02	
76.03								76.03	
76.04								76.04	
76.05								76.05	
76.06								76.06	
76.07								76.07	
76.08								76.08	
76.09								76.09	
76.10								76.10	
76.11								76.11	
76.12								76.12	
76.13								76.13	
76.97								76.97	
76.98								76.98	
76.99								76.99	
		OUTPATIENT SERVICE COST CENTERS							
90								90	
91								91	
92								92	
		OTHER REIMBURSABLE COST CENTERS							
200								200	
		TOTAL (SUM OF LINES 50-199)							

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 GI LAB						50.01
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 EMG						76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER						76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER						76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER						76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY						76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT						76.11
76.12 MENTAL HEALTH CENTER						76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	12	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	32,842,768						50
50.01 GI LAB	6,343,237						50.01
51 RECOVERY ROOM	4,301,535						51
52 DELIVERY ROOM & LABOR ROOM	19,500,226						52
53 ANESTHESIOLOGY	4,584,924						53
54 RADIOLOGY-DIAGNOSTIC	37,207,978						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	5,034,430						55
56 RADIOISOTOPE	8,245,009						56
57 COMPUTED TOMOGRAPHY (CT) SCA	21,174,908						57
58 MAGNETIC RESONANCE IMAGING (	7,647,358						58
59 CARDIAC CATHETERIZATION	52,326,999						59
60 LABORATORY	93,969,977						60
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
65 RESPIRATORY THERAPY	13,901,223						65
66 PHYSICAL THERAPY	3,478,807						66
67 OCCUPATIONAL THERAPY	1,899,000						67
68 SPEECH PATHOLOGY	1,217,057						68
70 ELECTROENCEPHALOGRAPHY	393,640						70
71 MEDICAL SUPPLIES CHRGD TO P	850,586						71
72 IMPL. DEV. CHARGED TO PATIEN	14,594,000						72
73 DRUGS CHARGED TO PATIENTS	49,202,680						73
74 RENAL DIALYSIS	5,159,046						74
76 EMG	731,067						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,122,838						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	670,607						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	1,083,104						76.06
76.07 SLEEP LAB	1,784,018						76.07
76.08 UROLOGY	124,234						76.08
76.09 ADDP OP							76.09
76.10 PSYCH PARTIAL HOSPITAL	2,018,778						76.10
76.11 DIABETES TREATMENT	88,131						76.11
76.12 MENTAL HEALTH CENTER	943,995						76.12
76.13 VEIN CLINIC							76.13
76.97 CARDIAC REHABILITATION	975,160						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	7,120,773						90
91 EMERGENCY	46,231,386						91
92 OBSERVATION BEDS	6,226,588						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	452,996,067						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T158) [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.524596						50
50.01 GI LAB	0.313751						50.01
51 RECOVERY ROOM	0.325694						51
52 DELIVERY ROOM & LABOR ROOM	0.294080						52
53 ANESTHESIOLOGY	0.152611						53
54 RADIOLOGY-DIAGNOSTIC	0.234204						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.183516						55
56 RADIOISOTOPE	0.183162						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416						58
59 CARDIAC CATHETERIZATION	0.165952						59
60 LABORATORY	0.161489						60
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
65 RESPIRATORY THERAPY	0.205194						65
66 PHYSICAL THERAPY	0.522845						66
67 OCCUPATIONAL THERAPY	0.727104						67
68 SPEECH PATHOLOGY	0.461374						68
70 ELECTROENCEPHALOGRAPHY	0.386980						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639						71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669						72
73 DRUGS CHARGED TO PATIENTS	0.378841						73
74 RENAL DIALYSIS	0.198391						74
76 EMG	0.127518						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	0.719284						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	0.692643						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	0.413265						76.06
76.07 SLEEP LAB	0.228249						76.07
76.08 UROLOGY	1.074046						76.08
76.09 ADDP OP							76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580						76.10
76.11 DIABETES TREATMENT	2.568415						76.11
76.12 MENTAL HEALTH CENTER	1.145429						76.12
76.13 VEIN CLINIC							76.13
76.97 CARDIAC REHABILITATION	0.505891						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.939992						90
91 EMERGENCY	0.210937						91
92 OBSERVATION BEDS	0.780235						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	56,372	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	56,372	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	56,372	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	22,671	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	39,062,344	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	39,062,344	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61,807,676	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	61,807,676	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.631998	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,096.43	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	39,062,344	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 692.94 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 15,709,643 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 15,709,643 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS

43 INTENSIVE CARE UNIT	7,151,883	4,542	1,574.61	2,519	3,966,443	43
44 CORONARY CARE UNIT	3,041,767	1,533	1,984.19	896	1,777,834	44
44.01 NURSERY INTENSIVE CARE CENTER	1,705,974	2,845	599.64			44.01
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					24,577,375	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					46,031,295	49

PASS-THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					988,553	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,307,573	51
52 TOTAL PROGRAM EXCLUDABLE COST					2,296,126	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					43,735,169	53

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT (LINE 54 x LINE 55)						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT (SEE INSTRUCTIONS)						58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET						59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E						61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)						62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)						64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)						65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)						66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)						67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)						68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)						69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					7,011	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					692.94	88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					4,858,202	89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,898,816	39,062,344	0.048610	4,858,202	236,157	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S158) [ ] SNF [ ] TEFRA  
BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 7,872 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 7,872 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 7,872 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 2,277 9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) 10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) 14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 16
SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 5,848,706 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) 22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) 23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) 24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) 25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS) 26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 5,848,706 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 7,618,993 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 7,618,993 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) 0.767648 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) 967.86 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) 5,848,706 37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S158)			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF			[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	742.98 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,691,765 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,691,765 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	282,763 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,974,528 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	89,372 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	11,856 51
52	TOTAL PROGRAM EXCLUDABLE COST	101,228 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,873,300 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX-INPT [XX] IRF (14-T158) [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1,808	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,808	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,808	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,085	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,033,378	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,033,378	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,955,045	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,955,045	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.688104	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,634.43	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,033,378	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[ ]	HOSPITAL	[ ]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[XX]	IRF (14-T158)			[ ]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,124.66 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,220,256 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	1,220,256 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	548,496 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,768,752 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	71,317 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	25,792 51
52	TOTAL PROGRAM EXCLUDABLE COST	97,109 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,671,643 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	56,372	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	56,372	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	56,372	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	14,653	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	4,502	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,636	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	39,062,344	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	39,062,344	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	61,807,676	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	61,807,676	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.631998	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,096.43	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	39,062,344	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 692.94 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,153,650 39  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 10,153,650 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
42 NURSERY (TITLES V AND XIX ONLY)	1,758,444	4,502	390.59	3,636	1,420,185 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,892,520	4,542	1,517.51	1,024	1,553,930 43
44 CORONARY CARE UNIT	3,041,767	1,533	1,984.19	329	652,799 44
44.01 NURSERY INTENSIVE CARE CENTER	1,705,974	2,845	599.64	2,632	1,578,252 44.01
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					15,358,816 49
PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					51
52 TOTAL PROGRAM EXCLUDABLE COST					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					53

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 54

55 TARGET AMOUNT PER DISCHARGE 55

56 TARGET AMOUNT (LINE 54 x LINE 55) 56

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57

58 BONUS PAYMENT (SEE INSTRUCTIONS) 58

59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59

60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60

61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61

62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62

63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST

64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64

65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65

66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66

67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67

68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68

69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 7,011 87

88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88

89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4
90 CAPITAL-RELATED COST				90
91 NURSING SCHOOL COST				91
92 ALLIED HEALTH COST				92
93 ALL OTHER MEDICAL EDUCATION				93

WORKSHEET D-1  
PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S158) [ ] SNF [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 7,872 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 7,872 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 7,872 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 4,019 9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) 10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) 14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 16
SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 5,848,706 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) 22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) 23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) 24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) 25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS) 26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 5,848,706 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 7,618,993 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 7,618,993 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) 0.767648 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) 967.86 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) 5,848,706 37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S158) [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	742.98 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,986,037 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,986,037 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,986,037 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52 TOTAL PROGRAM EXCLUDABLE COST	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T158) [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1,808	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,808	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,808	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	150	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	2,017,090	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,017,090	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,955,045	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,955,045	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.682592	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,634.43	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,017,090	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T158) [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,115.65 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	167,348 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	167,348 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	167,348 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
52 TOTAL PROGRAM EXCLUDABLE COST	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	53
TARGET AMOUNT AND LIMIT COMPUTATION	
54 PROGRAM DISCHARGES	54
55 TARGET AMOUNT PER DISCHARGE	55
56 TARGET AMOUNT (LINE 54 x LINE 55)	56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58 BONUS PAYMENT (SEE INSTRUCTIONS)	58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST	
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		31,975,928			30
31 INTENSIVE CARE UNIT		5,401,011			31
32 CORONARY CARE UNIT		1,817,891			32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.524596	5,028,073	2,637,707		50
50.01 GI LAB	0.313751	987,595	309,859		50.01
51 RECOVERY ROOM	0.325694	624,870	203,516		51
52 DELIVERY ROOM & LABOR ROOM	0.294080	69,881	20,551		52
53 ANESTHESIOLOGY	0.152611	777,706	118,686		53
54 RADIOLOGY-DIAGNOSTIC	0.235309	5,059,616	1,190,573		54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.183516	78,837	14,468		55
56 RADIOISOTOPE	0.183269	1,035,906	189,849		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362	4,529,946	586,003		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416	716,736	147,229		58
59 CARDIAC CATHETERIZATION	0.174437	15,971,856	2,786,083		59
60 LABORATORY	0.161489	21,591,968	3,486,865		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.205308	7,075,299	1,452,615		65
66 PHYSICAL THERAPY	0.522845	720,582	376,753		66
67 OCCUPATIONAL THERAPY	0.727104	169,759	123,432		67
68 SPEECH PATHOLOGY	0.461374	431,081	198,890		68
70 ELECTROENCEPHALOGRAPHY	0.386980	130,581	50,532		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639	408,172	176,591		71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669	6,024,348	3,190,910		72
73 DRUGS CHARGED TO PATIENTS	0.378841	13,638,072	5,166,661		73
74 RENAL DIALYSIS	0.198391	3,248,974	644,567		74
76 EMG	0.127518	7,774	991		76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	0.719284	339	244		76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	0.692643	7,670	5,313		76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER	0.413265	2,961	1,224		76.06
76.07 SLEEP LAB	0.228249				76.07
76.08 UROLOGY	1.074046				76.08
76.09 ADDP OP					76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580				76.10
76.11 DIABETES TREATMENT	2.568415				76.11
76.12 MENTAL HEALTH CENTER	1.145429	366	419		76.12
76.13 VEIN CLINIC					76.13
76.97 CARDIAC REHABILITATION	0.505891	4,688	2,372		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.939992				90
91 EMERGENCY	0.210937	7,084,919	1,494,472		91
92 OBSERVATION BEDS	0.780235				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		95,428,575	24,577,375		200
201 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		95,428,575			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S158) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	4	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
40 SUBPROVIDER - IPF		2,579,841			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.524596				50
50.01 GI LAB	0.313751				50.01
51 RECOVERY ROOM	0.325694				51
52 DELIVERY ROOM & LABOR ROOM	0.294080				52
53 ANESTHESIOLOGY	0.152611				53
54 RADIOLOGY-DIAGNOSTIC	0.235309	11,984	2,820		54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.183516	805	148		55
56 RADIOISOTOPE	0.183269				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362	11,910	1,541		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416	4,400	904		58
59 CARDIAC CATHETERIZATION	0.174437	20,097	3,506		59
60 LABORATORY	0.161489	313,190	50,577		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.205308	18,032	3,702		65
66 PHYSICAL THERAPY	0.522845	1,290	674		66
67 OCCUPATIONAL THERAPY	0.727104	78,134	56,812		67
68 SPEECH PATHOLOGY	0.461374	1,082	499		68
70 ELECTROENCEPHALOGRAPHY	0.386980				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639				71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669				72
73 DRUGS CHARGED TO PATIENTS	0.378841	288,439	109,273		73
74 RENAL DIALYSIS	0.198391	12,768	2,533		74
76 EMG	0.127518	2,000	255		76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	0.719284				76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	0.692643				76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER	0.413265				76.06
76.07 SLEEP LAB	0.228249				76.07
76.08 UROLOGY	1.074046				76.08
76.09 ADDP OP					76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580				76.10
76.11 DIABETES TREATMENT	2.568415				76.11
76.12 MENTAL HEALTH CENTER	1.145429				76.12
76.13 VEIN CLINIC					76.13
76.97 CARDIAC REHABILITATION	0.505891				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.939992				90
91 EMERGENCY	0.210937	234,757	49,519		91
92 OBSERVATION BEDS	0.780235				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		998,888	282,763		200
201 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		998,888			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] IRF (14-T158) [ ] NF [ ] ICF/MR [ ] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF		1,285,517			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.524596	1,255	658		50
50.01 GI LAB	0.313751				50.01
51 RECOVERY ROOM	0.325694				51
52 DELIVERY ROOM & LABOR ROOM	0.294080				52
53 ANESTHESIOLOGY	0.152611				53
54 RADIOLOGY-DIAGNOSTIC	0.235309	12,685	2,985		54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.183516	3,200	587		55
56 RADIOISOTOPE	0.183269				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362	8,137	1,053		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416				58
59 CARDIAC CATHETERIZATION	0.174437	4,039	705		59
60 LABORATORY	0.161489	99,591	16,083		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO					62.30
65 RESPIRATORY THERAPY	0.205308	17,354	3,563		65
66 PHYSICAL THERAPY	0.522845	293,260	153,330		66
67 OCCUPATIONAL THERAPY	0.727104	305,065	221,814		67
68 SPEECH PATHOLOGY	0.461374	69,419	32,028		68
70 ELECTROENCEPHALOGRAPHY	0.386980				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639	18,077	7,821		71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669				72
73 DRUGS CHARGED TO PATIENTS	0.378841	261,960	99,241		73
74 RENAL DIALYSIS	0.198391	43,168	8,564		74
76 EMG	0.127518	500	64		76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	0.719284				76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	0.692643				76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER	0.413265				76.06
76.07 SLEEP LAB	0.228249				76.07
76.08 UROLOGY	1.074046				76.08
76.09 ADDP OP					76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580				76.10
76.11 DIABETES TREATMENT	2.568415				76.11
76.12 MENTAL HEALTH CENTER	1.145429				76.12
76.13 VEIN CLINIC					76.13
76.97 CARDIAC REHABILITATION	0.505891				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.939992				90
91 EMERGENCY	0.210937				91
92 OBSERVATION BEDS	0.780235				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,137,710	548,496		200
201 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,137,710			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
32.01 NURSERY INTENSIVE CARE CENTER			32.01
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.524596		50
50.01 GI LAB	0.313751		50.01
51 RECOVERY ROOM	0.325694		51
52 DELIVERY ROOM & LABOR ROOM	0.294080		52
53 ANESTHESIOLOGY	0.152611		53
54 RADIOLOGY-DIAGNOSTIC	0.234204		54
54.01 MRI CENTER			54.01
55 RADIOLOGY-THERAPEUTIC	0.183516		55
56 RADIOISOTOPE	0.183162		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416		58
59 CARDIAC CATHETERIZATION	0.165952		59
60 LABORATORY	0.161489		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.205194		65
66 PHYSICAL THERAPY	0.522845		66
67 OCCUPATIONAL THERAPY	0.727104		67
68 SPEECH PATHOLOGY	0.461374		68
70 ELECTROENCEPHALOGRAPHY	0.386980		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.432639		71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669		72
73 DRUGS CHARGED TO PATIENTS	0.378841		73
74 RENAL DIALYSIS	0.198391		74
76 EMG	0.127518		76
76.01 CARDIOVASCULAR LAB			76.01
76.02 MERCY EYE CENTER	0.719284		76.02
76.03 MERCY ENT			76.03
76.04 WOUND CARE CENTER	0.692643		76.04
76.05 CARDIAC REHAB			76.05
76.06 PRE-BIRTH CENTER	0.413265		76.06
76.07 SLEEP LAB	0.228249		76.07
76.08 UROLOGY	1.074046		76.08
76.09 ADDP OP			76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580		76.10
76.11 DIABETES TREATMENT	2.568415		76.11
76.12 MENTAL HEALTH CENTER	1.145429		76.12
76.13 VEIN CLINIC			76.13
76.97 CARDIAC REHABILITATION	0.505891		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.939992		90
91 EMERGENCY	0.210937		91
92 OBSERVATION BEDS	0.780235		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S158) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO COSTS 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
32.01 NURSERY INTENSIVE CARE CENTER				32.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.524596			50
50.01 GI LAB	0.313751			50.01
51 RECOVERY ROOM	0.325694			51
52 DELIVERY ROOM & LABOR ROOM	0.294080			52
53 ANESTHESIOLOGY	0.152611			53
54 RADIOLOGY-DIAGNOSTIC	0.234204			54
54.01 MRI CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.183516			55
56 RADIOISOTOPE	0.183162			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416			58
59 CARDIAC CATHETERIZATION	0.165952			59
60 LABORATORY	0.161489			60
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
65 RESPIRATORY THERAPY	0.205194			65
66 PHYSICAL THERAPY	0.522845			66
67 OCCUPATIONAL THERAPY	0.727104			67
68 SPEECH PATHOLOGY	0.461374			68
70 ELECTROENCEPHALOGRAPHY	0.386980			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639			71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669			72
73 DRUGS CHARGED TO PATIENTS	0.378841			73
74 RENAL DIALYSIS	0.198391			74
76 EMG	0.127518			76
76.01 CARDIOVASCULAR LAB				76.01
76.02 MERCY EYE CENTER	0.719284			76.02
76.03 MERCY ENT				76.03
76.04 WOUND CARE CENTER	0.692643			76.04
76.05 CARDIAC REHAB				76.05
76.06 PRE-BIRTH CENTER	0.413265			76.06
76.07 SLEEP LAB	0.228249			76.07
76.08 UROLOGY	1.074046			76.08
76.09 ADDP OP				76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580			76.10
76.11 DIABETES TREATMENT	2.568415			76.11
76.12 MENTAL HEALTH CENTER	1.145429			76.12
76.13 VEIN CLINIC				76.13
76.97 CARDIAC REHABILITATION	0.505891			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.939992			90
91 EMERGENCY	0.210937			91
92 OBSERVATION BEDS	0.780235			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] IRF (14-T158) [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
32.01 NURSERY INTENSIVE CARE CENTER			32.01
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.524596		50
50.01 GI LAB	0.313751		50.01
51 RECOVERY ROOM	0.325694		51
52 DELIVERY ROOM & LABOR ROOM	0.294080		52
53 ANESTHESIOLOGY	0.152611		53
54 RADIOLOGY-DIAGNOSTIC	0.234204		54
54.01 MRI CENTER			54.01
55 RADIOLOGY-THERAPEUTIC	0.183516		55
56 RADIOISOTOPE	0.183162		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.129362		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.205416		58
59 CARDIAC CATHETERIZATION	0.165952		59
60 LABORATORY	0.161489		60
62.30 BLOOD CLOTTING FACTORS ADMIN CO			62.30
65 RESPIRATORY THERAPY	0.205194		65
66 PHYSICAL THERAPY	0.522845		66
67 OCCUPATIONAL THERAPY	0.727104		67
68 SPEECH PATHOLOGY	0.461374		68
70 ELECTROENCEPHALOGRAPHY	0.386980		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.432639		71
72 IMPL. DEV. CHARGED TO PATIENT	0.529669		72
73 DRUGS CHARGED TO PATIENTS	0.378841		73
74 RENAL DIALYSIS	0.198391		74
76 EMG	0.127518		76
76.01 CARDIOVASCULAR LAB			76.01
76.02 MERCY EYE CENTER	0.719284		76.02
76.03 MERCY ENT			76.03
76.04 WOUND CARE CENTER	0.692643		76.04
76.05 CARDIAC REHAB			76.05
76.06 PRE-BIRTH CENTER	0.413265		76.06
76.07 SLEEP LAB	0.228249		76.07
76.08 UROLOGY	1.074046		76.08
76.09 ADDP OP			76.09
76.10 PSYCH PARTIAL HOSPITAL	0.360580		76.10
76.11 DIABETES TREATMENT	2.568415		76.11
76.12 MENTAL HEALTH CENTER	1.145429		76.12
76.13 VEIN CLINIC			76.13
76.97 CARDIAC REHABILITATION	0.505891		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.939992		90
91 EMERGENCY	0.210937		91
92 OBSERVATION BEDS	0.780235		92
OTHER REIMBURSABLE COST CENTERS			
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

CHECK [XX] HOSPITAL (14-0158)  
 APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	41,726,778	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	279,670	2
3	MANAGED CARE SIMULATED PAYMENTS	3,462,621	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	225.79	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	87.01	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	87.01	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	103.47	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	3.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	90.01	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	94.01	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	97.73	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	93.92	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	93.92	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.415962	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.386890	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.386890	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	8,640,484	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	16.46	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	8,640,484	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1367	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.4021	31
32	SUM OF LINES 30 AND 31	0.5388	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.3367	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	14,049,406	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	64,696,338	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	64,696,338	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,433,683	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

CHECK [XX] HOSPITAL (14-0158)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,117,369	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	72,247,390	59
60	PRIMARY PAYER PAYMENTS	21,066	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	72,226,324	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,951,560	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	307,554	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,596,142	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,817,299	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,864,094	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	69,784,509	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	69,784,509	71
72	INTERIM PAYMENTS	68,710,653	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	1,073,856	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:        [ ] HOSPITAL                            [XX] IPF (14-S158)        [ ] IRF  
                                 [ ] SUB (OTHER)                            [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.850	5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-0158) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

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			66,004,145		12,509,510
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.			NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	02/18/2011	1,402,263	02/18/2011	301,762
	.02	06/10/2011	1,304,245		
	.03				
	.04				
	.05				
	.06				
	.07				
	.08				
	.09				
	.50		NONE		
	.51				
	.52				
	.53			06/10/2011	81,262
	.54				
	.55				
	.56				
	.57				
	.58				
	.59				
	.99		2,706,508		220,500
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)			68,710,653		12,730,010

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01		NONE		NONE
	.02				
	.03				
	.04				
	.05				
	.06				
	.07				
	.08				
	.09				
	.50		NONE		NONE
	.51				
	.52				
	.53				
	.54				
	.55				
	.56				
	.57				
	.58				
	.59				
	.99				
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	.01				323,428
	.02		-68,710,653		
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					13,053,438

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [XX] IPF (14-S158) [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,524,129		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 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,524,129		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	.01 .02			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,524,129		7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_



PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE  
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10  
02/01/2012 13:30

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-0158) [ ] CAH  
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	15,193	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	26,086	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,000	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	58,281	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	554,887,568	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	9,453,812	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	2,357,562	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	2,404,867	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	-47,305	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S158)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1,771,540	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	21.567123	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,771,540	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	1,771,540	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,771,540	18
19	DEDUCTIBLES	190,532	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,581,008	20
21	COINSURANCE	56,879	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,524,129	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	1,524,129	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,524,129	31
32	INTERIM PAYMENTS	1,524,129	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)		34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	12,237	35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART III

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IRF (14-T158)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,776,588	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.097500	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	141,306	3
4	OUTLIER PAYMENTS		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	1.23	5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)	1.23	7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	1.23	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	4.953425	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.164748	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	292,689	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	2,210,583	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	2,210,583	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,210,583	19
20	DEDUCTIBLES	15,752	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,194,831	21
22	COINSURANCE	1,925	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,192,906	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	2,192,906	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,192,906	32
33	INTERIM PAYMENTS	2,198,526	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-5,620	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-0158) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	15,358,816	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	15,358,816	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	15,358,816	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES	2,459,906	8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	2,459,906	12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,459,906	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	12,898,910	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LINE 7)	15,358,816	21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)		27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	15,358,816	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)	12,898,910	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	2,459,906	31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	2,459,906	36
37	OTHER ADJUSTMENTS (REMOVE IP COSTS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)	2,459,906	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	2,459,906	40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	2,459,906	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S158) [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	2,986,037	1
2	MEDICAL AND OTHER SERVICES		2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,986,037	4
5	INPATIENT PRIMARY PAYER PAYMENTS		5
6	OUTPATIENT PRIMARY PAYER PAYMENTS		6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,986,037	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES		8
9	ANCILLARY SERVICE CHARGES		9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)		12
CUSTOMARY CHARGES			
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	2,986,037	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21	COST OF COVERED SERVICES (LINE 7)	2,986,037	21
PROSPECTIVE PAYMENT AMOUNT			
22	OTHER THAN OUTLIER PAYMENTS		22
23	OUTLIER PAYMENTS		23
24	PROGRAM CAPITAL PAYMENTS		24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)		27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	2,986,037	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (FROM LINE 18)	2,986,037	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)		31
32	DEDUCTIBLES		32
33	COINSURANCE		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	UTILIZATION REVIEW		35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38	SUBTOTAL (LINE 36 ± LINE 37)		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41	INTERIM PAYMENTS		41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
BOXES: [XX] IRF (14-T158) [ ] ICF/MR [XX] OTHER  
[ ] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	167,348 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	167,348 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	167,348 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	167,348 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	167,348 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	167,348 29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	167,348 30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII  
 BOX: [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		88.01 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		88.01 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		103.47 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		88.01 7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	72.19	30.20 102.39 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	61.40	25.69 87.09 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.50 10
11	TOTAL WEIGHTED FTE COUNT	61.40	28.19 11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	60.55	30.68 12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	62.20	34.82 13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	61.38	31.23 14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	61.38	31.23 17
18	PER RESIDENT AMOUNT	97,785.16	92,593.93 18
19	APPROVED AMOUNT FOR RESIDENT COSTS	6,002,053	2,891,708 8,893,761 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		15.46 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23
24	MULTIPLY LINE 22 TIMES LINE 23		24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		8,893,761 25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	29,448	2,123 26
27	TOTAL INPATIENT DAYS	67,961	67,961 27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.433307	0.031239 28
29	PROGRAM DIRECT GME AMOUNT	3,853,729	277,832 29
30	REDUCTION FOR NURSING/ALLIED HEALTH		39,258 30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
31	NET PROGRAM DIRECT GME AMOUNT		4,092,303 31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		5,159,046 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)		49,774,575 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		21,066 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		49,753,509 41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		15,560,765 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		757 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		15,560,008 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		65,313,517 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		0.761764 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		0.238236 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		4,092,303 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		3,117,369 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		974,934 50

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

WORKSHEET E-4

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII  
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	22,807	2,971	26
27	TOTAL INPATIENT DAYS	67,961	67,961	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.335590	0.043716	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR NURSING/ALLIED HEALTH			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
31	NET PROGRAM DIRECT GME AMOUNT			31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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	23,699,865			1
2 TEMPORARY INVESTMENTS	6,494,318			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	37,594,923			4
5 OTHER RECEIVABLES	1,484,238			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	2,556,177			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	9,464,509			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	81,294,030			11
FIXED ASSETS				
12 LAND	6,319,968			12
13 LAND IMPROVEMENTS	8,477,605			13
14 ACCUMULATED DEPRECIATION	-1,374,550			14
15 BUILDINGS	103,498,824			15
16 ACCUMULATED DEPRECIATION	-74,870,506			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	96,276,699			23
24 ACCUMULATED DEPRECIATION	-68,875,198			24
25 MINOR EQUIPMENT DEPRECIABLE				25
26 ACCUMULATED DEPRECIATION				26
27 HIT DESIGNATED ASSETS				27
28 ACCUMULATED DEPRECIATION				28
29 MINOR EQUIPMENT-NONDEPRECIABLE				29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	69,452,842			30
OTHER ASSETS				
31 INVESTMENTS	10,227,823			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	9,430,799			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	19,658,622			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	170,405,494			36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	21,250,450			37
38 SALARIES, WAGES & FEES PAYABLE	11,348,435			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	144,582			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	681,052			43
44 OTHER CURRENT LIABILITIES	5,976,989			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	39,401,508			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE	38,468,995			46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	24,444,469			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	62,913,464			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	102,314,972			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	68,090,522			52
53 SPECIFIC PURPOSE FUND BALANCE				53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57 PLANT FUND BALANCE - INVESTED IN PLANT				57
58 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59 TOTAL FUND BALANCES (SUM OF LINES 52-58)	68,090,522			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	170,405,494			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		54,608,871							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		13,481,651							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		68,090,522							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		68,090,522							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		68,090,522							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	70,151,846		70,151,846	1
3 SUBPROVIDER IPF	8,684,662		8,684,662	2
5 SUBPROVIDER IRF	2,143,421		2,143,421	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY				7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	80,979,929		80,979,929	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	9,856,791		9,856,791	11
13 CORONARY CARE UNIT	3,372,699		3,372,699	12
12.01 NURSERY INTENSIVE CARE CENTER	5,208,063		5,208,063	12.01
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	18,437,553		18,437,553	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	99,417,482		99,417,482	17
18 ANCILLARY SERVICES	215,846,065	235,611,807	451,457,872	18
19 OUTPATIENT SERVICES		40,471,807	40,471,807	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	315,263,547	276,083,614	591,347,161	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		250,370,351	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		250,370,351	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	591,347,161	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	335,940,964	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	255,406,197	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	250,370,351	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	5,035,846	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	574,969	6
7	INCOME FROM INVESTMENTS	245,158	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	795	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF 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	978,417	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (GAIN ON SALE OF ASSETS)	5,475	24
24.01	OTHER (CAPITATION REVENUE)	3,311,274	24.01
24.02	OTHER (JOINT VENTURE REVENUE)	1,107,853	24.02
24.03	OTHER (OTHER REVENUE)	952,753	24.03
24.04	OTHER (REFERRAL LAB)	63,033	24.04
24.05	OTHER (LAB REVENUE)	439,319	24.05
24.06	OTHER (GRANTS)	766,759	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	8,445,805	25
26	TOTAL (LINE 5 PLUS LINE 25)	13,481,651	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	13,481,651	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL ((14-015) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB (OTHER) [ ] COST METHOD  
 BOXES [ ] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	3,403,494	1
2	CAPITAL DRG OUTLIER PAYMENTS	23,095	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	159.67	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	93.92	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1806	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	614,671	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1367	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.4021	8
9	SUM OF LINES 7 AND 8	0.5388	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1153	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	392,423	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,433,683	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 GI LAB					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FACTORS ADMIN C					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 EMG					76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER					76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER					76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER					76.06
76.07 SLEEP LAB					76.07
76.08 UROLOGY					76.08
76.09 ADDP OP					76.09
76.10 PSYCH PARTIAL HOSPITAL					76.10
76.11 DIABETES TREATMENT					76.11
76.12 MENTAL HEALTH CENTER					76.12
76.13 VEIN CLINIC					76.13
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC					90
91 EMERGENCY					91
92 OBSERVATION BEDS					92

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			2A	
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
99.20	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)				118
NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CA				190
191	RESEARCH				191
192	PHYSICIANS' PRIVATE OFFICES				192
192.01	DNBAR CLINIC				192.01
192.02	PHILLIPS HEALTH				192.02
192.03	OTHER HOME HEALTH				192.03
192.04	VITAS HOSPICE				192.04
192.05	DOCTORS OFFICE				192.05
194	OTHER NONREIMBURSABLE COST CEN				194
194.01	SENIOR FRIENDS				194.01
194.02	OTHER NONREIMBURSABLE COST CEN				194.02
194.03	OTHER NONREIMBURSABLE COST CEN				194.03
200	CROSS FOOT ADJUSTMENTS				200
201	NEGATIVE COST CENTER				201
202	TOTAL (SUM OF LINE 118 AND LINES 190-201)				202
203	TOTAL STATISTICAL BASIS				203
204	UNIT COST MULTIPLIER				204
204	UNIT COST MULTIPLIER				204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	40.22		25.99				66.21 30
31 INTENSIVE CARE UNIT	55.46		22.55				78.01 31
32 CORONARY CARE UNIT	58.45		21.46				79.91 32
32.01 NURSERY INTENSIVE CARE CENTER			92.51				92.51 32.01
43 NURSERY			80.76				80.76 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	15.31	9.69					25.00 50
50.01 GI LAB	15.57	25.69					41.26 50.01
51 RECOVERY ROOM	14.53	15.06					29.59 51
52 DELIVERY ROOM & LABOR ROOM	0.36	0.01					0.37 52
53 ANESTHESIOLOGY	16.96	8.63					25.59 53
54 RADIOLOGY-DIAGNOSTIC	13.60	13.06					26.66 54
55 RADIOLOGY-THERAPEUTIC	1.57	36.07					37.64 55
56 RADIOISOTOPE	12.56	27.21					39.77 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	21.39	17.96					39.35 57
58 MAGNETIC RESONANCE IMAGING (MRI)	9.37	19.07					28.44 58
59 CARDIAC CATHETERIZATION	30.52	19.67					50.19 59
60 LABORATORY	22.98	1.02					24.00 60
65 RESPIRATORY THERAPY	50.90	3.60					54.50 65
66 PHYSICAL THERAPY	20.71	0.02					20.73 66
67 OCCUPATIONAL THERAPY	8.94	1.63					10.57 67
68 SPEECH PATHOLOGY	35.42						35.42 68
70 ELECTROENCEPHALOGRAPHY	33.17	11.99					45.16 70
71 MEDICAL SUPPLIES CHRGD TO PATI	47.99	3.66					51.65 71
72 IMPL. DEV. CHARGED TO PATIENT	41.28	13.49					54.77 72
73 DRUGS CHARGED TO PATIENTS	27.72	13.50					41.22 73
74 RENAL DIALYSIS	62.98	1.13					64.11 74
76 EMG	1.06	23.34					24.40 76
76.02 MERCY EYE CENTER	0.03	52.94					52.97 76.02
76.04 WOUND CARE CENTER	1.14	48.68					49.82 76.04
76.06 PRE-BIRTH CENTER	0.27	0.30					0.57 76.06
76.07 SLEEP LAB		25.75					25.75 76.07
76.08 UROLOGY		18.19					18.19 76.08
76.10 PSYCH PARTIAL HOSPITAL		19.33					19.33 76.10
76.11 DIABETES TREATMENT		25.89					25.89 76.11
76.12 MENTAL HEALTH CENTER	0.04	26.56					26.60 76.12
76.97 CARDIAC REHABILITATION	0.48	26.96					27.44 76.97
90 CLINIC		8.64					8.64 90
91 EMERGENCY	15.32	10.69					26.01 91
92 OBSERVATION BEDS		37.01					37.01 92
200 TOTAL CHARGES	21.07	11.24					32.31 200

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

SUBPROVIDER-IPF

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							
40 SUBPROVIDER - IPF	28.93		51.05				79.98 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.03						0.03 54
55 RADIOLOGY-THERAPEUTIC	0.02						0.02 55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.06						0.06 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.06						0.06 58
59 CARDIAC CATHETERIZATION	0.04						0.04 59
60 LABORATORY	0.33						0.33 60
65 RESPIRATORY THERAPY	0.13						0.13 65
66 PHYSICAL THERAPY	0.04						0.04 66
67 OCCUPATIONAL THERAPY	4.11						4.11 67
68 SPEECH PATHOLOGY	0.09						0.09 68
73 DRUGS CHARGED TO PATIENTS	0.59						0.59 73
74 RENAL DIALYSIS	0.25						0.25 74
76 EMG	0.27						0.27 76
91 EMERGENCY	0.51						0.51 91
200 TOTAL CHARGES	0.22						0.22 200

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

SUBPROVIDER-IRF

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							
41 SUBPROVIDER - IRF	60.01		8.30				68.31 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.03						0.03 54
55 RADIOLOGY-THERAPEUTIC	0.06						0.06 55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.04						0.04 57
59 CARDIAC CATHETERIZATION	0.01						0.01 59
60 LABORATORY	0.11						0.11 60
65 RESPIRATORY THERAPY	0.12						0.12 65
66 PHYSICAL THERAPY	8.43						8.43 66
67 OCCUPATIONAL THERAPY	16.06						16.06 67
68 SPEECH PATHOLOGY	5.70						5.70 68
71 MEDICAL SUPPLIES CHRGED TO PATI	2.13						2.13 71
73 DRUGS CHARGED TO PATIENTS	0.53						0.53 73
74 RENAL DIALYSIS	0.84						0.84 74
76 EMG	0.07						0.07 76
200 TOTAL CHARGES	0.25						0.25 200



COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
99.20 OUTPATIENT PHYSICAL THERAPY							99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40 OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS							
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN			46,525	0.04	46,525	0.02	190
191 RESEARCH	23,407	0.01	14,552	0.01	37,959	0.02	191
192 PHYSICIANS' PRIVATE OFFICES	14,655,684	6.68	5,347,811	4.66	20,003,495	9.11	192
192.01 DNBAR CLINIC	142,722	0.07	55,435	0.05	198,157	0.09	192.01
192.02 PHILLIPS HEALTH	140,899	0.06	59,992	0.05	200,891	0.09	192.02
192.03 OTHER HOME HEALTH							192.03
192.04 VITAS HOSPICE			894,178	0.78	894,178	0.41	192.04
192.05 DOCTORS OFFICE	305,542	0.14	497,943	0.43	803,485	0.37	192.05
194 OTHER NONREIMBURSABLE COST CENT							194
194.01 SENIOR FRIENDS							194.01
194.02 OTHER NONREIMBURSABLE COST CENT	105,530	0.05	142,280	0.12	247,810	0.11	194.02
194.03 OTHER NONREIMBURSABLE COST CENT							194.03
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	219,517,437	100.00			219,517,437	100.00	202

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						
50 OPERATING ROOM	1,744,307	32,842,768	0.053111	5,028,073	267,046	50
50.01 GI LAB	232,599	6,343,237	0.036669	987,595	36,214	50.01
51 RECOVERY ROOM	45,915	4,301,535	0.010674	624,870	6,670	51
52 DELIVERY ROOM & LABOR ROOM	287,411	19,500,226	0.014739	69,881	1,030	52
53 ANESTHESIOLOGY	118,733	4,584,924	0.025896	777,706	20,139	53
54 RADIOLOGY-DIAGNOSTIC	1,115,416	37,207,978	0.029978	5,059,616	151,677	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	62,504	5,034,430	0.012415	78,837	979	55
56 RADIOISOTOPE	47,766	8,245,009	0.005793	1,035,906	6,001	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	85,489	21,174,908	0.004037	4,529,946	18,287	57
58 MAGNETIC RESONANCE IMAGING (MRI)	58,031	7,647,358	0.007588	716,736	5,439	58
59 CARDIAC CATHETERIZATION	753,552	52,326,999	0.014401	15,971,856	230,011	59
60 LABORATORY	749,642	93,969,977	0.007977	21,591,968	172,239	60
62.30 BLOOD CLOTTING FACTORS ADMIN CO						62.30
65 RESPIRATORY THERAPY	168,822	13,901,223	0.012144	7,075,299	85,922	65
66 PHYSICAL THERAPY	70,310	3,478,807	0.020211	720,582	14,564	66
67 OCCUPATIONAL THERAPY	90,951	1,899,000	0.047894	169,759	8,130	67
68 SPEECH PATHOLOGY	16,882	1,217,057	0.013871	431,081	5,980	68
70 ELECTROENCEPHALOGRAPHY	13,604	393,640	0.034559	130,581	4,513	70
71 MEDICAL SUPPLIES CHRGD TO PATI	7,837	850,586	0.009214	408,172	3,761	71
72 IMPL. DEV. CHARGED TO PATIENT	164,473	14,594,000	0.011270	6,024,348	67,894	72
73 DRUGS CHARGED TO PATIENTS	431,648	49,202,680	0.008773	13,638,072	119,647	73
74 RENAL DIALYSIS	28,626	5,159,046	0.005549	3,248,974	18,029	74
76 EMG	3,937	731,067	0.005385	7,774	42	76
76.01 CARDIOVASCULAR LAB	140,212					76.01
76.02 MERCY EYE CENTER	88,587	1,122,838	0.078896	339	27	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	227,977	670,607	0.339956	7,670	2,607	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	23,639	1,083,104	0.021825	2,961	65	76.06
76.07 SLEEP LAB	7,849	1,784,018	0.004400			76.07
76.08 UROLOGY	4,285	124,234	0.034491			76.08
76.09 ADPP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL	28,782	2,018,778	0.014257			76.10
76.11 DIABETES TREATMENT	4,499	88,131	0.051049			76.11
76.12 MENTAL HEALTH CENTER	52,133	943,995	0.055226	366	20	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION	29,576	975,160	0.030329	4,688	142	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	295,862	7,120,773	0.041549			90
91 EMERGENCY	394,770	46,231,386	0.008539	7,084,919	60,498	91
92 OBSERVATION BEDS	236,157	6,226,588	0.037927			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	7,832,783	452,996,067		95,428,575	1,307,573	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	CAPITAL	PATIENT			
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT
	1	2	COST	4	5	DAYS	PPS CAPITAL
			3			6	COSTS
							7
INPATIENT ROUTINE SERVICE COST CENTERS							
30 ADULTS & PEDIATRICS	1,898,816		1,898,816	56,372	33.68	22,671	763,559 30
31 INTENSIVE CARE UNIT	256,475		256,475	4,542	56.47	2,519	142,248 31
32 CORONARY CARE UNIT	141,575		141,575	1,533	92.35	896	82,746 32
32.01 NURSERY INTENSIVE CARE CENTER	41,738		41,738	2,845	14.67		32.01
200 TOTAL	2,338,604		2,338,604	65,292		26,086	988,553 200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	988,553
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,307,573
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,296,126
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	5,509
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	26,086
PER DISCHARGE CAPITAL COSTS	416.80
PER DIEM CAPITAL COSTS	88.02

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)	43,735,169
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	134,623,405
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.325

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,768,752
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	2,434,391
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.727

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,974,528
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,578,729
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.552

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,296,126
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.017

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, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	15,526,029
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	50,840,187
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.305