

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 07/01/2011 AND ENDING 06/30/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-2,234,137	175,819		2,459,906	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		-150,031				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		-2,384,168	175,819		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 CENTE	14-0158	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	MERCY HOSPITAL & MEDICAL CENTE	14-S158	16974	4	07/01/1984	N	P	O	4
5	SUBPROVIDER - IRF	MERCY HOSPITAL & MEDICAL CENTE	14-T158	16974	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: 07/01/2011			TO: 06/30/2012					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		OUT-OF-STATE		OUT-OF-STATE		MEDICAID	OTHER	
		MEDICAID		MEDICAID		MEDICAID				
		PAID	UNPAID	PAID	UNPAID	PAID	UNPAID			HMO
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	20,911	1,790					514		24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.			338				14		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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.						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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX	
		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? 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 2148? 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
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 IME 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)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	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
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.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

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
INPATIENT PSYCHIATRIC FACILITY PPS				
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
INPATIENT REHABILITATION FACILITY PPS				
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
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
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
TITLE V AND XIX INPATIENT SERVICES				
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 1 2 N Y 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
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 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- SICAL ATIONAL N	RESPI- SICAL SPEECH RATORY 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

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. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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.	1 Y	2	140
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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: TRINITY HEALTH	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, LINE 74 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)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	N 156
157	SUBPROVIDER - IRF	N	N	N 157
158	SUBPROVIDER - (OTHER)	N	N	N 158
159	SNF	N	N	N 159
160	HHA	N	N	N 160
161	CMHC	N	N	N 161

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
12/01/2012 09:23

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

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	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? 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. 0.75 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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	
PROVIDER ORGANIZATION AND OPERATION				
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
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)	N		3
FINANCIAL DATA AND REPORTS				
		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
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	1	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		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.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N 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
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		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	
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	
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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

- 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? Y/N DATE 1 2 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. N 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

COST REPORT PREPARER CONTACT INFORMATION

- 41 FIRST NAME: LAST NAME: TITLE: 41
- 42 EMPLOYER: 42
- 43 PHONE NUMBER: E-MAIL ADDRESS: 43

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	200	104,246,195		104,246,195	3,275,873.00	31.82	1
2							2
3							3
4		722,727		722,727	7,373.00	98.02	4
4.01		1,301,240		1,301,240	15,958.00	81.54	4.01
5		3,162,681		3,162,681	34,684.00	91.19	5
6							6
7	21	6,795,229	-1,301,240	5,493,989	152,897.00	35.93	7
7.01							7.01
8							8
9	44						9
10		15,154,983	311,452	15,466,435	363,612.00	42.54	10
11		8,946,271		8,946,271	138,635.00	64.53	11
12							12
13							13
14							14
15							15
16							16
17		17,242,583		17,242,583			17
18							18
19		2,106,280		2,106,280			19
20							20
21							21
22		65,753		65,753			22
22.01							22.01
23		170,440		170,440			23
24							24
25		940,081		940,081			25
26		1,944,791		1,944,791	56,203.00	34.60	26
27		15,304,920	-1	15,304,919	541,509.00	28.26	27
28		631,995		631,995	1,892.00	334.04	28
29							29
30		2,174,248		2,174,248	95,803.00	22.69	30
31		306,881		306,881	21,941.00	13.99	31
32		2,268,401		2,268,401	178,075.00	12.74	32
33		708,978		708,978	12,481.00	56.80	33
34							34
35		1,671,781		1,671,781	97,760.00	17.10	35
36							36
37							37
38		1,622,858		1,622,858	33,393.00	48.60	38
39		562,552		562,552	35,953.00	15.65	39
40							40
41		1,359,316	-1	1,359,315	56,650.00	23.99	41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	96,578,312	1,301,240	97,879,552	3,193,052.00	30.65	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	15,154,983	311,452	15,466,435	363,612.00	42.54	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	81,423,329	989,788	82,413,117	2,829,440.00	29.13	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	8,946,271		8,946,271	138,635.00	64.53	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	17,308,336		17,308,336		21.00	5
6	TOTAL (SUM OF LINES 3 THRU 5)	107,677,936	989,788	108,667,724	2,968,075.00	36.61	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	28,556,721	-2	28,556,719	1,131,660.00	25.23	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,637,339	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		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)	10,001,302	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	264,074	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	156,911	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	276,390	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,372,562	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	7,011,219	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	173,541	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	49,231	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	20,942,569	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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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 OLTIC		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 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.322569	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				59,168,742	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				152,874,100	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				49,312,446	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.					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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					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) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					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	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	9,532,576	1,631,424	11,164,000		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,074,914	526,247	3,601,161		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	476,629	163,142	639,771		22
23	COST OF CHARITY CARE	2,598,285	363,105	2,961,390		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				N	24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			17,674,000		26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			3,693,078		27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			13,980,922		28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			4,509,812		29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			7,471,202		30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			7,471,202		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		4,259,123	4,259,123	1,681,123	1
2	00200		5,368,652	5,368,652	159,583	2
3	00300					3
4	00400	1,944,791	20,828,847	22,773,638	711,494	4
5	00500	15,304,920	52,571,619	67,876,539	-1,252,700	5
6	00600					6
7	00700	2,174,248	8,276,103	10,450,351		7
8	00800	306,881	405,352	712,233		8
9	00900	2,268,401	1,109,539	3,377,940		9
10	01000		3,603,478	3,603,478		10
11	01100					11
12	01200					12
13	01300	1,622,858	75,053	1,697,911		13
14	01400	562,552	380,985	943,537	-340,323	14
15	01500		16,070,089	16,070,089		15
16	01600	1,359,316	477,767	1,837,083	-1	16
17	01700					17
19	01900					19
20	02000					20
21	02100	6,795,229	2,217,989	9,013,218	-1,301,240	21
22	02200				1,301,246	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	16,079,218	3,932,282	20,011,500		30
31	03100	2,834,694	1,188,699	4,023,393		31
32	03200	1,081,034	253,866	1,334,900		32
32.01	02060				1,709,885	32.01
40	04000	2,236,980	64,114	2,301,094		40
41	04100	802,103	601,241	1,403,344		41
43	04300	1,810,535	1,975,943	3,786,478	-1,750,580	43
ANCILLARY SERVICE COST CENTERS						
50	05000	3,867,607	9,279,512	13,147,119	-4,348,115	50
50.01	03340	633,500	643,369	1,276,869		50.01
51	05100	716,737	25,058	741,795		51
52	05200	2,444,085	644,356	3,088,441		52
53	05300	100,533	365,757	466,290		53
54	05400	3,312,192	842,130	4,154,322		54
54.01	05401					54.01
55	05500	576,831	154,663	731,494		55
56	05600	335,318	558,357	893,675	-1	56
57	05700	762,887	1,457,804	2,220,691		57
58	05800	236,852	1,485,866	1,722,718		58
59	05900	3,165,570	4,921,937	8,087,507	-3,598,154	59
60	06000	4,366,126	5,421,013	9,787,139		60
62.30	06250					62.30
65	06500	1,265,807	271,059	1,536,866		65
66	06600	880,428	308,902	1,189,330		66
67	06700	604,329	74,838	679,167		67
68	06800	310,410	8,348	318,758		68
70	07000	48,758	1,263	50,021		70
71	07100				340,323	71
72	07200				7,943,249	72
73	07300					73
74	07400		870,844	870,844		74
76	03951	46,518	2,028	48,546		76
76.01	03952					76.01
76.02	03953	174,616	22,902	197,518		76.02
76.03	03954	311,453	17,934	329,387		76.03
76.04	03955	211,248	26,583	237,831	-329,387	76.04
76.05	03956					76.05
76.06	03957	260,590	52,368	312,958		76.06
76.07	03958		321,400	321,400		76.07
76.08	03640	77,620	4,482	82,102		76.08
76.09	03959	585,073	9,021	594,094		76.09
76.10	03550					76.10
76.11	03960	110,642	31,631	142,273		76.11
76.12	03961	927,494	16,859	944,353		76.12
76.13	03650	3,100	38,423	41,523		76.13
76.97	07697	267,965	14,107	282,072		76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	3,799,709	3,996,497	7,796,206	-1,255,788	90
90.01	09001					90.01
90.02	09002					90.02
90.03	09003	235,103	67,933	303,036		90.03

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	
91	09100 EMERGENCY	4,307,434	1,857,324	6,164,758		91
92	09200 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
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)	92,130,295	157,475,309	249,605,604	-329,386	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191	19100 RESEARCH	28,016	1,953	29,969		191
192	19200 PHYSICIANS' PRIVATE OFFICES	11,652,002	6,506,154	18,158,156	-1	192
192.01	19201 DNBAR CLINIC	78,849	76,337	155,186		192.01
192.02	19202 PHILLIPS HEALTH	57,302	53,915	111,217		192.02
192.03	19204 OTHER HOME HEALTH					192.03
192.04	19205 VITAS HOSPICE					192.04
192.05	19203 DOCTORS OFFICE	299,731	48,806	348,537		192.05
194	07950 OTHER NONREIMBURSABLE COST CENTERS					194
194.01	07951 SENIOR FRIENDS					194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS				329,387	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS					194.03
200	TOTAL (SUM OF LINES 118-199)	104,246,195	164,162,474	268,408,669		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	5,940,246	-359,726	5,580,520	1
2	00200	5,528,235	-14,726	5,513,509	2
3	00300				3
4	00400	23,485,132	-605,239	22,879,893	4
5	00500	66,623,839	-23,187,780	43,436,059	5
6	00600				6
7	00700	10,450,351	-7,551	10,442,800	7
8	00800	712,233		712,233	8
9	00900	3,377,940		3,377,940	9
10	01000	3,603,478		3,603,478	10
11	01100				11
12	01200				12
13	01300	1,697,911	-60,701	1,637,210	13
14	01400	603,214		603,214	14
15	01500	16,070,089		16,070,089	15
16	01600	1,837,082	-83,143	1,753,939	16
17	01700				17
19	01900				19
20	02000				20
21	02100	7,711,978	-7,109	7,704,869	21
22	02200	1,301,246		1,301,246	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	20,011,500	-915,459	19,096,041	30
31	03100	4,023,393	-218,639	3,804,754	31
32	03200	1,334,900		1,334,900	32
32.01	02060	1,709,885		1,709,885	32.01
40	04000	2,301,094	-20,800	2,280,294	40
41	04100	1,403,344		1,403,344	41
43	04300	2,035,898	-1,645,900	389,998	43
ANCILLARY SERVICE COST CENTERS					
50	05000	8,799,004		8,799,004	50
50.01	03340	1,276,869		1,276,869	50.01
51	05100	741,795		741,795	51
52	05200	3,088,441		3,088,441	52
53	05300	466,290		466,290	53
54	05400	4,154,322	-65,550	4,088,772	54
54.01	05401				54.01
55	05500	731,494	-185,800	545,694	55
56	05600	893,674	-24,875	868,799	56
57	05700	2,220,691	-648,133	1,572,558	57
58	05800	1,722,718	-622,319	1,100,399	58
59	05900	4,489,353	-1,197,527	3,291,826	59
60	06000	9,787,139	-154,181	9,632,958	60
62.30	06250				62.30
65	06500	1,536,866		1,536,866	65
66	06600	1,189,330	-585	1,188,745	66
67	06700	679,167	1,858	681,025	67
68	06800	318,758		318,758	68
70	07000	50,021		50,021	70
71	07100	340,323		340,323	71
72	07200	7,943,249		7,943,249	72
73	07300				73
74	07400	870,844		870,844	74
76	03951	48,546		48,546	76
76.01	03952				76.01
76.02	03953	197,518		197,518	76.02
76.03	03954				76.03
76.04	03955	237,831		237,831	76.04
76.05	03956				76.05
76.06	03957	312,958		312,958	76.06
76.07	03958	321,400		321,400	76.07
76.08	03640	82,102	-169	81,933	76.08
76.09	03959	594,094	-112,221	481,873	76.09
76.10	03550				76.10
76.11	03960	142,273		142,273	76.11
76.12	03961	944,353	-317,893	626,460	76.12
76.13	03650	41,523		41,523	76.13
76.97	07697	282,072	-14,954	267,118	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	6,540,418	-1,431,947	5,108,471	90
90.01	09001				90.01
90.02	09002				90.02
90.03	09003	303,036	-433	302,603	90.03

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS (COL. 5 ± COL. 6)	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	6	7	
91	09100 EMERGENCY	6,164,758	-489,382	5,675,376	91
92	09200 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS					
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)	249,276,218	-32,390,884	216,885,334	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
191	19100 RESEARCH	29,969		29,969	191
192	19200 PHYSICIANS' PRIVATE OFFICES	18,158,155	-897,436	17,260,719	192
192.01	19201 DNBAR CLINIC	155,186		155,186	192.01
192.02	19202 PHILLIPS HEALTH	111,217		111,217	192.02
192.03	19204 OTHER HOME HEALTH				192.03
192.04	19205 VITAS HOSPICE				192.04
192.05	19203 DOCTORS OFFICE	348,537		348,537	192.05
194	07950 OTHER NONREIMBURSABLE COST CENTERS				194
194.01	07951 SENIOR FRIENDS				194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	329,387		329,387	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS				194.03
200	TOTAL (SUM OF LINES 118-199)	268,408,669	-33,288,320	235,120,349	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			159,583 1
500 TOTAL RECLASSIFICATIONS						159,583 500
CODE LETTER - A						
1 D&T COST ALLOCATION	B	EMPLOYEE BENEFITS	4			711,494 1
500 TOTAL RECLASSIFICATIONS						711,494 500
CODE LETTER - B						
1 SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	32.01		1,422,201	287,684 1
500 TOTAL RECLASSIFICATIONS					1,422,201	287,684 500
CODE LETTER - D						
1 IMPLANT SUPPLIES	E	IMPL. DEV. CHARGED TO PATIENT	72			7,943,249 1
2						2
500 TOTAL RECLASSIFICATIONS						7,943,249 500
CODE LETTER - E						
1 INTEREST EXPENSE	F	CAP REL COSTS-BLDG & FIXT	1			1,681,123 1
2						2
500 TOTAL RECLASSIFICATIONS						1,681,123 500
CODE LETTER - F						
1 ENT COSTS	I	OTHER NONREIMBURSABLE COST CE	194.02		311,453	17,934 1
500 TOTAL RECLASSIFICATIONS					311,453	17,934 500
CODE LETTER - I						
1 TEACHING SALARIES	J	I&R SRVCES-OTHER PRGM COSTS A	22		1,301,246	1
2						2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS					1,301,246	500
CODE LETTER - J						
1 MEDICAL SUPPLIES	K	MEDICAL SUPPLIES CHRGED TO PA	71			340,323 1
500 TOTAL RECLASSIFICATIONS						340,323 500
CODE LETTER - K						
1 BILLING FEES	L	ADMINISTRATIVE & GENERAL	5			584,988 1
2						2
500 TOTAL RECLASSIFICATIONS						584,988 500
CODE LETTER - L						
GRAND TOTAL (INCREASES)					3,034,900	11,726,378

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	5		159,583	9 1
500 TOTAL RECLASSIFICATIONS					159,583	500
1 D&T COST ALLOCATION	B	CLINIC	90		711,494	1
500 TOTAL RECLASSIFICATIONS					711,494	500
1 SPECIAL CARE NURSERY	D	NURSERY	43	1,422,201	287,684	1
500 TOTAL RECLASSIFICATIONS				1,422,201	287,684	500
1 IMPLANT SUPPLIES	E	OPERATING ROOM	50		4,348,115	1
2 CARDIAC CATHETERIZATION			59		3,595,134	2
500 TOTAL RECLASSIFICATIONS					7,943,249	500
1 INTEREST EXPENSE	F	ADMINISTRATIVE & GENERAL	5		1,678,104	9 1
2 CARDIAC CATHETERIZATION			59		3,019	2
500 TOTAL RECLASSIFICATIONS					1,681,123	500
1 ENT COSTS	I	MERCY ENT	76.03	311,453	17,934	1
500 TOTAL RECLASSIFICATIONS				311,453	17,934	500
1 TEACHING SALARIES	J	I&R SRVCES-SALARY & FRINGES A	21	1,301,240		1
2 ADMINISTRATIVE & GENERAL			5	1		2
3 MEDICAL RECORDS & LIBRARY			16	1		3
4 RADIOISOTOPE			56	1		4
5 CARDIAC CATHETERIZATION			59	1		5
6 CLINIC			90	1		6
7 PHYSICIANS' PRIVATE OFFICES			192	1		7
500 TOTAL RECLASSIFICATIONS				1,301,246		500
1 MEDICAL SUPPLIES	K	CENTRAL SERVICES & SUPPLY	14		340,323	1
500 TOTAL RECLASSIFICATIONS					340,323	500
1 BILLING FEES	L	NURSERY	43		40,695	1
2 CLINIC			90		544,293	2
500 TOTAL RECLASSIFICATIONS					584,988	500
CODE LETTER - L						
GRAND TOTAL (DECREASES)				3,034,900	11,726,378	

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	19,853,032		19,853,032		26,173,000	1
2 LAND IMPROVEMENTS	8,477,605				6,443,605	2,034,000	2
3 BUILDINGS AND FIXTURES	103,498,824				3,035,824	100,463,000	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	96,276,699				68,374,127	27,902,572	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	214,573,096	19,853,032		19,853,032	77,853,556	156,572,572	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	214,573,096	19,853,032		19,853,032	77,853,556	156,572,572	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 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	4,259,123						4,259,123 1
2 CAP REL COSTS-MVBLE EQUIP	5,368,652						5,368,652 2
3 TOTAL (SUM OF LINES 1-2)	9,627,775						9,627,775 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 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	DEPREC- IATION 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	5,580,520						5,580,520 1
2 CAP REL COSTS-MVBLE EQUIP	5,513,509						5,513,509 2
3 TOTAL	11,094,029						11,094,029 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-46,489	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					9
9 PARKING LOT (CHAPTER 21)					
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-7,885,256			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	141,460			12 13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS					15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					19
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					20
20 VENDING MACHINES					21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	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		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.61 MARKETING COSTS	A	-778,758	ADMINISTRATIVE & GENERAL	5	33.61
33.62 AMBULANCE COSTS	A	-60,701	NURSING ADMINISTRATION	13	33.62
33.63 LOBBYING COSTS	A	-30,291	ADMINISTRATIVE & GENERAL	5	33.63
33.72 PHYSICIAN REFERRAL	A	-120,000	ADMINISTRATIVE & GENERAL	5	33.72
33.73 MISCELLANEOUS INCOME	B	-828,871	ADMINISTRATIVE & GENERAL	5	33.73
33.74 RENTAL REVENUE	B	-313,237	CAP REL COSTS-BLDG & FIXT	1	9 33.74
33.75 EQUIPMENT RENTAL REVENUE	B	-14,726	CAP REL COSTS-MVBLE EQUIP	2	9 33.75
33.78 MISCELLANEOUS INCOME	B	-16,325	RADIOLOGY-DIAGNOSTIC	54	33.78
33.79 REFERRAL LAB REVENUE	B	-154,181	LABORATORY	60	33.79
33.80 THERAPY CONTRACT REVENUE	B	-585	PHYSICAL THERAPY	66	33.80
33.82 BAD DEBTS	A	-897,436	PHYSICIANS' PRIVATE OFFICES	192	33.82
33.84 D&T SUBSIDY	A	-492,264	ADMINISTRATIVE & GENERAL	5	33.84
33.85 BAD DEBTS	A	-17,674,000	ADMINISTRATIVE & GENERAL	5	33.85
33.86 BAD DEBTS	A	1,858	OCCUPATIONAL THERAPY	67	33.86
33.88 AMORTIZATION OF GOODWILL	A	-108,574	ADMINISTRATIVE & GENERAL	5	33.88
33.90 OTHER REVENUE	B	-169	UROLOGY	76.08	33.90
33.91 OTHER REVENUE	B	-2,275	MENTAL HEALTH CENTER	76.12	33.91
33.92 MRI OTHER REVENUE	B	-155,790	MAGNETIC RESONANCE IMAGING (MRI)	58	33.92
33.93 COMMISSION INCOME	B	-9,712	ADMINISTRATIVE & GENERAL	5	33.93
33.94 OTHER REVENUE	B	-7,109	I&R SRVCES-SALARY & FRINGES APP	21	33.94
33.96 OTHER REVENUE	B	-68,115	EMPLOYEE BENEFITS	4	33.96
33.97 OTHER REVENUE	B	-7,551	OPERATION OF PLANT	7	33.97
33.98 OTHER REVENUE	B	-20,800	SUBPROVIDER - IPF	40	33.98
33.99 OTHER REVENUE	B	-743	COMPUTED TOMOGRAPHY (CT) SCAN	57	33.99
34 OTHER REVENUE	B	-433	MERCY CLINIC POLK ST	90.03	34
35					35
36					36
37 PHYSICIANS MALPRACTICE EXPENSES	A	-2,710,986	ADMINISTRATIVE & GENERAL	5	37

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 12/01/2012 09:23

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
				COST CENTER 3	LINE NO. 4	
38	PHYSICIANS PART B BENEFITS	A	-537,124	EMPLOYEE BENEFITS	4	38
39	OCCUPATIONAL MEDICINE ADMIN	A	-434,804	ADMINISTRATIVE & GENERAL	5	39
40	HOSPICE COSTS	A	-54,333	ADULTS & PEDIATRICS	30	40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49)		-33,288,320			50
	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	SISTERS SALARIES/BENEFITS	578,283	578,283		1
2	57	COMPUTED TOMOGRAPHY (CT) SCAN	JOINT VENTURE	827,603	1,468,928	-641,325	2
3	58	MAGNETIC RESONANCE IMAGING (MRI)	JOINT VNETURE	870,151	1,336,680	-466,529	3
3.01	5	ADMINISTRATIVE & GENERAL	TRINITY HEALTH	1,235,419		1,235,419	4.01
3.02	5	ADMINISTRATIVE & GENERAL	CAPITAL RELATED COSTS	13,895		13,895	9 4.02
4							4
5		TOTALS (SUM OF LINES 1-4)		3,525,351	3,383,891	141,460	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 -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B SISTERS OF MERCY	100.00			RELIGIOUS ORDER
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	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	AGGREGATE	1,340,586	897,797	442,789	177,200	1,077	91,752	4,588	1
2	16	MEDICAL RECORDS & LIBRAR	AGGREGATE	85,188		85,188	177,200	24	2,045	102	2
4	30	ADULTS & PEDIATRICS	AGGREGATE	875,438	839,438	36,000	177,200	168	14,312	716	4
5	31	INTENSIVE CARE UNIT	AGGREGATE	239,000		239,000	177,200	239	20,361	1,018	5
6	40	SUBPROVIDER - IPF	AGGREGATE	244,442		244,442	177,200	3,445	293,488	14,674	6
7	41	SUBPROVIDER - IRF	AGGREGATE	36,667		36,667	177,200	1,100	93,712	4,686	7
8	43	NURSERY	AGGREGATE	1,645,900	1,645,900						8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE	58,000		58,000	177,200	103	8,775	439	9
10	55	RADIOLOGY-THERAPEUTIC	AGGREGATE	209,800	185,800	24,000	177,200	500	42,596	2,130	10
11	57	COMPUTED TOMOGRAPHY (CT)	AGGREGATE	6,150		6,150	177,200	1	85	4	11
12	59	CARDIAC CATHETERIZATION	AGGREGATE	1,197,612	650,000	537,612	177,200	1	85	4	12
13	76.97	CARDIAC REHABILITATION	AGGREGATE	20,954	14,954	6,000	177,200	73	6,219	311	13
14	76.12	MENTAL HEALTH CENTER	AGGREGATE	315,618	315,618						14
15	76.13	VEIN CLINIC	AGGREGATE	20,000		20,000	177,200	1,431	121,910	6,096	15
16	91	EMERGENCY	AGGREGATE	489,382	489,382						16
17	56	RADIOISOTOPE	AGGREGATE	24,960	18,960	6,000	177,200	1	85	4	17
18	76.09	ADDP OP	AGGREGATE	112,221	112,221						18
19	90	CLINIC	AGGREGATE	1,543,947	1,431,947	112,000	177,200	2,080	177,200	8,860	19
200		TOTAL		8,465,865	6,602,017	1,853,848		10,243	872,625	43,632	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	351,037	1,248,834	1
2	16	MEDICAL RECORDS & LIBRAR	AGGREGATE			2,045	83,143	83,143	2
4	30	ADULTS & PEDIATRICS	AGGREGATE			14,312	21,688	861,126	4
5	31	INTENSIVE CARE UNIT	AGGREGATE			20,361	218,639	218,639	5
6	40	SUBPROVIDER - IPF	AGGREGATE			293,488			6
7	41	SUBPROVIDER - IRF	AGGREGATE			93,712			7
8	43	NURSERY	AGGREGATE					1,645,900	8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE			8,775	49,225	49,225	9
10	55	RADIOLOGY-THERAPEUTIC	AGGREGATE			42,596		185,800	10
11	57	COMPUTED TOMOGRAPHY (CT)	AGGREGATE			85	6,065	6,065	11
12	59	CARDIAC CATHETERIZATION	AGGREGATE			85	537,527	1,197,527	12
13	76.97	CARDIAC REHABILITATION	AGGREGATE			6,219		14,954	13
14	76.12	MENTAL HEALTH CENTER	AGGREGATE					315,618	14
15	76.13	VEIN CLINIC	AGGREGATE			121,910			15
16	91	EMERGENCY	AGGREGATE					489,382	16
17	56	RADIOISOTOPE	AGGREGATE			85	5,915	24,875	17
18	76.09	ADDP OP	AGGREGATE					112,221	18
19	90	CLINIC	AGGREGATE			177,200		1,431,947	19
200		TOTAL				872,625	1,273,239	7,885,256	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	5,580,520	5,580,520				1
2 CAP REL COSTS-MVBLE EQUIP	5,513,509		5,513,509			2
4 EMPLOYEE BENEFITS	22,879,893	40,333		22,920,226		4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	43,436,059	1,199,807	2,724,108	3,641,641	51,001,615	5
7 OPERATION OF PLANT	10,442,800	838,297	126,083	651,029	12,058,209	7
8 LAUNDRY & LINEN SERVICE	712,233	70,308	16,452	83,930	882,923	8
9 HOUSEKEEPING	3,377,940	54,845	7,699	589,370	4,029,854	9
10 DIETARY	3,603,478	166,690	6,862		3,777,030	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,637,210	18,458	8,298	448,952	2,112,918	13
14 CENTRAL SERVICES & SUPPLY	603,214	57,713	2,116	123,708	786,751	14
15 PHARMACY	16,070,089				16,070,089	15
16 MEDICAL RECORDS & LIBRARY	1,753,939	29,002	1,628	322,339	2,106,908	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,704,869			916,308	8,621,177	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,301,246	131,796	1,214	513,927	1,948,183	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,096,041	838,289	200,469	3,937,600	24,072,399	30
31 INTENSIVE CARE UNIT	3,804,754	62,788	125,362	722,954	4,715,858	31
32 CORONARY CARE UNIT	1,334,900	26,795	35,083	351,810	1,748,588	32
32.01 NURSERY INTENSIVE CARE CENTER	1,709,885		29,012	236,308	1,975,205	32.01
40 SUBPROVIDER - IPF	2,280,294	166,557	7,133	615,012	3,068,996	40
41 SUBPROVIDER - IRF	1,403,344	71,898	4,503	170,990	1,650,735	41
43 NURSERY	389,998	25,494	1,480	221,132	638,104	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,799,004	266,439	444,364	989,196	10,499,003	50
50.01 GI LAB	1,276,869	10,202	362	162,036	1,449,469	50.01
51 RECOVERY ROOM	741,795	17,529		188,448	947,772	51
52 DELIVERY ROOM & LABOR ROOM	3,088,441	126,476	45,910	610,397	3,871,224	52
53 ANESTHESIOLOGY	466,290	2,697	108,935	26,038	603,960	53
54 RADIOLOGY-DIAGNOSTIC	4,088,772	198,047	475,503	837,799	5,600,121	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	545,694	39,248	252,866	95,343	933,151	55
56 RADIOISOTOPE	868,799	16,251	982	82,315	968,347	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,572,558	3,715	77,638	201,430	1,855,341	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,100,399	27,560		60,524	1,188,483	58
59 CARDIAC CATHETERIZATION	3,291,826	173,110	490,346	681,121	4,636,403	59
60 LABORATORY	9,632,958	157,662	94,944	1,109,722	10,995,286	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,536,866	27,619	74,094	324,493	1,963,072	65
66 PHYSICAL THERAPY	1,188,745	33,638	1,010	191,185	1,414,578	66
67 OCCUPATIONAL THERAPY	681,025	63,108	1,021	149,784	894,938	67
68 SPEECH PATHOLOGY	318,758	3,968	919	86,289	409,934	68
70 ELECTROENCEPHALOGRAPHY	50,021	10,410	3,391	12,651	76,473	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	340,323				340,323	71
72 IMPL. DEV. CHARGED TO PATIENT	7,943,249				7,943,249	72
73 DRUGS CHARGED TO PATIENTS		31,483			31,483	73
74 RENAL DIALYSIS	870,844	8,857			879,701	74
76 EMG	48,546		1,885	12,516	62,947	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	197,518	68,213	8,046	45,674	319,451	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	237,831	7,260	73	53,710	298,874	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	312,958		17,589	64,989	395,536	76.06
76.07 SLEEP LAB	321,400				321,400	76.07
76.08 UROLOGY	81,933		3,462	19,801	105,196	76.08
76.09 ADDP OP	481,873		172		482,045	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	142,273			29,646	171,919	76.11
76.12 MENTAL HEALTH CENTER	626,460	44,561		138,147	809,168	76.12
76.13 VEIN CLINIC	41,523				41,523	76.13
76.97 CARDIAC REHABILITATION	267,118	8,434	11,086	68,010	354,648	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,108,471	141,077		863,031	6,112,579	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	
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST	302,603		659		303,262	90.03
91 EMERGENCY	5,675,376	107,030	26,899	1,120,813	6,930,118	91
92 OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS						92
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY SPECIAL PURPOSE COST CENTERS						99.40
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	216,885,334	5,393,664	5,439,658	21,772,118	215,476,519	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,910			6,910	190
191 RESEARCH	29,969			6,133	36,102	191
192 PHYSICIANS' PRIVATE OFFICES	17,260,719		62,023	975,779	18,298,521	192
192.01 DNBAR CLINIC	155,186			13,531	168,717	192.01
192.02 PHILLIPS HEALTH	111,217		688	14,550	126,455	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE		132,814			132,814	192.04
192.05 DOCTORS OFFICE	348,537	47,132	1,891	67,317	464,877	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	329,387			70,798	400,185	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS			9,249		9,249	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	235,120,349	5,580,520	5,513,509	22,920,226	235,120,349	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	51,001,615					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,340,172	15,398,381				7
8 LAUNDRY & LINEN SERVICE	244,573	309,139	1,436,635			8
9 HOUSEKEEPING	1,116,286	241,150		5,387,290		9
10 DIETARY	1,046,252	732,923		265,924	5,822,129	10
11 CAFETERIA					3,314,709	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	585,287	81,156		29,446		13
14 CENTRAL SERVICES & SUPPLY	217,933	253,761		92,071		14
15 PHARMACY	4,451,479					15
16 MEDICAL RECORDS & LIBRARY	583,622	127,517		46,267		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,388,101					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	539,654	579,497		210,257		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,668,138	3,685,885	1,100,311	1,337,340	2,046,410	30
31 INTENSIVE CARE UNIT	1,306,312	276,076	99,399	100,168	92,020	31
32 CORONARY CARE UNIT	484,366	117,814	31,180	42,746	28,995	32
32.01 NURSERY INTENSIVE CARE CENTER	547,140					32.01
40 SUBPROVIDER - IPF	850,124	732,335	144,087	265,711	282,006	40
41 SUBPROVIDER - IRF	457,260	316,131	61,658	114,701	57,989	41
43 NURSERY	176,757	112,096		40,672		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,908,266	1,171,508		425,055		50
50.01 GI LAB	401,509	44,858		16,276		50.01
51 RECOVERY ROOM	262,537	77,072		27,964		51
52 DELIVERY ROOM & LABOR ROOM	1,072,345	556,104		201,770		52
53 ANESTHESIOLOGY	167,299	11,860		4,303		53
54 RADIOLOGY-DIAGNOSTIC	1,551,256	870,798		315,949		54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	258,487	172,572		62,614		55
56 RADIOISOTOPE	268,236	71,453		25,925		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	513,937	16,336		5,927		57
58 MAGNETIC RESONANCE IMAGING (MRI)	329,215	121,179		43,967		58
59 CARDIAC CATHETERIZATION	1,284,302	761,152		276,166		59
60 LABORATORY	3,045,738	693,227		251,522		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	543,779	121,441		44,062		65
66 PHYSICAL THERAPY	391,844	147,905		53,664		66
67 OCCUPATIONAL THERAPY	247,901	277,480		100,677		67
68 SPEECH PATHOLOGY	113,553	17,447		6,330		68
70 ELECTROENCEPHALOGRAPHY	21,183	45,773		16,608		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	94,271					71
72 IMPL. DEV. CHARGED TO PATIENT	2,200,312					72
73 DRUGS CHARGED TO PATIENTS	8,721	138,430		50,226		73
74 RENAL DIALYSIS	243,681	38,945		14,130		74
76 EMG	17,437					76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	88,489	299,926		108,821		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	82,789	31,920		11,582		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	109,565					76.06
76.07 SLEEP LAB	89,029					76.07
76.08 UROLOGY	29,140					76.08
76.09 ADDP OP	133,528					76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	47,622					76.11
76.12 MENTAL HEALTH CENTER	224,143	195,932		71,089		76.12
76.13 VEIN CLINIC	11,502					76.13
76.97 CARDIAC REHABILITATION	98,239	37,082		13,454		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,693,209	620,304		225,063		90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
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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	
90.03 MERCY CLINIC POLK ST	84,005					90.03
91 EMERGENCY	1,919,670	470,603		170,747		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)	45,560,195	14,576,787	1,436,635	5,089,194	5,822,129	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,914	30,385		11,024		190
191 RESEARCH	10,000					191
192 PHYSICIANS' PRIVATE OFFICES	5,068,764					192
192.01 DNBAR CLINIC	46,735					192.01
192.02 PHILLIPS HEALTH	35,029					192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	36,790	583,973		211,881		192.04
192.05 DOCTORS OFFICE	128,773	207,236		75,191		192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	110,853					194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	2,562					194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	51,001,615	15,398,381	1,436,635	5,387,290	5,822,129	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	3,314,709					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	44,434	2,853,241				13
14 CENTRAL SERVICES & SUPPLY	47,840		1,398,356			14
15 PHARMACY			2,431	20,523,999		15
16 MEDICAL RECORDS & LIBRARY	75,380				2,939,716	16
17 SOCIAL SERVICE			22			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	233,324		52			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	742,204	1,196,362	92,857		368,303	30
31 INTENSIVE CARE UNIT	109,751	176,908	30,700		46,414	31
32 CORONARY CARE UNIT	37,360	60,221	5,315		15,127	32
32.01 NURSERY INTENSIVE CARE CENTER	51,482	82,984	7,904		30,132	32.01
40 SUBPROVIDER - IPF	92,764	149,527	1,029		33,110	40
41 SUBPROVIDER - IRF	37,570	60,559	7,777		15,720	41
43 NURSERY	13,240	21,341	1,034		18,065	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	177,640	286,338	209,317		192,658	50
50.01 GI LAB	23,628	38,086	21,875		47,591	50.01
51 RECOVERY ROOM	25,360	40,878	1,507		20,384	51
52 DELIVERY ROOM & LABOR ROOM	100,481	161,965	29,199		93,710	52
53 ANESTHESIOLOGY	6,307	10,167	24,573		21,614	53
54 RADIOLOGY-DIAGNOSTIC	135,408		38,875		183,564	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	15,292		262		22,809	55
56 RADIOISOTOPE	9,761		25,185		38,646	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	29,858		14,747		135,257	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,328		867		37,784	58
59 CARDIAC CATHETERIZATION	106,343	171,415	11,852		261,309	59
60 LABORATORY	217,618		234,318		545,084	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	56,272	90,705	12,491		74,226	65
66 PHYSICAL THERAPY	33,907		606		20,775	66
67 OCCUPATIONAL THERAPY	22,736		803		10,399	67
68 SPEECH PATHOLOGY	11,917		506		5,886	68
70 ELECTROENCEPHALOGRAPHY	2,997		79		1,902	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			23,080		2,381	71
72 IMPL. DEV. CHARGED TO PATIENT			538,683		78,609	72
73 DRUGS CHARGED TO PATIENTS				20,523,999	275,309	73
74 RENAL DIALYSIS			1,440		25,290	74
76 EMG	2,732	4,403	113		3,094	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	10,339		398		4,542	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	7,309	11,782	1,673		3,336	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	11,230		302		7,147	76.06
76.07 SLEEP LAB					8,974	76.07
76.08 UROLOGY	2,873		298		341	76.08
76.09 ADPP OP	23,141				13,786	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	4,909		23		401	76.11
76.12 MENTAL HEALTH CENTER	35,287		17		5,683	76.12
76.13 VEIN CLINIC	136		1,234		574	76.13
76.97 CARDIAC REHABILITATION	10,553		387		6,014	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	163,000				31,053	90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
90.03 MERCY CLINIC POLK ST	23,229		1,777		850	90.03
91 EMERGENCY	179,664	289,600	42,500		231,863	91
92 OBSERVATION BEDS						92
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
118 SUBTOTALS (SUM OF LINES 1-117)	2,942,604	2,853,241	1,388,108	20,523,999	2,939,716	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	1,537					191
192 PHYSICIANS' PRIVATE OFFICES	339,855		8,514			192
192.01 DNBAR CLINIC	3,727		79			192.01
192.02 PHILLIPS HEALTH	3,120		56			192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE	23,866		1,599			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 TOTAL (SUM OF LINES 118-201)	3,314,709	2,853,241	1,398,356	20,523,999	2,939,716	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						1
2						2
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
30						30
31						31
32						32
32.01						32.01
40						40
41						41
43						43
INPATIENT ROUTINE SERV COST CENTERS						
31	6,288,863	2,005,580	49,604,652	-8,294,443	41,310,209	30
31	421,652	134,469	7,509,727	-556,121	6,953,606	31
32	158,699	50,611	2,781,022	-209,310	2,571,712	32
32.01	310,447	99,005	3,104,299	-409,452	2,694,847	32.01
40			5,619,689		5,619,689	40
41	141,323	45,069	2,966,492	-186,392	2,780,100	41
43			1,021,309		1,021,309	43
ANCILLARY SERVICE COST CENTERS						
50	926,707	295,536	17,092,028	-1,222,243	15,869,785	50
50.01			2,043,292		2,043,292	50.01
51			1,403,474		1,403,474	51
52			6,086,798		6,086,798	52
53			850,083		850,083	53
54	1,419,020	452,539	10,567,530	-1,871,559	8,695,971	54
54.01						54.01
55			1,465,187		1,465,187	55
56			1,407,553		1,407,553	56
57			2,571,403		2,571,403	57
58			1,728,823		1,728,823	58
59			7,508,942		7,508,942	59
60			15,982,793		15,982,793	60
62.30						62.30
65			2,906,048		2,906,048	65
66			2,063,279		2,063,279	66
67			1,554,934		1,554,934	67
68			565,573		565,573	68
70			165,015		165,015	70
71			460,055		460,055	71
72			10,760,853		10,760,853	72
73			21,028,168		21,028,168	73
74			1,203,187		1,203,187	74
76			90,726		90,726	76
76.01						76.01
76.02			831,966		831,966	76.02
76.03						76.03
76.04			449,265		449,265	76.04
76.05						76.05
76.06			523,780		523,780	76.06
76.07			419,403		419,403	76.07
76.08			137,848		137,848	76.08
76.09			652,500		652,500	76.09
76.10						76.10
76.11			224,874		224,874	76.11
76.12			1,341,319		1,341,319	76.12
76.13			54,969		54,969	76.13
76.97			520,377		520,377	76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90			8,845,208		8,845,208	90
90.01						90.01
90.02						90.02

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COST ALLOCATION - GENERAL SERVICE COSTS

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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	
90.03 MERCY CLINIC POLK ST			413,123		413,123	90.03
91 EMERGENCY	1,342,567	428,158	12,005,490	-1,770,725	10,234,765	91
92 OBSERVATION BEDS						92
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
118 SUBTOTALS (SUM OF LINES 1-117)	11,009,278	3,510,967	208,533,056	-14,520,245	194,012,811	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			50,233		50,233	190
191 RESEARCH			47,639		47,639	191
192 PHYSICIANS' PRIVATE OFFICES			23,715,654		23,715,654	192
192.01 DNBAR CLINIC			219,258		219,258	192.01
192.02 PHILLIPS HEALTH			164,660		164,660	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE			965,458		965,458	192.04
192.05 DOCTORS OFFICE			901,542		901,542	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			511,038		511,038	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS			11,811		11,811	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	11,009,278	3,510,967	235,120,349	-14,520,245	220,600,104	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		40,333		40,333	40,333	4
5 ADMINISTRATIVE & GENERAL	218,665	1,199,807	2,724,108	4,142,580	6,408	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,197	838,297	126,083	984,577	1,146	7
8 LAUNDRY & LINEN SERVICE		70,308	16,452	86,760	148	8
9 HOUSEKEEPING		54,845	7,699	62,544	1,037	9
10 DIETARY		166,690	6,862	173,552		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		18,458	8,298	26,756	790	13
14 CENTRAL SERVICES & SUPPLY	54	57,713	2,116	59,883	218	14
15 PHARMACY	42,944			42,944		15
16 MEDICAL RECORDS & LIBRARY		29,002	1,628	30,630	567	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					1,612	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		131,796	1,214	133,010	904	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,084	838,289	200,469	1,043,842	6,930	30
31 INTENSIVE CARE UNIT		62,788	125,362	188,150	1,272	31
32 CORONARY CARE UNIT		26,795	35,083	61,878	619	32
32.01 NURSERY INTENSIVE CARE CENTER			29,012	29,012	416	32.01
40 SUBPROVIDER - IPF		166,557	7,133	173,690	1,082	40
41 SUBPROVIDER - IRF		71,898	4,503	76,401	301	41
43 NURSERY		25,494	1,480	26,974	389	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	702,174	266,439	444,364	1,412,977	1,741	50
50.01 GI LAB	181,276	10,202	362	191,840	285	50.01
51 RECOVERY ROOM		17,529		17,529	332	51
52 DELIVERY ROOM & LABOR ROOM	570	126,476	45,910	172,956	1,074	52
53 ANESTHESIOLOGY		2,697	108,935	111,632	46	53
54 RADIOLOGY-DIAGNOSTIC	45,334	198,047	475,503	718,884	1,474	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC		39,248	252,866	292,114	168	55
56 RADIOISOTOPE		16,251	982	17,233	145	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,715	77,638	81,353	354	57
58 MAGNETIC RESONANCE IMAGING (MRI)		27,560		27,560	106	58
59 CARDIAC CATHETERIZATION		173,110	490,346	663,456	1,198	59
60 LABORATORY	210,710	157,662	94,944	463,316	1,953	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	12,055	27,619	74,094	113,768	571	65
66 PHYSICAL THERAPY		33,638	1,010	34,648	336	66
67 OCCUPATIONAL THERAPY		63,108	1,021	64,129	264	67
68 SPEECH PATHOLOGY		3,968	919	4,887	152	68
70 ELECTROENCEPHALOGRAPHY		10,410	3,391	13,801	22	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		31,483		31,483		73
74 RENAL DIALYSIS		8,857		8,857		74
76 EMG			1,885	1,885	22	76
76.01 CARDIOVASCULAR LAB	140,212			140,212		76.01
76.02 MERCY EYE CENTER		68,213	8,046	76,259	80	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	211,263	7,260	73	218,596	95	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER			17,589	17,589	114	76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY			3,462	3,462	35	76.08
76.09 ADDE OP			172	172		76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT					52	76.11
76.12 MENTAL HEALTH CENTER		44,561		44,561	243	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION		8,434	11,086	19,520	120	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	22,567	141,077		163,644	1,519	90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE			
	COSTS	FIXTURES	EQUIPMENT	2A	BENEFITS	
	0	1	2		4	
90.03 MERCY CLINIC POLK ST			659	659		90.03
91 EMERGENCY		107,030	26,899	133,929	1,972	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)	1,813,105	5,393,664	5,439,658	12,646,427	38,312	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,910		6,910		190
191 RESEARCH					11	191
192 PHYSICIANS' PRIVATE OFFICES			62,023	62,023	1,717	192
192.01 DNBAR CLINIC					24	192.01
192.02 PHILLIPS HEALTH			688	688	26	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE		132,814		132,814		192.04
192.05 DOCTORS OFFICE		47,132	1,891	49,023	118	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS					125	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS			9,249	9,249		194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,813,105	5,580,520	5,513,509	12,907,134	40,333	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	4,148,988					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	271,720	1,257,443				7
8 LAUNDRY & LINEN SERVICE	19,896	25,245	132,049			8
9 HOUSEKEEPING	90,809	19,692		174,082		9
10 DIETARY	85,112	59,851		8,593	327,108	10
11 CAFETERIA					186,232	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	47,612	6,627		951		13
14 CENTRAL SERVICES & SUPPLY	17,729	20,722		2,975		14
15 PHARMACY	362,123					15
16 MEDICAL RECORDS & LIBRARY	47,477	10,413		1,495		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	194,270					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	43,900	47,322		6,794		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	542,501	300,994	101,136	43,213	114,975	30
31 INTENSIVE CARE UNIT	106,267	22,545	9,136	3,237	5,170	31
32 CORONARY CARE UNIT	39,403	9,621	2,866	1,381	1,629	32
32.01 NURSERY INTENSIVE CARE CENTER	44,509					32.01
40 SUBPROVIDER - IPF	69,157	59,803	13,244	8,586	15,844	40
41 SUBPROVIDER - IRF	37,198	25,815	5,667	3,706	3,258	41
43 NURSERY	14,379	9,154		1,314		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	236,585	95,666		13,735		50
50.01 GI LAB	32,662	3,663		526		50.01
51 RECOVERY ROOM	21,357	6,294		904		51
52 DELIVERY ROOM & LABOR ROOM	87,234	45,412		6,520		52
53 ANESTHESIOLOGY	13,610	968		139		53
54 RADIOLOGY-DIAGNOSTIC	126,193	71,110		10,209		54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	21,028	14,092		2,023		55
56 RADIOISOTOPE	21,821	5,835		838		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	41,808	1,334		192		57
58 MAGNETIC RESONANCE IMAGING (MRI)	26,781	9,896		1,421		58
59 CARDIAC CATHETERIZATION	104,477	62,156		8,924		59
60 LABORATORY	247,768	56,609		8,128		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	44,236	9,917		1,424		65
66 PHYSICAL THERAPY	31,876	12,078		1,734		66
67 OCCUPATIONAL THERAPY	20,167	22,659		3,253		67
68 SPEECH PATHOLOGY	9,237	1,425		205		68
70 ELECTROENCEPHALOGRAPHY	1,723	3,738		537		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	7,669					71
72 IMPL. DEV. CHARGED TO PATIENT	178,993					72
73 DRUGS CHARGED TO PATIENTS	709	11,304		1,623		73
74 RENAL DIALYSIS	19,823	3,180		457		74
76 EMG	1,418					76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	7,199	24,492		3,516		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	6,735	2,607		374		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	8,913					76.06
76.07 SLEEP LAB	7,242					76.07
76.08 UROLOGY	2,370					76.08
76.09 ADPP OP	10,862					76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	3,874					76.11
76.12 MENTAL HEALTH CENTER	18,234	16,000		2,297		76.12
76.13 VEIN CLINIC	936					76.13
76.97 CARDIAC REHABILITATION	7,992	3,028		435		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	137,741	50,654		7,273		90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02

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	
90.03 MERCY CLINIC POLK ST	6,834					90.03
91 EMERGENCY	156,163	38,430		5,517		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)	3,706,332	1,190,351	132,049	164,449	327,108	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	156	2,481		356		190
191 RESEARCH	814					191
192 PHYSICIANS' PRIVATE OFFICES	412,339					192
192.01 DNBAR CLINIC	3,802					192.01
192.02 PHILLIPS HEALTH	2,850					192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	2,993	47,688		6,847		192.04
192.05 DOCTORS OFFICE	10,476	16,923		2,430		192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	9,018					194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS	208					194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,148,988	1,257,443	132,049	174,082	327,108	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	186,232					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,496	85,232				13
14 CENTRAL SERVICES & SUPPLY	2,688		104,215			14
15 PHARMACY			181	405,248		15
16 MEDICAL RECORDS & LIBRARY	4,235		2		94,819	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	13,109		4			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	41,701	35,734	6,920		11,905	30
31 INTENSIVE CARE UNIT	6,166	5,285	2,288		1,500	31
32 CORONARY CARE UNIT	2,099	1,799	396		489	32
32.01 NURSERY INTENSIVE CARE CENTER	2,892	2,479	589		974	32.01
40 SUBPROVIDER - IPF	5,212	4,467	77		1,070	40
41 SUBPROVIDER - IRF	2,111	1,809	580		508	41
43 NURSERY	744	638	77		584	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,980	8,554	15,599		6,227	50
50.01 GI LAB	1,327	1,138	1,630		1,538	50.01
51 RECOVERY ROOM	1,425	1,221	112		659	51
52 DELIVERY ROOM & LABOR ROOM	5,645	4,838	2,176		3,029	52
53 ANESTHESIOLOGY	354	304	1,831		699	53
54 RADIOLOGY-DIAGNOSTIC	7,608		2,897		5,934	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	859		20		737	55
56 RADIOISOTOPE	548		1,877		1,249	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,678		1,099		4,372	57
58 MAGNETIC RESONANCE IMAGING (MRI)	412		65		1,221	58
59 CARDIAC CATHETERIZATION	5,975	5,121	883		8,447	59
60 LABORATORY	12,227		17,462		17,416	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,162	2,710	931		2,399	65
66 PHYSICAL THERAPY	1,905		45		672	66
67 OCCUPATIONAL THERAPY	1,277		60		336	67
68 SPEECH PATHOLOGY	670		38		190	68
70 ELECTROENCEPHALOGRAPHY	168		6		61	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			1,720		77	71
72 IMPL. DEV. CHARGED TO PATIENT			40,150		2,541	72
73 DRUGS CHARGED TO PATIENTS				405,248	8,899	73
74 RENAL DIALYSIS			107		817	74
76 EMG	153	132	8		100	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	581		30		147	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	411	352	125		108	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	631		22		231	76.06
76.07 SLEEP LAB					290	76.07
76.08 UROLOGY	161		22		11	76.08
76.09 ADDP OP	1,300				446	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	276		2		13	76.11
76.12 MENTAL HEALTH CENTER	1,983		1		184	76.12
76.13 VEIN CLINIC	8		92		19	76.13
76.97 CARDIAC REHABILITATION	593		29		194	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	9,158				1,004	90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02

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	
90.03 MERCY CLINIC POLK ST	1,305		132		27	90.03
91 EMERGENCY	10,094	8,651	3,167		7,495	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)	165,327	85,232	103,452	405,248	94,819	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	86					191
192 PHYSICIANS' PRIVATE OFFICES	19,094		634			192
192.01 DNBAR CLINIC	209		6			192.01
192.02 PHILLIPS HEALTH	175		4			192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE	1,341		119			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 TOTAL (SUM OF LINES 118-201)	186,232	85,232	104,215	405,248	94,819	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					1
2					2
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
19					19
20					20
21	195,882				21
22		245,043			22
23					23
INPATIENT ROUTINE SERV COST CENTERS					
30			2,249,851		30
31			351,016		31
32			122,180		32
32.01			80,871		32.01
40			352,232		40
41			157,354		41
43			54,253		43
ANCILLARY SERVICE COST CENTERS					
50			1,801,064		50
50.01			234,609		50.01
51			49,833		51
52			328,884		52
53			129,583		53
54			944,309		54
54.01					54.01
55			331,041		55
56			49,546		56
57			132,190		57
58			67,462		58
59			860,637		59
60			824,879		60
62.30					62.30
65			179,118		65
66			83,294		66
67			112,145		67
68			16,804		68
70			20,056		70
71			9,466		71
72			221,684		72
73			459,266		73
74			33,241		74
76			3,718		76
76.01			140,212		76.01
76.02			112,304		76.02
76.03					76.03
76.04			229,403		76.04
76.05					76.05
76.06			27,500		76.06
76.07			7,532		76.07
76.08			6,061		76.08
76.09			12,780		76.09
76.10					76.10
76.11			4,217		76.11
76.12			83,503		76.12
76.13			1,055		76.13
76.97			31,911		76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90			370,993		90
90.01					90.01
90.02					90.02

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 12/01/2012 09:23

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R	I&R	SUBTOTAL	I&R COST &	TOTAL	
	SALARY & FRINGES 21	PROGRAM COSTS 22		POST STEP- DOWN ADJS 25			26
90.03 MERCY CLINIC POLK ST			8,957		8,957	90.03
91 EMERGENCY			365,418		365,418	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)			11,662,432		11,662,432	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			9,903		9,903	190
191 RESEARCH			911		911	191
192 PHYSICIANS' PRIVATE OFFICES			495,807		495,807	192
192.01 DNBAR CLINIC			4,041		4,041	192.01
192.02 PHILLIPS HEALTH			3,743		3,743	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE			190,342		190,342	192.04
192.05 DOCTORS OFFICE			80,430		80,430	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			9,143		9,143	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS			9,457		9,457	194.03
200 CROSS FOOT ADJUSTMENTS	195,882	245,043	440,925		440,925	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	195,882	245,043	12,907,134		12,907,134	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		5,362,312				2
4 EMPLOYEE BENEFITS	10,856		87,483,047			4
5 ADMINISTRATIVE & GENERAL	322,936	2,649,408	13,899,605	-51,001,615	184,118,734	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	225,634	122,625	2,484,880		12,058,209	7
8 LAUNDRY & LINEN SERVICE	18,924	16,001	320,349		882,923	8
9 HOUSEKEEPING	14,762	7,488	2,249,539		4,029,854	9
10 DIETARY	44,866	6,674			3,777,030	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,968	8,070	1,713,584		2,112,918	13
14 CENTRAL SERVICES & SUPPLY	15,534	2,058	472,174		786,751	14
15 PHARMACY					16,070,089	15
16 MEDICAL RECORDS & LIBRARY	7,806	1,583	1,230,322		2,106,908	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			3,497,411		8,621,177	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	35,474	1,181	1,961,585		1,948,183	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	225,632	194,972	15,029,178		24,072,399	30
31 INTENSIVE CARE UNIT	16,900	121,924	2,759,407		4,715,858	31
32 CORONARY CARE UNIT	7,212	34,121	1,342,808		1,748,588	32
32.01 NURSERY INTENSIVE CARE CENTER		28,216	901,953		1,975,205	32.01
40 SUBPROVIDER - IPF	44,830	6,937	2,347,409		3,068,996	40
41 SUBPROVIDER - IRF	19,352	4,380	652,644		1,650,735	41
43 NURSERY	6,862	1,439	844,028		638,104	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,714	432,178	3,775,614		10,499,003	50
50.01 GI LAB	2,746	352	618,467		1,449,469	50.01
51 RECOVERY ROOM	4,718		719,279		947,772	51
52 DELIVERY ROOM & LABOR ROOM	34,042	44,651	2,329,795		3,871,224	52
53 ANESTHESIOLOGY	726	105,948	99,382		603,960	53
54 RADIOLOGY-DIAGNOSTIC	53,306	462,463	3,197,754		5,600,121	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	10,564	245,932	363,911		933,151	55
56 RADIOISOTOPE	4,374	955	314,186		968,347	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,000	75,509	768,827		1,855,341	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,418		231,013		1,188,483	58
59 CARDIAC CATHETERIZATION	46,594	476,899	2,599,739		4,636,403	59
60 LABORATORY	42,436	92,340	4,235,644		10,995,286	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,434	72,062	1,238,543		1,963,072	65
66 PHYSICAL THERAPY	9,054	982	729,724		1,414,578	66
67 OCCUPATIONAL THERAPY	16,986	993	571,702		894,938	67
68 SPEECH PATHOLOGY	1,068	894	329,351		409,934	68
70 ELECTROENCEPHALOGRAPHY	2,802	3,298	48,287		76,473	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					340,323	71
72 IMPL. DEV. CHARGED TO PATIENT					7,943,249	72
73 DRUGS CHARGED TO PATIENTS	8,474				31,483	73
74 RENAL DIALYSIS	2,384				879,701	74
76 EMG		1,833	47,773		62,947	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	18,360	7,825	174,330		319,451	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	1,954	71	205,003		298,874	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER		17,107	248,054		395,536	76.06
76.07 SLEEP LAB					321,400	76.07
76.08 UROLOGY		3,367	75,579		105,196	76.08
76.09 ADPP OP		167			482,045	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT			113,153		171,919	76.11
76.12 MENTAL HEALTH CENTER	11,994		527,285		809,168	76.12
76.13 VEIN CLINIC					41,523	76.13
76.97 CARDIAC REHABILITATION	2,270	10,782	259,584		354,648	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		6,112,579	90
90.01 MERCY CLINIC PULASKI						90.01

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	
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST		641			303,262	90.03
91 EMERGENCY	28,808	26,161	4,277,976		6,930,118	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)	1,451,746	5,290,487	83,100,891	-51,001,615	164,474,904	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,860				6,910	190
191 RESEARCH			23,407		36,102	191
192 PHYSICIANS' PRIVATE OFFICES		60,322	3,724,406		18,298,521	192
192.01 DNBAR CLINIC			51,645		168,717	192.01
192.02 PHILLIPS HEALTH		669	55,535		126,455	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	35,748				132,814	192.04
192.05 DOCTORS OFFICE	12,686	1,839	256,938		464,877	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			270,225		400,185	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS		8,995			9,249	194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,580,520	5,513,509	22,920,226		51,001,615	202
203 UNIT COST MULT-WS B PT I	3.715294	1.028196	0.261996		0.277004	203
204 COST TO BE ALLOC PER B PT II			40,333		4,148,988	204
205 UNIT COST MULT-WS B PT II			0.000461		0.022534	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET	8	SQUARE FEET	MEALS SERVED	PROD FTE'S	
	7		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	63,493				8
9 HOUSEKEEPING	14,762		908,928			9
10 DIETARY	44,866		44,866	415,055		10
11 CAFETERIA				236,303	2,491,093	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,968		4,968		33,393	13
14 CENTRAL SERVICES & SUPPLY	15,534		15,534		35,953	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	7,806		7,806		56,650	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	35,474		35,474		175,349	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	225,632	48,629	225,632	145,887	557,787	30
31 INTENSIVE CARE UNIT	16,900	4,393	16,900	6,560	82,481	31
32 CORONARY CARE UNIT	7,212	1,378	7,212	2,067	28,077	32
32.01 NURSERY INTENSIVE CARE CENTER					38,690	32.01
40 SUBPROVIDER - IPF	44,830	6,368	44,830	20,104	69,715	40
41 SUBPROVIDER - IRF	19,352	2,725	19,352	4,134	28,235	41
43 NURSERY	6,862		6,862		9,950	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,714		71,714		133,501	50
50.01 GI LAB	2,746		2,746		17,757	50.01
51 RECOVERY ROOM	4,718		4,718		19,059	51
52 DELIVERY ROOM & LABOR ROOM	34,042		34,042		75,514	52
53 ANESTHESIOLOGY	726		726		4,740	53
54 RADIOLOGY-DIAGNOSTIC	53,306		53,306		101,763	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	10,564		10,564		11,492	55
56 RADIOISOTOPE	4,374		4,374		7,336	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,000		1,000		22,439	57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,418		7,418		5,507	58
59 CARDIAC CATHETERIZATION	46,594		46,594		79,920	59
60 LABORATORY	42,436		42,436		163,546	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,434		7,434		42,290	65
66 PHYSICAL THERAPY	9,054		9,054		25,482	66
67 OCCUPATIONAL THERAPY	16,986		16,986		17,087	67
68 SPEECH PATHOLOGY	1,068		1,068		8,956	68
70 ELECTROENCEPHALOGRAPHY	2,802		2,802		2,252	70
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					2,053	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	18,360		18,360		7,770	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	1,954		1,954		5,493	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER					8,440	76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY					2,159	76.08
76.09 ADDP OP					17,391	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT					3,689	76.11
76.12 MENTAL HEALTH CENTER	11,994		11,994		26,519	76.12
76.13 VEIN CLINIC					102	76.13
76.97 CARDIAC REHABILITATION	2,270		2,270		7,931	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	37,972		37,972		122,499	90
90.01 MERCY CLINIC PULASKI						90.01

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2011 TO 06/30/2012

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	PATIENT DAYS 8	SQUARE FEET 9	MEALS SERVED 10	PROD FTE'S 11	
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST					17,457	90.03
91 EMERGENCY	28,808		28,808		135,022	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)	892,320	63,493	858,634	415,055	2,211,446	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,860		1,860			190
191 RESEARCH					1,155	191
192 PHYSICIANS' PRIVATE OFFICES					255,410	192
192.01 DNBAR CLINIC					2,801	192.01
192.02 PHILLIPS HEALTH					2,345	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			192.05
194 OTHER NONREIMBURSABLE COST CENTERS					17,936	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	15,398,381	1,436,635	5,387,290	5,822,129	3,314,709	202
203 UNIT COST MULT-WS B PT I	16.335829	22.626668	5.927081	14.027367	1.330624	203
204 COST TO BE ALLOC PER B PT II	1,257,443	132,049	174,082	327,108	186,232	204
205 UNIT COST MULT-WS B PT II	1.333996	2.079741	0.191525	0.788108	0.074759	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	1,330,284					13
14 CENTRAL SERVICES & SUPPLY		20,619,588				14
15 PHARMACY		35,847	1,000			15
16 MEDICAL RECORDS & LIBRARY		328		601,460,989		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		767				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	557,787	1,369,224		75,348,444	5,429	30
31 INTENSIVE CARE UNIT	82,481	452,683		9,495,570	364	31
32 CORONARY CARE UNIT	28,077	78,370		3,094,660	137	32
32.01 NURSERY INTENSIVE CARE CENTER	38,690	116,552		6,164,503	268	32.01
40 SUBPROVIDER - IPF	69,715	15,178		6,773,724		40
41 SUBPROVIDER - IRF	28,235	114,682		3,216,090	122	41
43 NURSERY	9,950	15,253		3,695,844		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	133,501	3,086,495		39,414,440	800	50
50.01 GI LAB	17,757	322,561		9,736,226		50.01
51 RECOVERY ROOM	19,059	22,223		4,170,251		51
52 DELIVERY ROOM & LABOR ROOM	75,514	430,554		19,171,492		52
53 ANESTHESIOLOGY	4,740	362,340		4,421,830		53
54 RADIOLOGY-DIAGNOSTIC		573,227		37,554,095	1,225	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC		3,867		4,666,370		55
56 RADIOISOTOPE		371,365		7,906,341		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		217,452		27,671,141		57
58 MAGNETIC RESONANCE IMAGING (MRI)		12,779		7,729,917		58
59 CARDIAC CATHETERIZATION	79,920	174,768		53,459,304		59
60 LABORATORY		3,455,152		111,561,109		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	42,290	184,183		15,185,367		65
66 PHYSICAL THERAPY		8,937		4,250,147		66
67 OCCUPATIONAL THERAPY		11,846		2,127,368		67
68 SPEECH PATHOLOGY		7,455		1,204,243		68
70 ELECTROENCEPHALOGRAPHY		1,162		389,087		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		340,323		487,056		71
72 IMPL. DEV. CHARGED TO PATIENT		7,943,249		16,082,029		72
73 DRUGS CHARGED TO PATIENTS			1,000	56,323,378		73
74 RENAL DIALYSIS		21,234		5,173,796		74
76 EMG	2,053	1,668		632,901		76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER		5,867		929,243		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	5,493	24,668		682,507		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER		4,447		1,462,083		76.06
76.07 SLEEP LAB				1,836,005		76.07
76.08 UROLOGY		4,390		69,749		76.08
76.09 ADPP OP				2,820,397		76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT		340		82,031		76.11
76.12 MENTAL HEALTH CENTER		256		1,162,629		76.12
76.13 VEIN CLINIC		18,195		117,336		76.13
76.97 CARDIAC REHABILITATION		5,708		1,230,290		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				6,352,895		90
90.01 MERCY CLINIC PULASKI						90.01

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	
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST		26,205		173,913		90.03
91 EMERGENCY	135,022	626,685		47,435,188	1,159	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)	1,330,284	20,468,485	1,000	601,460,989	9,504	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES		125,539				192
192.01 DNBAR CLINIC		1,161				192.01
192.02 PHILLIPS HEALTH		823				192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE		23,580				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	2,853,241	1,398,356	20,523,999	2,939,716	11,009,278	202
203 UNIT COST MULT-WS B PT I	2.144836	0.067817	20,523.999000	0.004888	1,158.383628	203
204 COST TO BE ALLOC PER B PT II	85,232	104,215	405,248	94,819	195,882	204
205 UNIT COST MULT-WS B PT II	0.064071	0.005054	405.248000	0.000158	20.610480	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 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 FOR HEMOPHILIACS			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 ADPP 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
90.01 MERCY CLINIC PULASKI			90.01

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	PARAMED	
	PROGRAM	EDUCATION	
	COSTS	ASSIGNED	
	ASSIGNED	TIME	
	TIME	22	23
90.02 MERCY CLINIC STATE ST			90.02
90.03 MERCY CLINIC POLK ST			90.03
91 EMERGENCY	1,159		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)	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	3,510,967		202
203 UNIT COST MULT-WS B PT I	369.419928		203
204 COST TO BE ALLOC PER B PT II	245,043		204
205 UNIT COST MULT-WS B PT II	25.783144		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	41,310,209		41,310,209	21,688	41,331,897	30
31 INTENSIVE CARE UNIT	6,953,606		6,953,606	218,639	7,172,245	31
32 CORONARY CARE UNIT	2,571,712		2,571,712		2,571,712	32
32.01 NURSERY INTENSIVE CARE CENT	2,694,847		2,694,847		2,694,847	32.01
40 SUBPROVIDER - IPF	5,619,689		5,619,689		5,619,689	40
41 SUBPROVIDER - IRF	2,780,100		2,780,100		2,780,100	41
43 NURSERY	1,021,309		1,021,309		1,021,309	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,869,785		15,869,785		15,869,785	50
50.01 GI LAB	2,043,292		2,043,292		2,043,292	50.01
51 RECOVERY ROOM	1,403,474		1,403,474		1,403,474	51
52 DELIVERY ROOM & LABOR ROOM	6,086,798		6,086,798		6,086,798	52
53 ANESTHESIOLOGY	850,083		850,083		850,083	53
54 RADIOLOGY-DIAGNOSTIC	8,695,971		8,695,971	49,225	8,745,196	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	1,465,187		1,465,187		1,465,187	55
56 RADIOISOTOPE	1,407,553		1,407,553	5,915	1,413,468	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,571,403		2,571,403	6,065	2,577,468	57
58 MAGNETIC RESONANCE IMAGING	1,728,823		1,728,823		1,728,823	58
59 CARDIAC CATHETERIZATION	7,508,942		7,508,942	537,527	8,046,469	59
60 LABORATORY	15,982,793		15,982,793		15,982,793	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,906,048		2,906,048		2,906,048	65
66 PHYSICAL THERAPY	2,063,279		2,063,279		2,063,279	66
67 OCCUPATIONAL THERAPY	1,554,934		1,554,934		1,554,934	67
68 SPEECH PATHOLOGY	565,573		565,573		565,573	68
70 ELECTROENCEPHALOGRAPHY	165,015		165,015		165,015	70
71 MEDICAL SUPPLIES CHRGD TO	460,055		460,055		460,055	71
72 IMPL. DEV. CHARGED TO PATIE	10,760,853		10,760,853		10,760,853	72
73 DRUGS CHARGED TO PATIENTS	21,028,168		21,028,168		21,028,168	73
74 RENAL DIALYSIS	1,203,187		1,203,187		1,203,187	74
76 EMG	90,726		90,726		90,726	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	831,966		831,966		831,966	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	449,265		449,265		449,265	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	523,780		523,780		523,780	76.06
76.07 SLEEP LAB	419,403		419,403		419,403	76.07
76.08 UROLOGY	137,848		137,848		137,848	76.08
76.09 ADPP OP	652,500		652,500		652,500	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	224,874		224,874		224,874	76.11
76.12 MENTAL HEALTH CENTER	1,341,319		1,341,319		1,341,319	76.12
76.13 VEIN CLINIC	54,969		54,969		54,969	76.13
76.97 CARDIAC REHABILITATION	520,377		520,377		520,377	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,845,208		8,845,208		8,845,208	90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST	413,123		413,123		413,123	90.03
91 EMERGENCY	10,234,765		10,234,765		10,234,765	91
92 OBSERVATION BEDS	4,822,398		4,822,398		4,822,398	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)	198,835,209		198,835,209	839,059	199,674,268	200
201 LESS OBSERVATION BEDS	4,822,398		4,822,398		4,822,398	201
202 TOTAL (SEE INSTRUCTIONS)	194,012,811		194,012,811		194,851,870	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	68,191,224		68,191,224			30
31 INTENSIVE CARE UNIT	9,495,570		9,495,570			31
32 CORONARY CARE UNIT	3,094,660		3,094,660			32
32.01 NURSERY INTENSIVE CARE CENT	6,164,503		6,164,503			32.01
40 SUBPROVIDER - IPF	6,773,724		6,773,724			40
41 SUBPROVIDER - IRF	3,216,090		3,216,090			41
43 NURSERY	3,695,844		3,695,844			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,849,530	17,564,910	39,414,440	0.402639	0.402639	0.402639 50
50.01 GI LAB	2,643,756	7,092,470	9,736,226	0.209865	0.209865	0.209865 50.01
51 RECOVERY ROOM	1,469,720	2,700,531	4,170,251	0.336544	0.336544	0.336544 51
52 DELIVERY ROOM & LABOR ROOM	18,247,952	923,540	19,171,492	0.317492	0.317492	0.317492 52
53 ANESTHESIOLOGY	2,504,128	1,917,702	4,421,830	0.192247	0.192247	0.192247 53
54 RADIOLOGY-DIAGNOSTIC	8,400,955	29,153,140	37,554,095	0.231559	0.231559	0.232869 54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	424,986	4,241,384	4,666,370	0.313989	0.313989	0.313989 55
56 RADIOISOTOPE	1,495,695	6,410,646	7,906,341	0.178028	0.178028	0.178777 56
57 COMPUTED TOMOGRAPHY (CT) SC	9,032,498	18,638,643	27,671,141	0.092927	0.092927	0.093146 57
58 MAGNETIC RESONANCE IMAGING	2,088,963	5,640,954	7,729,917	0.223654	0.223654	0.223654 58
59 CARDIAC CATHETERIZATION	30,372,403	23,086,901	53,459,304	0.140461	0.140461	0.150516 59
60 LABORATORY	51,453,737	60,107,372	111,561,109	0.143265	0.143265	0.143265 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	13,971,963	1,213,404	15,185,367	0.191372	0.191372	0.191372 65
66 PHYSICAL THERAPY	2,089,361	2,160,786	4,250,147	0.485461	0.485461	0.485461 66
67 OCCUPATIONAL THERAPY	1,207,877	919,491	2,127,368	0.730919	0.730919	0.730919 67
68 SPEECH PATHOLOGY	862,880	341,363	1,204,243	0.469650	0.469650	0.469650 68
70 ELECTROENCEPHALOGRAPHY	251,430	137,657	389,087	0.424108	0.424108	0.424108 70
71 MEDICAL SUPPLIES CHRGD TO	448,388	38,668	487,056	0.944563	0.944563	0.944563 71
72 IMPL. DEV. CHARGED TO PATIE	12,035,874	4,046,155	16,082,029	0.669123	0.669123	0.669123 72
73 DRUGS CHARGED TO PATIENTS	30,903,257	25,420,121	56,323,378	0.373347	0.373347	0.373347 73
74 RENAL DIALYSIS	5,044,340	129,456	5,173,796	0.232554	0.232554	0.232554 74
76 EMG	23,762	609,139	632,901	0.143349	0.143349	0.143349 76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	1,060	928,183	929,243	0.895316	0.895316	0.895316 76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	9,564	672,943	682,507	0.658257	0.658257	0.658257 76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	82,096	1,379,987	1,462,083	0.358242	0.358242	0.358242 76.06
76.07 SLEEP LAB	4,594	1,831,411	1,836,005	0.228432	0.228432	0.228432 76.07
76.08 UROLOGY	210	69,539	69,749	1.976344	1.976344	1.976344 76.08
76.09 ADDP OP		2,820,397	2,820,397	0.231350	0.231350	0.231350 76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT		82,031	82,031	2.741329	2.741329	2.741329 76.11
76.12 MENTAL HEALTH CENTER	1,645	1,160,984	1,162,629	1.153695	1.153695	1.153695 76.12
76.13 VEIN CLINIC	202	117,134	117,336	0.468475	0.468475	0.468475 76.13
76.97 CARDIAC REHABILITATION	12,784	1,217,506	1,230,290	0.422971	0.422971	0.422971 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		6,352,895	6,352,895	1.392311	1.392311	1.392311 90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST	213	173,700	173,913	2.375458	2.375458	2.375458 90.03
91 EMERGENCY	15,532,611	31,902,577	47,435,188	0.215763	0.215763	0.215763 91
92 OBSERVATION BEDS		7,157,220	7,157,220	0.673781	0.673781	0.673781 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)	333,100,049	268,360,940	601,460,989			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	333,100,049	268,360,940	601,460,989			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 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	2,249,851		2,249,851	54,142	41.55	21,328	886,178	30
31 INTENSIVE CARE UNIT	351,016		351,016	4,393	79.90	2,327	185,927	31
32 CORONARY CARE UNIT	122,180		122,180	1,378	88.66	779	69,066	32
32.01 NURSERY INTENSIVE CARE CENTER	80,871		80,871	2,929	27.61			32.01
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	352,232		352,232	6,368	55.31	1,897	104,923	40
41 SUBPROVIDER - IRF	157,354		157,354	2,725	57.74	1,690	97,581	41
42 SUBPROVIDER I								42
43 NURSERY	54,253		54,253	4,250	12.77			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,367,757		3,367,757	76,185		28,021	1,343,675	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) 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	1,801,064	39,414,440	0.045696	5,069,491	231,655	50
50.01	GI LAB	234,609	9,736,226	0.024097	1,450,194	34,945	50.01
51	RECOVERY ROOM	49,833	4,170,251	0.011950	525,374	6,278	51
52	DELIVERY ROOM & LABOR ROOM	328,884	19,171,492	0.017155	94,537	1,622	52
53	ANESTHESIOLOGY	129,583	4,421,830	0.029305	638,077	18,699	53
54	RADIOLOGY-DIAGNOSTIC	944,309	37,554,095	0.025145	4,235,899	106,512	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	331,041	4,666,370	0.070942	195,075	13,839	55
56	RADIOISOPOE	49,546	7,906,341	0.006267	771,961	4,838	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	132,190	27,671,141	0.004777	4,674,646	22,331	57
58	MAGNETIC RESONANCE IMAGING (M	67,462	7,729,917	0.008727	906,231	7,909	58
59	CARDIAC CATHETERIZATION	860,637	53,459,304	0.016099	14,372,547	231,384	59
60	LABORATORY	824,879	111,561,109	0.007394	22,745,993	168,184	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	179,118	15,185,367	0.011795	7,559,237	89,161	65
66	PHYSICAL THERAPY	83,294	4,250,147	0.019598	820,932	16,089	66
67	OCCUPATIONAL THERAPY	112,145	2,127,368	0.052715	173,816	9,163	67
68	SPEECH PATHOLOGY	16,804	1,204,243	0.013954	450,992	6,293	68
70	ELECTROENCEPHALOGRAPHY	20,056	389,087	0.051546	131,252	6,766	70
71	MEDICAL SUPPLIES CHRGED TO PA	9,466	487,056	0.019435	237,464	4,615	71
72	IMPL. DEV. CHARGED TO PATIENT	221,684	16,082,029	0.013785	6,408,158	88,336	72
73	DRUGS CHARGED TO PATIENTS	459,266	56,323,378	0.008154	13,674,205	111,499	73
74	RENAL DIALYSIS	33,241	5,173,796	0.006425	3,260,664	20,950	74
76	EMG	3,718	632,901	0.005875	8,311	49	76
76.01	CARDIOVASCULAR LAB	140,212					76.01
76.02	MERCY EYE CENTER	112,304	929,243	0.120855	684	83	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	229,403	682,507	0.336118	6,612	2,222	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	27,500	1,462,083	0.018809	444	8	76.06
76.07	SLEEP LAB	7,532	1,836,005	0.004102	4,489	18	76.07
76.08	UROLOGY	6,061	69,749	0.086897			76.08
76.09	ADDP OP	12,780	2,820,397	0.004531			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	4,217	82,031	0.051407			76.11
76.12	MENTAL HEALTH CENTER	83,503	1,162,629	0.071823			76.12
76.13	VEIN CLINIC	1,055	117,336	0.008991	78	1	76.13
76.97	CARDIAC REHABILITATION	31,911	1,230,290	0.025938			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	370,993	6,352,895	0.058397			90
90.01	MERCY CLINIC PULASKI						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST	8,957	173,913	0.051503			90.03
91	EMERGENCY	365,418	47,435,188	0.007704	7,226,417	55,672	91
92	OBSERVATION BEDS	262,502	7,157,220	0.036677			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	8,557,177	500,829,374		95,643,780	1,259,121	200

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 12/01/2012 09:23

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
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
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	54,142		21,328		30
31 INTENSIVE CARE UNIT	4,393		2,327		31
32 CORONARY CARE UNIT	1,378		779		32
32.01 NURSERY INTENSIVE CARE CENTER	2,929				32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	6,368		1,897		40
41 SUBPROVIDER - IRF	2,725		1,690		41
42 SUBPROVIDER I					42
43 NURSERY	4,250				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	76,185		28,021		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	HEALTH	MEDICAL	COST	COST
	COST	SCHOOL	SCHOOL	EDUCATION	(SUM OF	(SUM OF
	1	2	3	COST	COLS. 1-4)	COLS. 2-4)
					5	6
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
90.01						90.01
90.02						90.02
90.03						90.03
91						91
92						92
OTHER REIMBURSABLE COST CENTERS						
200						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	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	39,414,440		5,069,491		2,605,464	50
50.01	GI LAB	9,736,226		1,450,194		2,236,286	50.01
51	RECOVERY ROOM	4,170,251		525,374		597,411	51
52	DELIVERY ROOM & LABOR ROOM	19,171,492		94,537		4,202	52
53	ANESTHESIOLOGY	4,421,830		638,077		324,741	53
54	RADIOLOGY-DIAGNOSTIC	37,554,095		4,235,899		5,099,560	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	4,666,370		195,075		1,657,710	55
56	RADIOISOTOPE	7,906,341		771,961		2,225,007	56
57	COMPUTED TOMOGRAPHY (CT) SCA	27,671,141		4,674,646		6,302,187	57
58	MAGNETIC RESONANCE IMAGING (	7,729,917		906,231		1,324,347	58
59	CARDIAC CATHETERIZATION	53,459,304		14,372,547		10,100,647	59
60	LABORATORY	111,561,109		22,745,993		997,963	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	15,185,367		7,559,237		808,933	65
66	PHYSICAL THERAPY	4,250,147		820,932			66
67	OCCUPATIONAL THERAPY	2,127,368		173,816		47,346	67
68	SPEECH PATHOLOGY	1,204,243		450,992			68
70	ELECTROENCEPHALOGRAPHY	389,087		131,252		48,019	70
71	MEDICAL SUPPLIES CHRGED TO P	487,056		237,464		18,243	71
72	IMPL. DEV. CHARGED TO PATIEN	16,082,029		6,408,158		1,632,283	72
73	DRUGS CHARGED TO PATIENTS	56,323,378		13,674,205		9,847,191	73
74	RENAL DIALYSIS	5,173,796		3,260,664		80,854	74
76	EMG	632,901		8,311		169,009	76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	929,243		684		460,180	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	682,507		6,612		366,652	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	1,462,083		444		11,005	76.06
76.07	SLEEP LAB	1,836,005		4,489		426,086	76.07
76.08	UROLOGY	69,749				7,339	76.08
76.09	ADDP OP	2,820,397				835,809	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	82,031				23,778	76.11
76.12	MENTAL HEALTH CENTER	1,162,629					76.12
76.13	VEIN CLINIC	117,336		78		46,157	76.13
76.97	CARDIAC REHABILITATION	1,230,290				662,761	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,352,895					90
90.01	MERCY CLINIC PULASKI						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST	173,913				23,565	90.03
91	EMERGENCY	47,435,188		7,226,417		4,916,777	91
92	OBSERVATION BEDS	7,157,220					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	500,829,374		95,643,780		53,907,512	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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	PPS	SERVICES	SVCS NOT
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.402639	2,605,464			1,049,061		50
50.01 GI LAB	0.209865	2,236,286			469,318		50.01
51 RECOVERY ROOM	0.336544	597,411			201,055		51
52 DELIVERY ROOM & LABOR ROOM	0.317492	4,202			1,334		52
53 ANESTHESIOLOGY	0.192247	324,741			62,430		53
54 RADIOLOGY-DIAGNOSTIC	0.231559	5,099,560			1,180,849		54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.313989	1,657,710			520,503		55
56 RADIOISOTOPE	0.178028	2,225,007			396,114		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.092927	6,302,187			585,643		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654	1,324,347			296,196		58
59 CARDIAC CATHETERIZATION	0.140461	10,100,647			1,418,747		59
60 LABORATORY	0.143265	997,963			142,973		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.191372	808,933			154,807		65
66 PHYSICAL THERAPY	0.485461						66
67 OCCUPATIONAL THERAPY	0.730919	47,346			34,606		67
68 SPEECH PATHOLOGY	0.469650						68
70 ELECTROENCEPHALOGRAPHY	0.424108	48,019			20,365		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563	18,243			17,232		71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123	1,632,283			1,092,198		72
73 DRUGS CHARGED TO PATIENTS	0.373347	9,847,191		994	3,676,419		371 73
74 RENAL DIALYSIS	0.232554	80,854			18,803		74
76 EMG	0.143349	169,009			24,227		76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	0.895316	460,180			412,007		76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	0.658257	366,652			241,351		76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	0.358242	11,005			3,942		76.06
76.07 SLEEP LAB	0.228432	426,086			97,332		76.07
76.08 UROLOGY	1.976344	7,339			14,504		76.08
76.09 ADPP OP	0.231350	835,809			193,364		76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	2.741329	23,778			65,183		76.11
76.12 MENTAL HEALTH CENTER	1.153695						76.12
76.13 VEIN CLINIC	0.468475	46,157			21,623		76.13
76.97 CARDIAC REHABILITATION	0.422971	662,761			280,329		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.392311						90
90.01 MERCY CLINIC PULASKI							90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST	2.375458	23,565			55,978		90.03
91 EMERGENCY	0.215763	4,916,777			1,060,859		91
92 OBSERVATION BEDS	0.673781						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		53,907,512		994	13,809,352		371 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		53,907,512		994	13,809,352		371 202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

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	1,801,064	39,414,440	0.045696	2,807	128	50
50.01 GI LAB	234,609	9,736,226	0.024097			50.01
51 RECOVERY ROOM	49,833	4,170,251	0.011950	6,446	77	51
52 DELIVERY ROOM & LABOR ROOM	328,884	19,171,492	0.017155			52
53 ANESTHESIOLOGY	129,583	4,421,830	0.029305	9,064	266	53
54 RADIOLOGY-DIAGNOSTIC	944,309	37,554,095	0.025145	12,327	310	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	331,041	4,666,370	0.070942			55
56 RADIOISOPOE	49,546	7,906,341	0.006267	1,068	7	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	132,190	27,671,141	0.004777	19,422	93	57
58 MAGNETIC RESONANCE IMAGING (M	67,462	7,729,917	0.008727	2,850	25	58
59 CARDIAC CATHETERIZATION	860,637	53,459,304	0.016099	26,777	431	59
60 LABORATORY	824,879	111,561,109	0.007394	349,624	2,585	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	179,118	15,185,367	0.011795	20,484	242	65
66 PHYSICAL THERAPY	83,294	4,250,147	0.019598	200	4	66
67 OCCUPATIONAL THERAPY	112,145	2,127,368	0.052715	84,975	4,479	67
68 SPEECH PATHOLOGY	16,804	1,204,243	0.013954	175	2	68
70 ELECTROENCEPHALOGRAPHY	20,056	389,087	0.051546			70
71 MEDICAL SUPPLIES CHRGED TO PA	9,466	487,056	0.019435	3,936	76	71
72 IMPL. DEV. CHARGED TO PATIENT	221,684	16,082,029	0.013785	350	5	72
73 DRUGS CHARGED TO PATIENTS	459,266	56,323,378	0.008154	265,029	2,161	73
74 RENAL DIALYSIS	33,241	5,173,796	0.006425	21,672	139	74
76 EMG	3,718	632,901	0.005875			76
76.01 CARDIOVASCULAR LAB	140,212					76.01
76.02 MERCY EYE CENTER	112,304	929,243	0.120855			76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	229,403	682,507	0.336118			76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	27,500	1,462,083	0.018809			76.06
76.07 SLEEP LAB	7,532	1,836,005	0.004102			76.07
76.08 UROLOGY	6,061	69,749	0.086897			76.08
76.09 ADPP OP	12,780	2,820,397	0.004531			76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	4,217	82,031	0.051407			76.11
76.12 MENTAL HEALTH CENTER	83,503	1,162,629	0.071823			76.12
76.13 VEIN CLINIC	1,055	117,336	0.008991			76.13
76.97 CARDIAC REHABILITATION	31,911	1,230,290	0.025938			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	370,993	6,352,895	0.058397			90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST	8,957	173,913	0.051503			90.03
91 EMERGENCY	365,418	47,435,188	0.007704	207,732	1,600	91
92 OBSERVATION BEDS	262,502	7,157,220	0.036677			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	8,557,177	500,829,374		1,034,938	12,630	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						SCHOOL	HEALTH	MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
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
90.01						90.01
90.02						90.02
90.03						90.03
91						91
92						92
OTHER REIMBURSABLE COST CENTERS						
200						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	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	39,414,440		2,807			50
50.01	GI LAB	9,736,226					50.01
51	RECOVERY ROOM	4,170,251		6,446			51
52	DELIVERY ROOM & LABOR ROOM	19,171,492					52
53	ANESTHESIOLOGY	4,421,830			9,064		53
54	RADIOLOGY-DIAGNOSTIC	37,554,095			12,327		54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	4,666,370					55
56	RADIOISOTOPE	7,906,341		1,068			56
57	COMPUTED TOMOGRAPHY (CT) SCA	27,671,141			19,422		57
58	MAGNETIC RESONANCE IMAGING (	7,729,917			2,850		58
59	CARDIAC CATHETERIZATION	53,459,304			26,777		59
60	LABORATORY	111,561,109		349,624			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	15,185,367			20,484		65
66	PHYSICAL THERAPY	4,250,147			200		66
67	OCCUPATIONAL THERAPY	2,127,368			84,975		67
68	SPEECH PATHOLOGY	1,204,243			175		68
70	ELECTROENCEPHALOGRAPHY	389,087					70
71	MEDICAL SUPPLIES CHRGD TO P	487,056			3,936		71
72	IMPL. DEV. CHARGED TO PATIEN	16,082,029			350		72
73	DRUGS CHARGED TO PATIENTS	56,323,378			265,029		73
74	RENAL DIALYSIS	5,173,796			21,672		74
76	EMG	632,901					76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	929,243					76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	682,507					76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	1,462,083					76.06
76.07	SLEEP LAB	1,836,005					76.07
76.08	UROLOGY	69,749					76.08
76.09	ADDP OP	2,820,397					76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	82,031					76.11
76.12	MENTAL HEALTH CENTER	1,162,629					76.12
76.13	VEIN CLINIC	117,336					76.13
76.97	CARDIAC REHABILITATION	1,230,290					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,352,895					90
90.01	MERCY CLINIC PULASKI						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST	173,913					90.03
91	EMERGENCY	47,435,188		207,732			91
92	OBSERVATION BEDS	7,157,220					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	500,829,374		1,034,938			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 [XX] TITLE XVIII-PT B [XX] IPF (14-S158) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.402639						50
50.01 GI LAB	0.209865						50.01
51 RECOVERY ROOM	0.336544						51
52 DELIVERY ROOM & LABOR ROOM	0.317492						52
53 ANESTHESIOLOGY	0.192247						53
54 RADIOLOGY-DIAGNOSTIC	0.231559						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.313989						55
56 RADIOISOTOPE	0.178028						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.092927						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654						58
59 CARDIAC CATHETERIZATION	0.140461						59
60 LABORATORY	0.143265						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.191372						65
66 PHYSICAL THERAPY	0.485461						66
67 OCCUPATIONAL THERAPY	0.730919						67
68 SPEECH PATHOLOGY	0.469650						68
70 ELECTROENCEPHALOGRAPHY	0.424108						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563						71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123						72
73 DRUGS CHARGED TO PATIENTS	0.373347						73
74 RENAL DIALYSIS	0.232554						74
76 EMG	0.143349						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	0.895316						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	0.658257						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	0.358242						76.06
76.07 SLEEP LAB	0.228432						76.07
76.08 UROLOGY	1.976344						76.08
76.09 ADDP OP	0.231350						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	2.741329						76.11
76.12 MENTAL HEALTH CENTER	1.153695						76.12
76.13 VEIN CLINIC	0.468475						76.13
76.97 CARDIAC REHABILITATION	0.422971						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.392311						90
90.01 MERCY CLINIC PULASKI							90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST	2.375458						90.03
91 EMERGENCY	0.215763						91
92 OBSERVATION BEDS	0.673781						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 [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	1,801,064	39,414,440	0.045696	1,255	57		50
50.01	GI LAB	234,609	9,736,226	0.024097				50.01
51	RECOVERY ROOM	49,833	4,170,251	0.011950				51
52	DELIVERY ROOM & LABOR ROOM	328,884	19,171,492	0.017155				52
53	ANESTHESIOLOGY	129,583	4,421,830	0.029305				53
54	RADIOLOGY-DIAGNOSTIC	944,309	37,554,095	0.025145	23,434	589		54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	331,041	4,666,370	0.070942	3,200	227		55
56	RADIOISOTOPE	49,546	7,906,341	0.006267				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	132,190	27,671,141	0.004777	21,300	102		57
58	MAGNETIC RESONANCE IMAGING (M	67,462	7,729,917	0.008727				58
59	CARDIAC CATHETERIZATION	860,637	53,459,304	0.016099	9,777	157		59
60	LABORATORY	824,879	111,561,109	0.007394	141,904	1,049		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	179,118	15,185,367	0.011795	38,893	459		65
66	PHYSICAL THERAPY	83,294	4,250,147	0.019598	506,560	9,928		66
67	OCCUPATIONAL THERAPY	112,145	2,127,368	0.052715	407,225	21,467		67
68	SPEECH PATHOLOGY	16,804	1,204,243	0.013954	115,011	1,605		68
70	ELECTROENCEPHALOGRAPHY	20,056	389,087	0.051546				70
71	MEDICAL SUPPLIES CHRGED TO PA	9,466	487,056	0.019435	30,043	584		71
72	IMPL. DEV. CHARGED TO PATIENT	221,684	16,082,029	0.013785				72
73	DRUGS CHARGED TO PATIENTS	459,266	56,323,378	0.008154	387,421	3,159		73
74	RENAL DIALYSIS	33,241	5,173,796	0.006425	28,576	184		74
76	EMG	3,718	632,901	0.005875				76
76.01	CARDIOVASCULAR LAB	140,212						76.01
76.02	MERCY EYE CENTER	112,304	929,243	0.120855				76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	229,403	682,507	0.336118				76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	27,500	1,462,083	0.018809				76.06
76.07	SLEEP LAB	7,532	1,836,005	0.004102				76.07
76.08	UROLOGY	6,061	69,749	0.086897				76.08
76.09	ADDP OP	12,780	2,820,397	0.004531				76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	4,217	82,031	0.051407				76.11
76.12	MENTAL HEALTH CENTER	83,503	1,162,629	0.071823				76.12
76.13	VEIN CLINIC	1,055	117,336	0.008991				76.13
76.97	CARDIAC REHABILITATION	31,911	1,230,290	0.025938				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	370,993	6,352,895	0.058397				90
90.01	MERCY CLINIC PULASKI							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST	8,957	173,913	0.051503				90.03
91	EMERGENCY	365,418	47,435,188	0.007704	1,030	8		91
92	OBSERVATION BEDS	262,502	7,157,220	0.036677				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	8,557,177	500,829,374		1,715,629	39,575		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T158)	<input type="checkbox"/>	NF	<input type="checkbox"/>			

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN				COST	EDUCATION	COST
	ANESTHETIST	SCHOOL	HEALTH	COST	(SUM OF	(SUM OF
	COST				COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	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 FOR HEMOPHILIA						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 ADDE 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
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
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	[XX] 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)	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	39,414,440		1,255			50
50.01	GI LAB	9,736,226					50.01
51	RECOVERY ROOM	4,170,251					51
52	DELIVERY ROOM & LABOR ROOM	19,171,492					52
53	ANESTHESIOLOGY	4,421,830					53
54	RADIOLOGY-DIAGNOSTIC	37,554,095		23,434			54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	4,666,370		3,200			55
56	RADIOISOTOPE	7,906,341					56
57	COMPUTED TOMOGRAPHY (CT) SCA	27,671,141		21,300			57
58	MAGNETIC RESONANCE IMAGING (	7,729,917					58
59	CARDIAC CATHETERIZATION	53,459,304		9,777			59
60	LABORATORY	111,561,109		141,904			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	15,185,367		38,893			65
66	PHYSICAL THERAPY	4,250,147		506,560			66
67	OCCUPATIONAL THERAPY	2,127,368		407,225			67
68	SPEECH PATHOLOGY	1,204,243		115,011			68
70	ELECTROENCEPHALOGRAPHY	389,087					70
71	MEDICAL SUPPLIES CHRGD TO P	487,056		30,043			71
72	IMPL. DEV. CHARGED TO PATIEN	16,082,029					72
73	DRUGS CHARGED TO PATIENTS	56,323,378		387,421			73
74	RENAL DIALYSIS	5,173,796		28,576			74
76	EMG	632,901					76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	929,243					76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	682,507					76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	1,462,083					76.06
76.07	SLEEP LAB	1,836,005					76.07
76.08	UROLOGY	69,749					76.08
76.09	ADDP OP	2,820,397					76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	82,031					76.11
76.12	MENTAL HEALTH CENTER	1,162,629					76.12
76.13	VEIN CLINIC	117,336					76.13
76.97	CARDIAC REHABILITATION	1,230,290					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,352,895					90
90.01	MERCY CLINIC PULASKI						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST	173,913					90.03
91	EMERGENCY	47,435,188		1,030			91
92	OBSERVATION BEDS	7,157,220					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	500,829,374		1,715,629			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	2,249,851		2,249,851	54,142	41.55	13,210	548,876	30
31 INTENSIVE CARE UNIT	351,016		351,016	4,393	79.90	1,072	85,653	31
32 CORONARY CARE UNIT	122,180		122,180	1,378	88.66	286	25,357	32
32.01 NURSERY INTENSIVE CARE CENTER	80,871		80,871	2,929	27.61	2,358	65,104	32.01
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	352,232		352,232	6,368	55.31	4,019	222,291	40
41 SUBPROVIDER - IRF	157,354		157,354	2,725	57.74	338	19,516	41
42 SUBPROVIDER I								42
43 NURSERY	54,253		54,253	4,250	12.77	3,422	43,699	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,367,757		3,367,757	76,185		24,705	1,010,496	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0158) [] IPF [] IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	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					1,801,064	39,414,440	0.045696			50
50.01					234,609	9,736,226	0.024097			50.01
51					49,833	4,170,251	0.011950			51
52					328,884	19,171,492	0.017155			52
53					129,583	4,421,830	0.029305			53
54					944,309	37,554,095	0.025145			54
54.01										54.01
55					331,041	4,666,370	0.070942			55
56					49,546	7,906,341	0.006267			56
57					132,190	27,671,141	0.004777			57
58					67,462	7,729,917	0.008727			58
59					860,637	53,459,304	0.016099			59
60					824,879	111,561,109	0.007394			60
62.30										62.30
65					179,118	15,185,367	0.011795			65
66					83,294	4,250,147	0.019598			66
67					112,145	2,127,368	0.052715			67
68					16,804	1,204,243	0.013954			68
70					20,056	389,087	0.051546			70
71					9,466	487,056	0.019435			71
72					221,684	16,082,029	0.013785			72
73					459,266	56,323,378	0.008154			73
74					33,241	5,173,796	0.006425			74
76					3,718	632,901	0.005875			76
76.01					140,212					76.01
76.02					112,304	929,243	0.120855			76.02
76.03										76.03
76.04					229,403	682,507	0.336118			76.04
76.05										76.05
76.06					27,500	1,462,083	0.018809			76.06
76.07					7,532	1,836,005	0.004102			76.07
76.08					6,061	69,749	0.086897			76.08
76.09					12,780	2,820,397	0.004531			76.09
76.10										76.10
76.11					4,217	82,031	0.051407			76.11
76.12					83,503	1,162,629	0.071823			76.12
76.13					1,055	117,336	0.008991			76.13
76.97					31,911	1,230,290	0.025938			76.97
76.98										76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
90					370,993	6,352,895	0.058397			90
90.01										90.01
90.02										90.02
90.03					8,957	173,913	0.051503			90.03
91					365,418	47,435,188	0.007704			91
92					262,502	7,157,220	0.036677			92
	OTHER REIMBURSABLE COST CENTERS									
200					8,557,177	500,829,374				200

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 12/01/2012 09:23

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
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
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 [] 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	54,142		13,210		30
31 INTENSIVE CARE UNIT	4,393		1,072		31
32 CORONARY CARE UNIT	1,378		286		32
32.01 NURSERY INTENSIVE CARE CENTER	2,929		2,358		32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	6,368		4,019		40
41 SUBPROVIDER - IRF	2,725		338		41
42 SUBPROVIDER I					42
43 NURSERY	4,250		3,422		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	76,185		24,705		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						SCHOOL 2	HEALTH 3	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 FOR HEMOPHILIA						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 ADDE 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
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
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		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] 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	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	39,414,440					50
50.01	GI LAB	9,736,226					50.01
51	RECOVERY ROOM	4,170,251					51
52	DELIVERY ROOM & LABOR ROOM	19,171,492					52
53	ANESTHESIOLOGY	4,421,830					53
54	RADIOLOGY-DIAGNOSTIC	37,554,095					54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	4,666,370					55
56	RADIOISOTOPE	7,906,341					56
57	COMPUTED TOMOGRAPHY (CT) SCA	27,671,141					57
58	MAGNETIC RESONANCE IMAGING (	7,729,917					58
59	CARDIAC CATHETERIZATION	53,459,304					59
60	LABORATORY	111,561,109					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	15,185,367					65
66	PHYSICAL THERAPY	4,250,147					66
67	OCCUPATIONAL THERAPY	2,127,368					67
68	SPEECH PATHOLOGY	1,204,243					68
70	ELECTROENCEPHALOGRAPHY	389,087					70
71	MEDICAL SUPPLIES CHRGD TO P	487,056					71
72	IMPL. DEV. CHARGED TO PATIEN	16,082,029					72
73	DRUGS CHARGED TO PATIENTS	56,323,378					73
74	RENAL DIALYSIS	5,173,796					74
76	EMG	632,901					76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	929,243					76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	682,507					76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	1,462,083					76.06
76.07	SLEEP LAB	1,836,005					76.07
76.08	UROLOGY	69,749					76.08
76.09	ADDP OP	2,820,397					76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	82,031					76.11
76.12	MENTAL HEALTH CENTER	1,162,629					76.12
76.13	VEIN CLINIC	117,336					76.13
76.97	CARDIAC REHABILITATION	1,230,290					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,352,895					90
90.01	MERCY CLINIC PULASKI						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST	173,913					90.03
91	EMERGENCY	47,435,188					91
92	OBSERVATION BEDS	7,157,220					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	500,829,374					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. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.402639						50
50.01 GI LAB	0.209865						50.01
51 RECOVERY ROOM	0.336544						51
52 DELIVERY ROOM & LABOR ROOM	0.317492						52
53 ANESTHESIOLOGY	0.192247						53
54 RADIOLOGY-DIAGNOSTIC	0.231559						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.313989						55
56 RADIOISOTOPE	0.178028						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.092927						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654						58
59 CARDIAC CATHETERIZATION	0.140461						59
60 LABORATORY	0.143265						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.191372						65
66 PHYSICAL THERAPY	0.485461						66
67 OCCUPATIONAL THERAPY	0.730919						67
68 SPEECH PATHOLOGY	0.469650						68
70 ELECTROENCEPHALOGRAPHY	0.424108						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563						71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123						72
73 DRUGS CHARGED TO PATIENTS	0.373347						73
74 RENAL DIALYSIS	0.232554						74
76 EMG	0.143349						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	0.895316						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	0.658257						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	0.358242						76.06
76.07 SLEEP LAB	0.228432						76.07
76.08 UROLOGY	1.976344						76.08
76.09 ADDP OP	0.231350						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	2.741329						76.11
76.12 MENTAL HEALTH CENTER	1.153695						76.12
76.13 VEIN CLINIC	0.468475						76.13
76.97 CARDIAC REHABILITATION	0.422971						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.392311						90
90.01 MERCY CLINIC PULASKI							90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST	2.375458						90.03
91 EMERGENCY	0.215763						91
92 OBSERVATION BEDS	0.673781						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				
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	1,801,064	39,414,440	0.045696				50
50.01	GI LAB	234,609	9,736,226	0.024097				50.01
51	RECOVERY ROOM	49,833	4,170,251	0.011950				51
52	DELIVERY ROOM & LABOR ROOM	328,884	19,171,492	0.017155				52
53	ANESTHESIOLOGY	129,583	4,421,830	0.029305				53
54	RADIOLOGY-DIAGNOSTIC	944,309	37,554,095	0.025145				54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	331,041	4,666,370	0.070942				55
56	RADIOISOTOPE	49,546	7,906,341	0.006267				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	132,190	27,671,141	0.004777				57
58	MAGNETIC RESONANCE IMAGING (M	67,462	7,729,917	0.008727				58
59	CARDIAC CATHETERIZATION	860,637	53,459,304	0.016099				59
60	LABORATORY	824,879	111,561,109	0.007394				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	179,118	15,185,367	0.011795				65
66	PHYSICAL THERAPY	83,294	4,250,147	0.019598				66
67	OCCUPATIONAL THERAPY	112,145	2,127,368	0.052715				67
68	SPEECH PATHOLOGY	16,804	1,204,243	0.013954				68
70	ELECTROENCEPHALOGRAPHY	20,056	389,087	0.051546				70
71	MEDICAL SUPPLIES CHRGED TO PA	9,466	487,056	0.019435				71
72	IMPL. DEV. CHARGED TO PATIENT	221,684	16,082,029	0.013785				72
73	DRUGS CHARGED TO PATIENTS	459,266	56,323,378	0.008154				73
74	RENAL DIALYSIS	33,241	5,173,796	0.006425				74
76	EMG	3,718	632,901	0.005875				76
76.01	CARDIOVASCULAR LAB	140,212						76.01
76.02	MERCY EYE CENTER	112,304	929,243	0.120855				76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	229,403	682,507	0.336118				76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	27,500	1,462,083	0.018809				76.06
76.07	SLEEP LAB	7,532	1,836,005	0.004102				76.07
76.08	UROLOGY	6,061	69,749	0.086897				76.08
76.09	ADDP OP	12,780	2,820,397	0.004531				76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	4,217	82,031	0.051407				76.11
76.12	MENTAL HEALTH CENTER	83,503	1,162,629	0.071823				76.12
76.13	VEIN CLINIC	1,055	117,336	0.008991				76.13
76.97	CARDIAC REHABILITATION	31,911	1,230,290	0.025938				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	370,993	6,352,895	0.058397				90
90.01	MERCY CLINIC PULASKI							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST	8,957	173,913	0.051503				90.03
91	EMERGENCY	365,418	47,435,188	0.007704				91
92	OBSERVATION BEDS	262,502	7,157,220	0.036677				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	8,557,177	500,829,374					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		[XX] OTHER	
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS. 1-4) 5	TOTAL O/P 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 FOR HEMOPHILIA					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
90.01	MERCY CLINIC PULASKI					90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
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		[XX] 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	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	39,414,440					50
50.01	GI LAB	9,736,226					50.01
51	RECOVERY ROOM	4,170,251					51
52	DELIVERY ROOM & LABOR ROOM	19,171,492					52
53	ANESTHESIOLOGY	4,421,830					53
54	RADIOLOGY-DIAGNOSTIC	37,554,095					54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	4,666,370					55
56	RADIOISOTOPE	7,906,341					56
57	COMPUTED TOMOGRAPHY (CT) SCA	27,671,141					57
58	MAGNETIC RESONANCE IMAGING (	7,729,917					58
59	CARDIAC CATHETERIZATION	53,459,304					59
60	LABORATORY	111,561,109					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	15,185,367					65
66	PHYSICAL THERAPY	4,250,147					66
67	OCCUPATIONAL THERAPY	2,127,368					67
68	SPEECH PATHOLOGY	1,204,243					68
70	ELECTROENCEPHALOGRAPHY	389,087					70
71	MEDICAL SUPPLIES CHRGD TO P	487,056					71
72	IMPL. DEV. CHARGED TO PATIEN	16,082,029					72
73	DRUGS CHARGED TO PATIENTS	56,323,378					73
74	RENAL DIALYSIS	5,173,796					74
76	EMG	632,901					76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	929,243					76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	682,507					76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	1,462,083					76.06
76.07	SLEEP LAB	1,836,005					76.07
76.08	UROLOGY	69,749					76.08
76.09	ADDP OP	2,820,397					76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	82,031					76.11
76.12	MENTAL HEALTH CENTER	1,162,629					76.12
76.13	VEIN CLINIC	117,336					76.13
76.97	CARDIAC REHABILITATION	1,230,290					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,352,895					90
90.01	MERCY CLINIC PULASKI						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST	173,913					90.03
91	EMERGENCY	47,435,188					91
92	OBSERVATION BEDS	7,157,220					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	500,829,374					200

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	OPERATING ROOM	1,801,064	39,414,440	0.045696				50
50.01	GI LAB	234,609	9,736,226	0.024097				50.01
51	RECOVERY ROOM	49,833	4,170,251	0.011950				51
52	DELIVERY ROOM & LABOR ROOM	328,884	19,171,492	0.017155				52
53	ANESTHESIOLOGY	129,583	4,421,830	0.029305				53
54	RADIOLOGY-DIAGNOSTIC	944,309	37,554,095	0.025145				54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	331,041	4,666,370	0.070942				55
56	RADIOISOTOPE	49,546	7,906,341	0.006267				56
57	COMPUTED TOMOGRAPHY (CT) SCAN	132,190	27,671,141	0.004777				57
58	MAGNETIC RESONANCE IMAGING (M	67,462	7,729,917	0.008727				58
59	CARDIAC CATHETERIZATION	860,637	53,459,304	0.016099				59
60	LABORATORY	824,879	111,561,109	0.007394				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	179,118	15,185,367	0.011795				65
66	PHYSICAL THERAPY	83,294	4,250,147	0.019598				66
67	OCCUPATIONAL THERAPY	112,145	2,127,368	0.052715				67
68	SPEECH PATHOLOGY	16,804	1,204,243	0.013954				68
70	ELECTROENCEPHALOGRAPHY	20,056	389,087	0.051546				70
71	MEDICAL SUPPLIES CHRGED TO PA	9,466	487,056	0.019435				71
72	IMPL. DEV. CHARGED TO PATIENT	221,684	16,082,029	0.013785				72
73	DRUGS CHARGED TO PATIENTS	459,266	56,323,378	0.008154				73
74	RENAL DIALYSIS	33,241	5,173,796	0.006425				74
76	EMG	3,718	632,901	0.005875				76
76.01	CARDIOVASCULAR LAB	140,212						76.01
76.02	MERCY EYE CENTER	112,304	929,243	0.120855				76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	229,403	682,507	0.336118				76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	27,500	1,462,083	0.018809				76.06
76.07	SLEEP LAB	7,532	1,836,005	0.004102				76.07
76.08	UROLOGY	6,061	69,749	0.086897				76.08
76.09	ADDP OP	12,780	2,820,397	0.004531				76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	4,217	82,031	0.051407				76.11
76.12	MENTAL HEALTH CENTER	83,503	1,162,629	0.071823				76.12
76.13	VEIN CLINIC	1,055	117,336	0.008991				76.13
76.97	CARDIAC REHABILITATION	31,911	1,230,290	0.025938				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	370,993	6,352,895	0.058397				90
90.01	MERCY CLINIC PULASKI							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST	8,957	173,913	0.051503				90.03
91	EMERGENCY	365,418	47,435,188	0.007704				91
92	OBSERVATION BEDS	262,502	7,157,220	0.036677				92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	8,557,177	500,829,374					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 [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1						SCHOOL 2	HEALTH 3	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 FOR HEMOPHILIA						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 ADDE 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
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
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		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PGM	INPAT PGM PASS-THRU COSTS	O/P PGM	O/P PGM PASS-THRU COSTS
	(FROM WKST C, PT. I, COL. 8)	(COL. 5 ÷ COL. 7)	(COL. 6 ÷ COL. 7)	PGM CHARGES	(COL. 8 x COL. 10)	CHARGES	(COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	39,414,440						50
50.01 GI LAB	9,736,226						50.01
51 RECOVERY ROOM	4,170,251						51
52 DELIVERY ROOM & LABOR ROOM	19,171,492						52
53 ANESTHESIOLOGY	4,421,830						53
54 RADIOLOGY-DIAGNOSTIC	37,554,095						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	4,666,370						55
56 RADIOISOTOPE	7,906,341						56
57 COMPUTED TOMOGRAPHY (CT) SCA	27,671,141						57
58 MAGNETIC RESONANCE IMAGING (	7,729,917						58
59 CARDIAC CATHETERIZATION	53,459,304						59
60 LABORATORY	111,561,109						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	15,185,367						65
66 PHYSICAL THERAPY	4,250,147						66
67 OCCUPATIONAL THERAPY	2,127,368						67
68 SPEECH PATHOLOGY	1,204,243						68
70 ELECTROENCEPHALOGRAPHY	389,087						70
71 MEDICAL SUPPLIES CHRGED TO P	487,056						71
72 IMPL. DEV. CHARGED TO PATIEN	16,082,029						72
73 DRUGS CHARGED TO PATIENTS	56,323,378						73
74 RENAL DIALYSIS	5,173,796						74
76 EMG	632,901						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	929,243						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	682,507						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	1,462,083						76.06
76.07 SLEEP LAB	1,836,005						76.07
76.08 UROLOGY	69,749						76.08
76.09 ADDP OP	2,820,397						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	82,031						76.11
76.12 MENTAL HEALTH CENTER	1,162,629						76.12
76.13 VEIN CLINIC	117,336						76.13
76.97 CARDIAC REHABILITATION	1,230,290						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	6,352,895						90
90.01 MERCY CLINIC PULASKI							90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST	173,913						90.03
91 EMERGENCY	47,435,188						91
92 OBSERVATION BEDS	7,157,220						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	500,829,374						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. SVCS NOT	COST	COST	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.402639						50
50.01 GI LAB	0.209865						50.01
51 RECOVERY ROOM	0.336544						51
52 DELIVERY ROOM & LABOR ROOM	0.317492						52
53 ANESTHESIOLOGY	0.192247						53
54 RADIOLOGY-DIAGNOSTIC	0.231559						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	0.313989						55
56 RADIOISOTOPE	0.178028						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.092927						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654						58
59 CARDIAC CATHETERIZATION	0.140461						59
60 LABORATORY	0.143265						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.191372						65
66 PHYSICAL THERAPY	0.485461						66
67 OCCUPATIONAL THERAPY	0.730919						67
68 SPEECH PATHOLOGY	0.469650						68
70 ELECTROENCEPHALOGRAPHY	0.424108						70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563						71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123						72
73 DRUGS CHARGED TO PATIENTS	0.373347						73
74 RENAL DIALYSIS	0.232554						74
76 EMG	0.143349						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	0.895316						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	0.658257						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	0.358242						76.06
76.07 SLEEP LAB	0.228432						76.07
76.08 UROLOGY	1.976344						76.08
76.09 ADDP OP	0.231350						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	2.741329						76.11
76.12 MENTAL HEALTH CENTER	1.153695						76.12
76.13 VEIN CLINIC	0.468475						76.13
76.97 CARDIAC REHABILITATION	0.422971						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.392311						90
90.01 MERCY CLINIC PULASKI							90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST	2.375458						90.03
91 EMERGENCY	0.215763						91
92 OBSERVATION BEDS	0.673781						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)	54,142	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,142	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47,825	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)	21,328	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)	41,331,897	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	41,331,897	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)	0.668718	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)	1,292.37	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)	41,331,897	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) 763.40 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 16,281,795 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) 16,281,795 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	7,172,245	4,393	1,632.65	2,327	3,799,177	43
44 CORONARY CARE UNIT	2,571,712	1,378	1,866.26	779	1,453,817	44
44.01 NURSERY INTENSIVE CARE CENTER	2,694,847	2,929	920.06			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)					24,102,686	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					45,637,475	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,141,171	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,259,121	51
52 TOTAL PROGRAM EXCLUDABLE COST					2,400,292	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					43,237,183	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)						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 INSTRUCTIONS) (TITLE XVIII ONLY)						64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 6,317 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 763.40 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,822,398 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	2,249,851	41,331,897	0.054434	4,822,398	262,502	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)	6,368	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,368	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,368	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)	1,897	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)	5,619,689	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	5,619,689	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)	0.737589	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)	1,196.45	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)	5,619,689	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)	882,49 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,674,084 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)	1,674,084 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	283,639 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,957,723 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	104,923 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	12,630 51
52	TOTAL PROGRAM EXCLUDABLE COST	117,553 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,840,170 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 [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)	2,725	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,725	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,725	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)	1,690	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)	2,780,100	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	2,780,100	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)	0.940798	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)	1,084.42	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)	2,780,100	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)	1,020.22 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,724,172 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)	1,724,172 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	815,661 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,539,833 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	97,581 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	39,575 51
52	TOTAL PROGRAM EXCLUDABLE COST	137,156 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	2,402,677 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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 [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)	54,142	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,142	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	47,825	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)	13,210	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)	4,250	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	3,422	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)	41,310,209	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	41,310,209	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)	0.668367	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)	1,292.37	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)	41,310,209	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) 763.00 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,079,230 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) 10,079,230 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,021,309	4,250	240.31	3,422	822,341 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,953,606	4,393	1,582.88	1,072	1,696,847 43
44 CORONARY CARE UNIT	2,571,712	1,378	1,866.26	286	533,750 44
44.01 NURSERY INTENSIVE CARE CENTER	2,694,847	2,929	920.06	2,358	2,169,501 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)					15,301,669 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 768,689 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 768,689 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 6,317 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

	COST	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.)
	1	2	3	4	5
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST					90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

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)	6,368	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,368	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,368	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)	5,619,689	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	5,619,689	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)	0.737589	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)	1,196.45	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)	5,619,689	37

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)	882.49 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,546,727 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)	3,546,727 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,546,727 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	222,291 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	222,291 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)	2,725	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,725	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,725	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)	338	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)	2,780,100	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	2,780,100	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)	0.940798	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)	1,084.42	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)	2,780,100	37

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)	1,020.22 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	344,834 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)	344,834 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	344,834 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	19,516 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	19,516 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		32,421,042		30
31 INTENSIVE CARE UNIT		5,405,911		31
32 CORONARY CARE UNIT		1,581,814		32
32.01 NURSERY INTENSIVE CARE CENTER				32.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.402639	5,069,491	2,041,175	50
50.01 GI LAB	0.209865	1,450,194	304,345	50.01
51 RECOVERY ROOM	0.336544	525,374	176,811	51
52 DELIVERY ROOM & LABOR ROOM	0.317492	94,537	30,015	52
53 ANESTHESIOLOGY	0.192247	638,077	122,668	53
54 RADIOLOGY-DIAGNOSTIC	0.232869	4,235,899	986,410	54
54.01 MRI CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.313989	195,075	61,251	55
56 RADIOISOTOPE	0.178777	771,961	138,009	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.093146	4,674,646	435,425	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654	906,231	202,682	58
59 CARDIAC CATHETERIZATION	0.150516	14,372,547	2,163,298	59
60 LABORATORY	0.143265	22,745,993	3,258,705	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.191372	7,559,237	1,446,626	65
66 PHYSICAL THERAPY	0.485461	820,932	398,530	66
67 OCCUPATIONAL THERAPY	0.730919	173,816	127,045	67
68 SPEECH PATHOLOGY	0.469650	450,992	211,808	68
70 ELECTROENCEPHALOGRAPHY	0.424108	131,252	55,665	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563	237,464	224,300	71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123	6,408,158	4,287,846	72
73 DRUGS CHARGED TO PATIENTS	0.373347	13,674,205	5,105,223	73
74 RENAL DIALYSIS	0.232554	3,260,664	758,280	74
76 EMG	0.143349	8,311	1,191	76
76.01 CARDIOVASCULAR LAB				76.01
76.02 MERCY EYE CENTER	0.895316	684	612	76.02
76.03 MERCY ENT				76.03
76.04 WOUND CARE CENTER	0.658257	6,612	4,352	76.04
76.05 CARDIAC REHAB				76.05
76.06 PRE-BIRTH CENTER	0.358242	444	159	76.06
76.07 SLEEP LAB	0.228432	4,489	1,025	76.07
76.08 UROLOGY	1.976344			76.08
76.09 ADPP OP	0.231350			76.09
76.10 PSYCH PARTIAL HOSPITAL				76.10
76.11 DIABETES TREATMENT	2.741329			76.11
76.12 MENTAL HEALTH CENTER	1.153695			76.12
76.13 VEIN CLINIC	0.468475	78	37	76.13
76.97 CARDIAC REHABILITATION	0.422971			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.392311			90
90.01 MERCY CLINIC PULASKI				90.01
90.02 MERCY CLINIC STATE ST				90.02
90.03 MERCY CLINIC POLK ST	2.375458			90.03
91 EMERGENCY	0.215763	7,226,417	1,559,193	91
92 OBSERVATION BEDS	0.673781			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		95,643,780	24,102,686	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		95,643,780		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	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		2,171,707			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.402639	2,807	1,130		50
50.01 GI LAB	0.209865				50.01
51 RECOVERY ROOM	0.336544	6,446	2,169		51
52 DELIVERY ROOM & LABOR ROOM	0.317492				52
53 ANESTHESIOLOGY	0.192247	9,064	1,743		53
54 RADIOLOGY-DIAGNOSTIC	0.232869	12,327	2,871		54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.313989				55
56 RADIOISOTOPE	0.178777	1,068	191		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.093146	19,422	1,809		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654	2,850	637		58
59 CARDIAC CATHETERIZATION	0.150516	26,777	4,030		59
60 LABORATORY	0.143265	349,624	50,089		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.191372	20,484	3,920		65
66 PHYSICAL THERAPY	0.485461	200	97		66
67 OCCUPATIONAL THERAPY	0.730919	84,975	62,110		67
68 SPEECH PATHOLOGY	0.469650	175	82		68
70 ELECTROENCEPHALOGRAPHY	0.424108				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563	3,936	3,718		71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123	350	234		72
73 DRUGS CHARGED TO PATIENTS	0.373347	265,029	98,948		73
74 RENAL DIALYSIS	0.232554	21,672	5,040		74
76 EMG	0.143349				76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	0.895316				76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	0.658257				76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER	0.358242				76.06
76.07 SLEEP LAB	0.228432				76.07
76.08 UROLOGY	1.976344				76.08
76.09 ADPP OP	0.231350				76.09
76.10 PSYCH PARTIAL HOSPITAL					76.10
76.11 DIABETES TREATMENT	2.741329				76.11
76.12 MENTAL HEALTH CENTER	1.153695				76.12
76.13 VEIN CLINIC	0.468475				76.13
76.97 CARDIAC REHABILITATION	0.422971				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.392311				90
90.01 MERCY CLINIC PULASKI					90.01
90.02 MERCY CLINIC STATE ST					90.02
90.03 MERCY CLINIC POLK ST	2.375458				90.03
91 EMERGENCY	0.215763	207,732	44,821		91
92 OBSERVATION BEDS	0.673781				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,034,938	283,639		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,034,938			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	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		2,010,385			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.402639	1,255	505		50
50.01 GI LAB	0.209865				50.01
51 RECOVERY ROOM	0.336544				51
52 DELIVERY ROOM & LABOR ROOM	0.317492				52
53 ANESTHESIOLOGY	0.192247				53
54 RADIOLOGY-DIAGNOSTIC	0.232869	23,434	5,457		54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.313989	3,200	1,005		55
56 RADIOISOTOPE	0.178777				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.093146	21,300	1,984		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654				58
59 CARDIAC CATHETERIZATION	0.150516	9,777	1,472		59
60 LABORATORY	0.143265	141,904	20,330		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.191372	38,893	7,443		65
66 PHYSICAL THERAPY	0.485461	506,560	245,915		66
67 OCCUPATIONAL THERAPY	0.730919	407,225	297,648		67
68 SPEECH PATHOLOGY	0.469650	115,011	54,015		68
70 ELECTROENCEPHALOGRAPHY	0.424108				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563	30,043	28,378		71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123				72
73 DRUGS CHARGED TO PATIENTS	0.373347	387,421	144,642		73
74 RENAL DIALYSIS	0.232554	28,576	6,645		74
76 EMG	0.143349				76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	0.895316				76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	0.658257				76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER	0.358242				76.06
76.07 SLEEP LAB	0.228432				76.07
76.08 UROLOGY	1.976344				76.08
76.09 ADPP OP	0.231350				76.09
76.10 PSYCH PARTIAL HOSPITAL					76.10
76.11 DIABETES TREATMENT	2.741329				76.11
76.12 MENTAL HEALTH CENTER	1.153695				76.12
76.13 VEIN CLINIC	0.468475				76.13
76.97 CARDIAC REHABILITATION	0.422971				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.392311				90
90.01 MERCY CLINIC PULASKI					90.01
90.02 MERCY CLINIC STATE ST					90.02
90.03 MERCY CLINIC POLK ST	2.375458				90.03
91 EMERGENCY	0.215763	1,030	222		91
92 OBSERVATION BEDS	0.673781				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,715,629	815,661		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,715,629			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 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				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.402639			50
50.01 GI LAB	0.209865			50.01
51 RECOVERY ROOM	0.336544			51
52 DELIVERY ROOM & LABOR ROOM	0.317492			52
53 ANESTHESIOLOGY	0.192247			53
54 RADIOLOGY-DIAGNOSTIC	0.231559			54
54.01 MRI CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.313989			55
56 RADIOISOTOPE	0.178028			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.092927			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654			58
59 CARDIAC CATHETERIZATION	0.140461			59
60 LABORATORY	0.143265			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.191372			65
66 PHYSICAL THERAPY	0.485461			66
67 OCCUPATIONAL THERAPY	0.730919			67
68 SPEECH PATHOLOGY	0.469650			68
70 ELECTROENCEPHALOGRAPHY	0.424108			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.944563			71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123			72
73 DRUGS CHARGED TO PATIENTS	0.373347			73
74 RENAL DIALYSIS	0.232554			74
76 EMG	0.143349			76
76.01 CARDIOVASCULAR LAB				76.01
76.02 MERCY EYE CENTER	0.895316			76.02
76.03 MERCY ENT				76.03
76.04 WOUND CARE CENTER	0.658257			76.04
76.05 CARDIAC REHAB				76.05
76.06 PRE-BIRTH CENTER	0.358242			76.06
76.07 SLEEP LAB	0.228432			76.07
76.08 UROLOGY	1.976344			76.08
76.09 ADDP OP	0.231350			76.09
76.10 PSYCH PARTIAL HOSPITAL				76.10
76.11 DIABETES TREATMENT	2.741329			76.11
76.12 MENTAL HEALTH CENTER	1.153695			76.12
76.13 VEIN CLINIC	0.468475			76.13
76.97 CARDIAC REHABILITATION	0.422971			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.392311			90
90.01 MERCY CLINIC PULASKI				90.01
90.02 MERCY CLINIC STATE ST				90.02
90.03 MERCY CLINIC POLK ST	2.375458			90.03
91 EMERGENCY	0.215763			91
92 OBSERVATION BEDS	0.673781			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 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				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.402639			50
50.01 GI LAB	0.209865			50.01
51 RECOVERY ROOM	0.336544			51
52 DELIVERY ROOM & LABOR ROOM	0.317492			52
53 ANESTHESIOLOGY	0.192247			53
54 RADIOLOGY-DIAGNOSTIC	0.231559			54
54.01 MRI CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.313989			55
56 RADIOISOTOPE	0.178028			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.092927			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654			58
59 CARDIAC CATHETERIZATION	0.140461			59
60 LABORATORY	0.143265			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.191372			65
66 PHYSICAL THERAPY	0.485461			66
67 OCCUPATIONAL THERAPY	0.730919			67
68 SPEECH PATHOLOGY	0.469650			68
70 ELECTROENCEPHALOGRAPHY	0.424108			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.944563			71
72 IMPL. DEV. CHARGED TO PATIENT	0.669123			72
73 DRUGS CHARGED TO PATIENTS	0.373347			73
74 RENAL DIALYSIS	0.232554			74
76 EMG	0.143349			76
76.01 CARDIOVASCULAR LAB				76.01
76.02 MERCY EYE CENTER	0.895316			76.02
76.03 MERCY ENT				76.03
76.04 WOUND CARE CENTER	0.658257			76.04
76.05 CARDIAC REHAB				76.05
76.06 PRE-BIRTH CENTER	0.358242			76.06
76.07 SLEEP LAB	0.228432			76.07
76.08 UROLOGY	1.976344			76.08
76.09 ADPP OP	0.231350			76.09
76.10 PSYCH PARTIAL HOSPITAL				76.10
76.11 DIABETES TREATMENT	2.741329			76.11
76.12 MENTAL HEALTH CENTER	1.153695			76.12
76.13 VEIN CLINIC	0.468475			76.13
76.97 CARDIAC REHABILITATION	0.422971			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.392311			90
90.01 MERCY CLINIC PULASKI				90.01
90.02 MERCY CLINIC STATE ST				90.02
90.03 MERCY CLINIC POLK ST	2.375458			90.03
91 EMERGENCY	0.215763			91
92 OBSERVATION BEDS	0.673781			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 [] 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 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					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.402639				50
50.01 GI LAB	0.209865				50.01
51 RECOVERY ROOM	0.336544				51
52 DELIVERY ROOM & LABOR ROOM	0.317492				52
53 ANESTHESIOLOGY	0.192247				53
54 RADIOLOGY-DIAGNOSTIC	0.231559				54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	0.313989				55
56 RADIOISOTOPE	0.178028				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.092927				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.223654				58
59 CARDIAC CATHETERIZATION	0.140461				59
60 LABORATORY	0.143265				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.191372				65
66 PHYSICAL THERAPY	0.485461				66
67 OCCUPATIONAL THERAPY	0.730919				67
68 SPEECH PATHOLOGY	0.469650				68
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72 IMPL. DEV. CHARGED TO PATIENT	0.669123				72
73 DRUGS CHARGED TO PATIENTS	0.373347				73
74 RENAL DIALYSIS	0.232554				74
76 EMG	0.143349				76
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	0.895316				76.02
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	0.658257				76.04
76.05 CARDIAC REHAB					76.05
76.06 PRE-BIRTH CENTER	0.358242				76.06
76.07 SLEEP LAB	0.228432				76.07
76.08 UROLOGY	1.976344				76.08
76.09 ADPP OP	0.231350				76.09
76.10 PSYCH PARTIAL HOSPITAL					76.10
76.11 DIABETES TREATMENT	2.741329				76.11
76.12 MENTAL HEALTH CENTER	1.153695				76.12
76.13 VEIN CLINIC	0.468475				76.13
76.97 CARDIAC REHABILITATION	0.422971				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.392311				90
90.01 MERCY CLINIC PULASKI					90.01
90.02 MERCY CLINIC STATE ST					90.02
90.03 MERCY CLINIC POLK ST	2.375458				90.03
91 EMERGENCY	0.215763				91
92 OBSERVATION BEDS	0.673781				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	41,411,726	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	346,621	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,300,135	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	227.74	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)	12.77	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)	99.78	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	96.27	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	3.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	99.27	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	100.01	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	98.41	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	99.23	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	99.23	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.435716	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.442930	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.435716	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	9,521,659	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)	-3.51	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)	9,521,659	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1411	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3770	31
32	SUM OF LINES 30 AND 31	0.5181	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.3196	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	13,235,188	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)	64,515,194	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)	64,515,194	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,457,816	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,481,245	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)	72,454,255	59
60	PRIMARY PAYER PAYMENTS	17,668	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	72,436,587	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,848,147	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	290,011	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	3,152,025	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,206,418	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	2,350,825	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	70,504,847	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)	70,504,847	71
72	INTERIM PAYMENTS	72,738,984	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-2,234,137	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	1,620,926	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T158)
 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		70,412,130		13,965,636	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 06/15/2012	2,326,854	06/15/2012	138,561	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	2,326,854		138,561	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		72,738,984		14,104,197	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.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)	.99				5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			175,819	6.01
	TO .01				
	PROVIDER .02				
	TO .02	-2,234,137			6.02
	PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		70,504,847		14,280,016	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

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		MM/DD/YYYY	
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,334,736		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	NONE		3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			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)		1,334,736		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.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				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	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	TO .04				6.04
	PROGRAM .05				6.05
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,334,736			7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T158) [] 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		3,104,558		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	NONE		3.01
	.02			3.02
	.03			3.03
	.04			3.04
	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	.52			3.52
	.53			3.53
	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			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)		3,104,558		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.	PROGRAM .01	NONE		NONE	5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50	NONE		NONE	5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				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	PROGRAM .01				6.01
	TO .02				
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06	-150,031			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		2,954,527			7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		NPR DATE:	8

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
12/01/2012 09:23

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

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

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	14,904	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	24,434	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,383	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	56,525	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	601,460,989	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	11,164,000	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)	1,722,468	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)	1,722,468	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		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)	1,524,658	1
2	NET IPF PPS OUTLIER PAYMENT	1,945	2
3	NET IPF PPS ECT PAYMENT	5,836	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
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)	17.398907	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)	1,532,439	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)	1,532,439	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,532,439	18
19	DEDUCTIBLES	167,796	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,364,643	20
21	COINSURANCE	29,907	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,334,736	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)	1,334,736	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		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)	1,334,736	31
32	INTERIM PAYMENTS	1,334,736	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)	2,470,670	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.100100	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	246,830	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
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)	1.15	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)	1.15	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.445355	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.103803	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	256,463	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	2,973,963	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)	2,973,963	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	2,973,963	19
20	DEDUCTIBLES	19,436	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	2,954,527	21
22	COINSURANCE		22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	2,954,527	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)	2,954,527	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		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)	2,954,527	32
33	INTERIM PAYMENTS	3,104,558	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-150,031	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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	15,301,669	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	15,301,669	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	15,301,669	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 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	12,841,763	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	2,459,906	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 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21	2,459,906	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	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 (SPECIFY) (SEE INSTRUCTIONS)		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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	3,546,727	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	3,546,727	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	3,546,727	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	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 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	3,546,727	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		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 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	344,834	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	344,834	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	344,834	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	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 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	344,834	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		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 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		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)			13.13 4.02
5	FTE ADJUSTED 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)			101.14 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			96.62 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			96.62 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	62.92	31.85	94.77 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	62.92	31.85	94.77 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.00	10
11	TOTAL WEIGHTED FTE COUNT	62.92	34.85	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	68.38	31.11	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	63.54	32.07	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	64.95	32.68	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	64.95	32.68	17
18	PER RESIDENT AMOUNT	100,719.54	95,372.54	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	6,541,734	3,116,775	9,658,509 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 UNWEIGHTED 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)			9,658,509 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	28,021	2,499	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	65,618	65,618	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.427032	0.038084	28
29	PROGRAM DIRECT GME AMOUNT	4,124,492	367,835	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		51,975	30
31	NET PROGRAM DIRECT GME AMOUNT			4,440,352 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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)			5,173,796 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)			50,135,031 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)			17,668 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			50,117,363 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			13,809,723 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,067 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			13,807,656 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			63,925,019 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.784002 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.215998 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,440,352 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,481,245 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			959,107 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 ADJUSTED 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 UNWEIGHTED 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	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	21,283	2,318	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	65,618	65,618	27
29	PROGRAM DIRECT GME AMOUNT	0.324347	0.035326	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			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	8,758,000			1
2	TEMPORARY INVESTMENTS	59,485,000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	35,135,000			4
5	OTHER RECEIVABLES	9,214,000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2,617,000			7
8	PREPAID EXPENSES	2,660,000			8
9	OTHER CURRENT ASSETS	31,872,000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	149,741,000			11
FIXED ASSETS					
12	LAND	26,173,000			12
13	LAND IMPROVEMENTS	2,034,000			13
14	ACCUMULATED DEPRECIATION	-23,000			14
15	BUILDINGS	100,463,000			15
16	ACCUMULATED DEPRECIATION	-1,314,000			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	27,903,000			23
24	ACCUMULATED DEPRECIATION	-1,462,000			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)	153,774,000			30
OTHER ASSETS					
31	INVESTMENTS	840,000			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	28,568,000			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	29,408,000			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	332,923,000			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	8,218,000			37
38	SALARIES, WAGES & FEES PAYABLE	21,567,000			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	800,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	15,253,000			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	45,838,000			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE	52,367,000			46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	39,486,000			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	91,853,000			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	137,691,000			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	195,232,000			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)	195,232,000			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	332,923,000			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		68,091,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		11,678,000							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		79,769,000							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6 TRANSFER FROM AFFILIATES		115,464,000							6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		115,464,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		195,233,000							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)		195,233,000							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	69,375,478		69,375,478	1
3 SUBPROVIDER IPF	6,764,298		6,764,298	2
5 SUBPROVIDER IRF	3,216,090		3,216,090	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)	79,355,866		79,355,866	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	9,495,570		9,495,570	11
13 CORONARY CARE UNIT	2,973,023		2,973,023	12
12.01 NURSERY INTENSIVE CARE CENTER	6,164,428		6,164,428	12.01
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	18,633,021		18,633,021	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	97,988,887		97,988,887	17
18 ANCILLARY SERVICES	226,427,276	268,779,654	495,206,930	18
19 OUTPATIENT SERVICES		34,290,594	34,290,594	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)	324,416,163	303,070,248	627,486,411	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		268,408,669	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)		268,408,669	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	627,486,411	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	365,142,117	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	262,344,294	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	268,408,669	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-6,064,375	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	472,335	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	472,105	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	1,539,800	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (GAIN ON SALE OF ASSETS)		24
24.01	OTHER (CAPITATION REVENUE)	3,428,000	24.01
24.02	OTHER (JOINT VENTURE REVENUE)	1,013,107	24.02
24.03	OTHER (OTHER REVENUE)	3,987,903	24.03
24.04	OTHER (REFERRAL LAB)	82,587	24.04
24.05	OTHER (LAB REVENUE)	154,181	24.05
24.06	OTHER (GRANTS)	834,235	24.06
24.07	OTHER (MEANINGFUL USE REVENUE)	5,318,557	24.07
24.08	OTHER (CONTRACT REVENUE)	439,565	24.08
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	17,742,375	25
26	TOTAL (LINE 5 PLUS LINE 25)	11,678,000	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)	11,678,000	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	3,386,944	1
2	CAPITAL DRG OUTLIER PAYMENTS	22,952	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	154.44	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	99.23	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1988	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	673,324	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1411	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.3770	8
9	SUM OF LINES 7 AND 8	0.5181	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1106	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	374,596	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,457,816	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- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30						30
31						31
32						32
32.01						32.01
40						40
41						41
43						43
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
90.01						90.01
90.02						90.02

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						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)						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	39.39		24.40				63.79 30
31 INTENSIVE CARE UNIT	52.97		24.40				77.37 31
32 CORONARY CARE UNIT	56.53		20.75				77.28 32
32.01 NURSERY INTENSIVE CARE CENTER			80.51				80.51 32.01
43 NURSERY			80.52				80.52 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	12.86	6.61					19.47 50
50.01 GI LAB	14.89	22.97					37.86 50.01
51 RECOVERY ROOM	12.60	14.33					26.93 51
52 DELIVERY ROOM & LABOR ROOM	0.49	0.02					0.51 52
53 ANESTHESIOLOGY	14.43	7.34					21.77 53
54 RADIOLOGY-DIAGNOSTIC	11.28	13.58					24.86 54
55 RADIOLOGY-THERAPEUTIC	4.18	35.52					39.70 55
56 RADIOISOTOPE	9.76	28.14					37.90 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	16.89	22.78					39.67 57
58 MAGNETIC RESONANCE IMAGING (MRI)	11.72	17.13					28.85 58
59 CARDIAC CATHETERIZATION	26.89	18.89					45.78 59
60 LABORATORY	20.39	0.89					21.28 60
65 RESPIRATORY THERAPY	49.78	5.33					55.11 65
66 PHYSICAL THERAPY	19.32						19.32 66
67 OCCUPATIONAL THERAPY	8.17	2.23					10.40 67
68 SPEECH PATHOLOGY	37.45						37.45 68
70 ELECTROENCEPHALOGRAPHY	33.73	12.34					46.07 70
71 MEDICAL SUPPLIES CHRGED TO PATI	48.75	3.75					52.50 71
72 IMPL. DEV. CHARGED TO PATIENT	39.85	10.15					50.00 72
73 DRUGS CHARGED TO PATIENTS	24.28	17.49					41.77 73
74 RENAL DIALYSIS	63.02	1.56					64.58 74
76 EMG	1.31	26.70					28.01 76
76.02 MERCY EYE CENTER	0.07	49.52					49.59 76.02
76.04 WOUND CARE CENTER	0.97	53.72					54.69 76.04
76.06 PRE-BIRTH CENTER	0.03	0.75					0.78 76.06
76.07 SLEEP LAB	0.24	23.21					23.45 76.07
76.08 UROLOGY		10.52					10.52 76.08
76.09 ADPP OP		29.63					29.63 76.09
76.11 DIABETES TREATMENT		28.99					28.99 76.11
76.13 VEIN CLINIC	0.07	39.34					39.41 76.13
76.97 CARDIAC REHABILITATION		53.87					53.87 76.97
90.03 MERCY CLINIC POLK ST		13.55					13.55 90.03
91 EMERGENCY	15.23	10.37					25.60 91
200 TOTAL CHARGES	19.10	10.76					29.86 200

***** 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	29.79		63.11				92.90 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
51 RECOVERY ROOM	0.15						0.15 51
53 ANESTHESIOLOGY	0.20						0.20 53
54 RADIOLOGY-DIAGNOSTIC	0.03						0.03 54
56 RADIOISOTOPE	0.01						0.01 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.07						0.07 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.04						0.04 58
59 CARDIAC CATHETERIZATION	0.05						0.05 59
60 LABORATORY	0.31						0.31 60
65 RESPIRATORY THERAPY	0.13						0.13 65
67 OCCUPATIONAL THERAPY	3.99						3.99 67
68 SPEECH PATHOLOGY	0.01						0.01 68
71 MEDICAL SUPPLIES CHRGED TO PATI	0.81						0.81 71
73 DRUGS CHARGED TO PATIENTS	0.47						0.47 73
74 RENAL DIALYSIS	0.42						0.42 74
91 EMERGENCY	0.44						0.44 91
200 TOTAL CHARGES	0.21						0.21 200

***** 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	62.02		12.40				74.42 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.06						0.06 54
55 RADIOLOGY-THERAPEUTIC	0.07						0.07 55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.08						0.08 57
59 CARDIAC CATHETERIZATION	0.02						0.02 59
60 LABORATORY	0.13						0.13 60
65 RESPIRATORY THERAPY	0.26						0.26 65
66 PHYSICAL THERAPY	11.92						11.92 66
67 OCCUPATIONAL THERAPY	19.14						19.14 67
68 SPEECH PATHOLOGY	9.55						9.55 68
71 MEDICAL SUPPLIES CHRGED TO PATI	6.17						6.17 71
73 DRUGS CHARGED TO PATIENTS	0.69						0.69 73
74 RENAL DIALYSIS	0.55						0.55 74
200 TOTAL CHARGES	0.34						0.34 200

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	5,580,520	2.37	-5,580,520	-4.48		1
2	CAP REL COSTS-MVBLE EQUIP	5,513,509	2.34	-5,513,509	-4.42		2
3	OTHER CAPITAL RELATED COSTS						3
4	EMPLOYEE BENEFITS	22,879,893	9.73	-22,879,893	-18.36		4
5	ADMINISTRATIVE & GENERAL	43,436,059	18.47	-43,436,059	-34.86		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	10,442,800	4.44	-10,442,800	-8.38		7
8	LAUNDRY & LINEN SERVICE	712,233	0.30	-712,233	-0.57		8
9	HOUSEKEEPING	3,377,940	1.44	-3,377,940	-2.71		9
10	DIETARY	3,603,478	1.53	-3,603,478	-2.89		10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,637,210	0.70	-1,637,210	-1.31		13
14	CENTRAL SERVICES & SUPPLY	603,214	0.26	-603,214	-0.48		14
15	PHARMACY	16,070,089	6.83	-16,070,089	-12.90		15
16	MEDICAL RECORDS & LIBRARY	1,753,939	0.75	-1,753,939	-1.41		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP	7,704,869	3.28	-7,704,869	-6.18		21
22	I&R SRVCES-OTHER PRGM COSTS APP	1,301,246	0.55	-1,301,246	-1.04		22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	19,096,041	8.12	30,508,611	24.48	49,604,652	21.10
31	INTENSIVE CARE UNIT	3,804,754	1.62	3,704,973	2.97	7,509,727	3.19
32	CORONARY CARE UNIT	1,334,900	0.57	1,446,122	1.16	2,781,022	1.18
32.01	NURSERY INTENSIVE CARE CENTER	1,709,885	0.73	1,394,414	1.12	3,104,299	1.32
40	SUBPROVIDER - IPF	2,280,294	0.97	3,339,395	2.68	5,619,689	2.39
41	SUBPROVIDER - IRF	1,403,344	0.60	1,563,148	1.25	2,966,492	1.26
43	NURSERY	389,998	0.17	631,311	0.51	1,021,309	0.43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,799,004	3.74	8,293,024	6.65	17,092,028	7.27
50.01	GI LAB	1,276,869	0.54	766,423	0.62	2,043,292	0.87
51	RECOVERY ROOM	741,795	0.32	661,679	0.53	1,403,474	0.60
52	DELIVERY ROOM & LABOR ROOM	3,088,441	1.31	2,998,357	2.41	6,086,798	2.59
53	ANESTHESIOLOGY	466,290	0.20	383,793	0.31	850,083	0.36
54	RADIOLOGY-DIAGNOSTIC	4,088,772	1.74	6,478,758	5.20	10,567,530	4.49
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	545,694	0.23	919,493	0.74	1,465,187	0.62
56	RADIOISOTOPE	868,799	0.37	538,754	0.43	1,407,553	0.60
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,572,558	0.67	998,845	0.80	2,571,403	1.09
58	MAGNETIC RESONANCE IMAGING (MRI)	1,100,399	0.47	628,424	0.50	1,728,823	0.74
59	CARDIAC CATHETERIZATION	3,291,826	1.40	4,217,116	3.38	7,508,942	3.19
60	LABORATORY	9,632,958	4.10	6,349,835	5.10	15,982,793	6.80
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,536,866	0.65	1,369,182	1.10	2,906,048	1.24
66	PHYSICAL THERAPY	1,188,745	0.51	874,534	0.70	2,063,279	0.88
67	OCCUPATIONAL THERAPY	681,025	0.29	873,909	0.70	1,554,934	0.66
68	SPEECH PATHOLOGY	318,758	0.14	246,815	0.20	565,573	0.24
70	ELECTROENCEPHALOGRAPHY	50,021	0.02	114,994	0.09	165,015	0.07
71	MEDICAL SUPPLIES CHRGD TO PATI	340,323	0.14	119,732	0.10	460,055	0.20
72	IMPL. DEV. CHARGED TO PATIENT	7,943,249	3.38	2,817,604	2.26	10,760,853	4.58
73	DRUGS CHARGED TO PATIENTS			21,028,168	16.87	21,028,168	8.94
74	RENAL DIALYSIS	870,844	0.37	332,343	0.27	1,203,187	0.51
76	EMG	48,546	0.02	42,180	0.03	90,726	0.04
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	197,518	0.08	634,448	0.51	831,966	0.35
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	237,831	0.10	211,434	0.17	449,265	0.19
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	312,958	0.13	210,822	0.17	523,780	0.22
76.07	SLEEP LAB	321,400	0.14	98,003	0.08	419,403	0.18
76.08	UROLOGY	81,933	0.03	55,915	0.04	137,848	0.06
76.09	ADDP OP	481,873	0.20	170,627	0.14	652,500	0.28
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	142,273	0.06	82,601	0.07	224,874	0.10
76.12	MENTAL HEALTH CENTER	626,460	0.27	714,859	0.57	1,341,319	0.57
76.13	VEIN CLINIC	41,523	0.02	13,446	0.01	54,969	0.02
76.97	CARDIAC REHABILITATION	267,118	0.11	253,259	0.20	520,377	0.22
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	5,108,471	2.17	3,736,737	3.00	8,845,208	3.76
90.01	MERCY CLINIC PULASKI						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST	302,603	0.13	110,520	0.09	413,123	0.18
91	EMERGENCY	5,675,376	2.41	6,330,114	5.08	12,005,490	5.11

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE 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							
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CAN			50,233	0.04	50,233	0.02	190
191 RESEARCH	29,969	0.01	17,670	0.01	47,639	0.02	191
192 PHYSICIANS' PRIVATE OFFICES	17,260,719	7.34	6,454,935	5.18	23,715,654	10.09	192
192.01 DNBAR CLINIC	155,186	0.07	64,072	0.05	219,258	0.09	192.01
192.02 PHILLIPS HEALTH	111,217	0.05	53,443	0.04	164,660	0.07	192.02
192.03 OTHER HOME HEALTH							192.03
192.04 VITAS HOSPICE			965,458	0.77	965,458	0.41	192.04
192.05 DOCTORS OFFICE	348,537	0.15	553,005	0.44	901,542	0.38	192.05
194 OTHER NONREIMBURSABLE COST CENT							194
194.01 SENIOR FRIENDS							194.01
194.02 OTHER NONREIMBURSABLE COST CENT	329,387	0.14	181,651	0.15	511,038	0.22	194.02
194.03 OTHER NONREIMBURSABLE COST CENT			11,811	0.01	11,811	0.01	194.03
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	235,120,349	100.00			235,120,349	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	1,801,064	39,414,440	0.045696	5,069,491	231,655	50
50.01 GI LAB	234,609	9,736,226	0.024097	1,450,194	34,945	50.01
51 RECOVERY ROOM	49,833	4,170,251	0.011950	525,374	6,278	51
52 DELIVERY ROOM & LABOR ROOM	328,884	19,171,492	0.017155	94,537	1,622	52
53 ANESTHESIOLOGY	129,583	4,421,830	0.029305	638,077	18,699	53
54 RADIOLOGY-DIAGNOSTIC	944,309	37,554,095	0.025145	4,235,899	106,512	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	331,041	4,666,370	0.070942	195,075	13,839	55
56 RADIOISOTOPE	49,546	7,906,341	0.006267	771,961	4,838	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	132,190	27,671,141	0.004777	4,674,646	22,331	57
58 MAGNETIC RESONANCE IMAGING (MRI)	67,462	7,729,917	0.008727	906,231	7,909	58
59 CARDIAC CATHETERIZATION	860,637	53,459,304	0.016099	14,372,547	231,384	59
60 LABORATORY	824,879	111,561,109	0.007394	22,745,993	168,184	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	179,118	15,185,367	0.011795	7,559,237	89,161	65
66 PHYSICAL THERAPY	83,294	4,250,147	0.019598	820,932	16,089	66
67 OCCUPATIONAL THERAPY	112,145	2,127,368	0.052715	173,816	9,163	67
68 SPEECH PATHOLOGY	16,804	1,204,243	0.013954	450,992	6,293	68
70 ELECTROENCEPHALOGRAPHY	20,056	389,087	0.051546	131,252	6,766	70
71 MEDICAL SUPPLIES CHRGED TO PATI	9,466	487,056	0.019435	237,464	4,615	71
72 IMPL. DEV. CHARGED TO PATIENT	221,684	16,082,029	0.013785	6,408,158	88,336	72
73 DRUGS CHARGED TO PATIENTS	459,266	56,323,378	0.008154	13,674,205	111,499	73
74 RENAL DIALYSIS	33,241	5,173,796	0.006425	3,260,664	20,950	74
76 EMG	3,718	632,901	0.005875	8,311	49	76
76.01 CARDIOVASCULAR LAB	140,212					76.01
76.02 MERCY EYE CENTER	112,304	929,243	0.120855	684	83	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	229,403	682,507	0.336118	6,612	2,222	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	27,500	1,462,083	0.018809	444	8	76.06
76.07 SLEEP LAB	7,532	1,836,005	0.004102	4,489	18	76.07
76.08 UROLOGY	6,061	69,749	0.086897			76.08
76.09 ADDP OP	12,780	2,820,397	0.004531			76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	4,217	82,031	0.051407			76.11
76.12 MENTAL HEALTH CENTER	83,503	1,162,629	0.071823			76.12
76.13 VEIN CLINIC	1,055	117,336	0.008991	78	1	76.13
76.97 CARDIAC REHABILITATION	31,911	1,230,290	0.025938			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	370,993	6,352,895	0.058397			90
90.01 MERCY CLINIC PULASKI						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST	8,957	173,913	0.051503			90.03
91 EMERGENCY	365,418	47,435,188	0.007704	7,226,417	55,672	91
92 OBSERVANT BEDS	262,502	7,157,220	0.036677			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	8,557,177	500,829,374		95,643,780	1,259,121	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	2,249,851		2,249,851	54,142	41.55	21,328	886,178	30
31 INTENSIVE CARE UNIT	351,016		351,016	4,393	79.90	2,327	185,927	31
32 CORONARY CARE UNIT	122,180		122,180	1,378	88.66	779	69,066	32
32.01 NURSERY INTENSIVE CARE CENTER	80,871		80,871	2,929	27.61			32.01
200 TOTAL	2,803,918		2,803,918	62,842		24,434	1,141,171	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,141,171
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,259,121
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,400,292
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	5,434
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	24,434
PER DISCHARGE CAPITAL COSTS	441.72
PER DIEM CAPITAL COSTS	98.24

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)	43,237,183
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	135,052,547
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.320

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))	2,539,833
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	3,710,194
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.685

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))	1,957,723
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	3,206,645
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.611

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)	2,400,292
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	13,755,943
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)	53,779,312
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.256

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE

EXHIBIT 4

	Amounts From E Part A (1)	Prior to 10/1/10 or after 9/30/12 Pre/Post Entitlement (2)	10/01/2010 through 09/30/2011 (3)	10/01/2011 through 09/30/2012 (4)	(Columns 2 through 4) TOTAL (5)
1	DRG Amounts Other than Outlier Payments (E Part A Line 1)	41,411,726			1
2	Outlier payments for discharges (E Part A Line 2 - see instructions)	346,621			2
3	Operating outlier reconciliation (E Part A Line 2.01)				3
4	Managed Care Simulated Payments (E Part A Line 3)	3,300,135			4
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
5	Amount from Worksheet E Part A, Line 21 (see instructions)	0.435716	0.435716	0.435716	5
6	IME payment adjustment (E Part A Line 22 - see instructions)	9,521,659			6
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON FOR MME SECTION 422					
7	Amount from Worksheet E Part A, Line 27 (see instructions)				7
8	IME add-on adjustment (E Part A Line 28 - see instructions)				8
9	Total IME payment (sum of lines 6 and 8 - ties to E Part A Line 29)	9,521,659			9
DISPROPORTIONATE SHARE ADJUSTMENT					
10	Allowable disproportionate share percentage (E Part A Line 33 - see instructions)	0.3196	0.3196	0.3196	10
11	Disproportionate share adjustment (E Part A Line 34 - see instructions)	13,235,188			11
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
12	Total ESRD additional payment (E Part A Line 46 - see instructions)				12
13	Subtotal (ties to E Part A Line 47 - see instructions)	64,515,194			13
14	Hospital specific payments (SCH/MDH, small rural hospitals only (E Part A Line 48 - see instructions))				14
15	Total payment for inpatient operating costs - E Part A Line 49 (SCH/MDH see instructions)	64,515,194			15
16	Payment for inpatient program capital (E Part A Line 50 - from Worksheet L Part I, as applicable)	4,457,816			16
17	Special add-on payments for new technologies (E Part A Line 54)				17
18	Capital outlier reconciliation adjustment amount (E Part A Line 93 - see instructions)				18
19	SUBTOTAL (SEE INSTRUCTIONS)				19
CAPITAL PAYMENTS (FROM WORKSHEET L PART I)					
20	Capital DRG other than outlier (L Part I Line 1)	3,386,944			20
21	Capital DRG outlier payments (L Part I Line 2)	22,952			21
22	Indirect medical education percentage (L Part I Line 5 - see instructions)	19.8800	19.8800	19.8800	22
23	Indirect medical education adjustment (line 20 times line 22 - ties to L Part I Line 6)	673,324			23
24	Allowable disproportionate share percentage (L Part I Line 10 - see instructions)	0.1106	0.1106	0.1106	24
25	Disproportionate share adjustment (line 20 times line 24 - ties to L Part I Line 11)	374,596			25
26	Total prospective capital payments (sum of lines 20, 21, 22 and 25 - ties to L Part I Line 12)	4,457,816			26
LOW VOLUME ADJUSTMENT					
27	Low volume adjustment factor (enter into Column 3 and/or 4 as applicable - enter as a six-place ratio: 10%=0.100000, 20.3214%=0.203214)				27
28	Low volume adjustment (Line 19 times Line 27 - transfer amount to Worksheet E Part A Line 70.96)(FY 2011)				28
29	Low volume adjustment (Line 19 times Line 27 - transfer amount to Worksheet E Part A Line 70.97)(FY 2012)				29