

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

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 07/01/2012 AND ENDING 06/30/2013, 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		-7,097,262	32,459		2,459,906	1
2 SUBPROVIDER - IPF		-1,341				2
3 SUBPROVIDER - IRF		-627,444				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		-7,726,047	32,459		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 P.O. BOX: 1
 2 CITY: CHICAGO STATE: IL ZIP CODE: 60616-2477 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)				
						V	XVIII	XIX		
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: 07/01/2012	TO: 06/30/2013							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		MEDICAID HMO PAID DAYS	OTHER MEDICAID DAYS		
		MEDICAID PAID DAYS	MEDICAID ELIGIBLE UNPAID DAYS	MEDICAID PAID DAYS	MEDICAID ELIGIBLE UNPAID DAYS				
24	IF THIS PROVIDER IS AN IPPS 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.	18,994	1,624			1,898	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.	522				31	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		
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)						1 N	2 N	39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N				2	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,	N						N		46

PART III AND L-1, PARTS I THROUGH III.

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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. (SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61	
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01	
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02	
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03	
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04	
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05	
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06	
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					
		PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED IME FTE COUNT 3	UNWEIGHTED DIRECT GME FTE COUNT 4	61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.					61.20
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	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER
 JULY 1, 2009 AND BEFORE JUNE 30, 2010.

	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+ COL.2))	
64	ENTER IN COLUMN 1, 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)			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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX	
TITLE V AND XIX INPATIENT SERVICES		1	2	
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	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		1	2	
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?	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- RESPI- SICAL ATIONAL SPEECH RATORY	109
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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 2 140
 Y

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 PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155 HOSPITAL	1	2	3	4
156 SUBPROVIDER - IPF	N	N		N 155
157 SUBPROVIDER - IRF	N	N		N 156
158 SUBPROVIDER - (OTHER)	N	N		N 157
159 SNF	N	N		158
160 HHA	N	N		159
161 CMHC		N		160
161.10 CORF				161
				161.10

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. N 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. 169
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE	
		1	2	
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)	N		1
		Y/N	DATE	V/I
		1	2	3
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.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE
		1	2	3
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.	N		4
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	Y/N	
		1	2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		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
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
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
		1	2	3	4
PS&R REPORT DATA					
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 RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: MICHAEL	LAST NAME: CADDICK	TITLE: VICE PRESIDENT	41
42	EMPLOYER: SRI, INC			42
43	PHONE NUMBER: 708 466-7240	E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

LINE	AMOUNT	RECLASS	ADJUSTED	PAID HOURS	AVERAGE			
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE			
WKST A	(FROM	(COL. 2 +	TO SALARIES	(COL. 4 +				
NUMBER	WKST A-6)	COL. 3)	IN COL. 4	COL. 5)				
1	2	3	4	5	6			
SALARIES								
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	102,419,055	102,419,055	3,174,814.00	32.26	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B						3	
4	PHYSICIAN-PART A ADMINISTRATIVE		1,961,663	1,961,663	15,391.00	127.46	4	
4.01	PHYSICIAN-PART A - TEACHING		2,186,038	2,186,038	25,473.00	85.82	4.01	
5	PHYSICIAN-PART B		3,929,812	3,929,812	43,267.00	90.83	5	
6	NON-PHYSICIAN-PART B						6	
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	5,635,773	-1,557,106	4,078,667	164,699.00	24.76	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)		2,127,897	2,127,897	70,805.00	30.05	7.01	
8	HOME OFFICE PERSONNEL						8	
9	SNF	44					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		12,527,663	-571,850	11,955,813	253,836.00	47.10	10
	OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		12,082,979	12,082,979	227,267.00	53.17	11	
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE						13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		4,454,587	4,454,587	63,241.00	70.44	14	
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15	
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16	
	WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		17,885,781	17,885,781			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		2,015,994	2,015,994			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B						21	
22	PHYSICIAN PART A - ADMINISTRATIVE		129,914	129,914			22	
22.01	PHYSICIAN PART A - TEACHING		170,590	170,590			22.01	
23	PHYSICIAN PART B		298,832	298,832			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		931,591	931,591			25	
	OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS DEPARTMENT		1,082,547	1,082,547	56,203.00	19.26	26	
27	ADMINISTRATIVE & GENERAL		14,920,839	113,835	15,034,674	541,509.00	27.76	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		332,016	332,016	1,168.00	284.26	28	
29	MAINTENANCE & REPAIRS						29	
30	OPERATION OF PLANT		2,119,858	2,119,858	95,803.00	22.13	30	
31	LAUNDRY & LINEN SERVICE		274,148	274,148	21,941.00	12.49	31	
32	HOUSEKEEPING		2,322,344	2,322,344	178,075.00	13.04	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		706,969	706,969	12,481.00	56.64	33	
34	DIETARY						34	
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		2,564,475	2,564,475	108,369.00	23.66	35	
36	CAFETERIA						36	
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		1,582,865	1,582,865	33,393.00	47.40	38	
39	CENTRAL SERVICES AND SUPPLY		582,690	582,690	35,953.00	16.21	39	
40	PHARMACY						40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,302,477	-15,567	1,286,910	56,650.00	22.72	41
42	SOCIAL SERVICE						42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)		92,142,995	1,557,106	93,700,101	2,992,588.00	31.31	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		12,527,663	-571,850	11,955,813	253,836.00	47.10	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)		79,615,332	2,128,956	81,744,288	2,738,752.00	29.85	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)		16,537,566		16,537,566	290,508.00	56.93	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)		18,015,695		18,015,695		22.04	5
6	TOTAL (SUM OF LINES 3 THRU 5)		114,168,593	2,128,956	116,297,549	3,029,260.00	38.39	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		27,791,228	98,268	27,889,496	1,141,545.00	24.43	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT	
	REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	2,302,421	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)	9,555,499	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	256,612	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	356,782	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,240,602	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	7,284,197	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	390,176	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	46,413	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	21,432,702	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 OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.335729	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				68,312,158	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				164,420,533	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				55,200,745	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	INSURED		TOTAL	
		PATIENTS	PATIENTS			
		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	16,839,362	1,915,499		18,754,861	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,653,463	643,089		6,296,552	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	8,472,965	705,623		9,178,588	22
23	COST OF CHARITY CARE	-2,819,502	-62,534		-2,882,036	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				19,651,411	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,756,518	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				16,894,893	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				5,672,106	29
30	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				2,790,070	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				2,790,070	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		11,853,462	11,853,462	-5,412,460	1
2	00200				7,323,860	2
3	00300					3
4	00400					4
5	00500	1,082,547	22,429,621	23,512,168	845,715	5
6	00600	14,920,839	28,421,787	43,342,626	-780,198	6
7	00700					7
8	00800	2,119,858	8,642,098	10,761,956		8
9	00900	274,148	538,220	812,368		9
10	01000	2,322,344	1,124,967	3,447,311		10
11	01100		3,868,115	3,868,115	-2,028,095	11
12	01200				2,028,095	12
13	01300					13
14	01400	1,582,865	131,809	1,714,674		14
15	01500	582,690	415,005	997,695		15
16	01600		16,780,191	16,780,191		16
17	01700	1,302,477	384,668	1,687,145	-15,567	17
19	01900					19
20	02000					20
21	02100	5,635,773		5,635,773	-1,557,106	21
22	02200		4,126,476	4,126,476	2,186,038	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	15,517,685	3,865,048	19,382,733		30
31	03100	2,873,938	1,233,267	4,107,205		31
32	03200	1,022,070	435,031	1,457,101		32
32.01	02060				1,198,089	32.01
40	04000	1,908,734	28,532	1,937,266		40
41	04100	1,077,298	902,574	1,979,872		41
43	04300	1,824,840	1,956,641	3,781,481	-1,234,146	43
ANCILLARY SERVICE COST CENTERS						
50	05000	3,673,353	8,381,213	12,054,566	-3,608,988	50
50.01	03340					50.01
51	05100	620,763	668,769	1,289,532		51
52	05200	692,316	23,924	716,240		52
53	05300	2,557,622	675,200	3,232,822		53
54	05400	95,656	201,039	296,695		54
54.01	05401	3,097,984	749,836	3,847,820		54.01
55	05500					55
56	05600	585,524	210,781	796,305		56
57	05700	336,158	553,474	889,632	-2,897	57
58	05800	783,505	569,625	1,353,130		58
59	05900	221,994	1,557,487	1,779,481		59
60	06000	3,116,442	5,735,227	8,851,669	-3,601,308	60
62.30	06250	4,227,784	5,266,546	9,494,330		62.30
65	06500					65
66	06600	1,236,258	314,141	1,550,399		66
67	06700	1,108,379	133,341	1,241,720		67
68	06800	702,560	127,027	829,587		68
70	07000	323,415	6,701	330,116		70
71	07100	43,017	1,316	44,333		71
72	07200					72
73	07300				7,210,296	73
74	07400					74
76	03951					76
76.01	03952	40,258	3,655	43,913		76.01
76.02	03953					76.02
76.03	03954	179,460	19,758	199,218		76.03
76.04	03955	333,197	27,183	360,380		76.04
76.05	03956	241,126	10,375	251,501		76.05
76.06	03957					76.06
76.07	03958	665,471	20,539	686,010	-51,351	76.07
76.08	03640					76.08
76.09	03959					76.09
76.10	03550	569,667	20,178	589,845		76.10
76.11	03960					76.11
76.12	03961	116,864	64,272	181,136		76.12
76.13	03650	937,538	18,147	955,685		76.13
76.97	07697	14,519	61,120	75,639		76.97
76.98	07698	289,757	12,936	302,693	-13,855	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	4,299,323	3,505,497	7,804,820	-1,253,400	90
90.01	09001	3,346,150	2,498,128	5,844,278		90.01
90.02	09002					90.02
90.03	09003					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	4,296,028	1,818,450	6,114,478		91
92	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS					92
94	09400 HOME PROGRAM DIALYSIS					94
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
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	92,877,424	141,598,494	234,475,918	1,232,722	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191	19100 RESEARCH	158,446	329,421	487,867		191
192	19200 PHYSICIANS' PRIVATE OFFICES	9,002,564	2,854,393	11,856,957	-1,232,722	192
192.01	19201 DNBAR CLINIC	58,248	125,495	183,743		192.01
192.02	19202 PHILLIPS HEALTH	57,280	46,843	104,123		192.02
192.03	19204 OTHER HOME HEALTH					192.03
192.04	19205 VITAS HOSPICE					192.04
192.05	19203 DOCTORS OFFICE	265,093	52,494	317,587		192.05
194	07950 OTHER NONREIMBURSABLE COST CENTERS					194
194.01	07951 SENIOR FRIENDS					194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS					194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS					194.03
200	TOTAL (SUM OF LINES 118-199)	102,419,055	145,007,140	247,426,195		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	CAP REL COSTS-BLDG & FIXT	6,441,002	-463,535	5,977,467	1
2	00200	CAP REL COSTS-MVBLE EQUIP	7,323,860	-16,083	7,307,777	2
3	00300	OTHER CAP REL COSTS				3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	24,357,883	-342,133	24,015,750	4
5	00500	ADMINISTRATIVE & GENERAL	42,562,428	-5,896,016	36,666,412	5
6	00600	MAINTENANCE & REPAIRS				6
7	00700	OPERATION OF PLANT	10,761,956	-14,455	10,747,501	7
8	00800	LAUNDRY & LINEN SERVICE	812,368	-60,000	752,368	8
9	00900	HOUSEKEEPING	3,447,311		3,447,311	9
10	01000	DIETARY	1,840,020	-6,400	1,833,620	10
11	01100	CAFETERIA	2,028,095	-974,826	1,053,269	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,714,674	-49,281	1,665,393	13
14	01400	CENTRAL SERVICES & SUPPLY	997,695		997,695	14
15	01500	PHARMACY	16,780,191		16,780,191	15
16	01600	MEDICAL RECORDS & LIBRARY	1,671,578	-29,915	1,641,663	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,078,667		4,078,667	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,312,514	-1,702,303	4,610,211	22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	19,382,733	-990,493	18,392,240	30
31	03100	INTENSIVE CARE UNIT	4,107,205	-272,914	3,834,291	31
32	03200	CORONARY CARE UNIT	1,457,101		1,457,101	32
32.01	02060	NURSERY INTENSIVE CARE CENTER	1,198,089		1,198,089	32.01
40	04000	SUBPROVIDER - IPF	1,937,266	-6,973	1,930,293	40
41	04100	SUBPROVIDER - IRF	1,979,872		1,979,872	41
43	04300	NURSERY	2,547,335	-1,655,700	891,635	43
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	8,445,578	-848	8,444,730	50
50.01	03340	GI LAB	1,289,532		1,289,532	50.01
51	05100	RECOVERY ROOM	716,240		716,240	51
52	05200	DELIVERY ROOM & LABOR ROOM	3,232,822		3,232,822	52
53	05300	ANESTHESIOLOGY	296,695		296,695	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,847,820	-50,000	3,797,820	54
54.01	05401	MRI CENTER				54.01
55	05500	RADIOLOGY-THERAPEUTIC	796,305	-217,007	579,298	55
56	05600	RADIOISOTOPE	886,735	-17,548	869,187	56
57	05700	CT SCAN	1,353,130	-99,751	1,253,379	57
58	05800	MRI	1,779,481	-815,768	963,713	58
59	05900	CARDIAC CATHETERIZATION	5,250,361	-1,679,132	3,571,229	59
60	06000	LABORATORY	9,494,330	-755,495	8,738,835	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	1,550,399		1,550,399	65
66	06600	PHYSICAL THERAPY	1,241,720	-275	1,241,445	66
67	06700	OCCUPATIONAL THERAPY	829,587	-65	829,522	67
68	06800	SPEECH PATHOLOGY	330,116	-9,888	320,228	68
70	07000	ELECTROENCEPHALOGRAPHY	44,333		44,333	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				71
72	07200	IMPL. DEV. CHARGED TO PATIENTS	7,210,296		7,210,296	72
73	07300	DRUGS CHARGED TO PATIENTS				73
74	07400	RENAL DIALYSIS	874,782		874,782	74
76	03951	EMG	43,913		43,913	76
76.01	03952	CARDIOVASCULAR LAB				76.01
76.02	03953	MERCY EYE CENTER	199,218		199,218	76.02
76.03	03954	MERCY ENT	360,380	-360,380		76.03
76.04	03955	WOUND CARE CENTER	251,501		251,501	76.04
76.05	03956	CARDIAC REHAB				76.05
76.06	03957	PRE-BIRTH CENTER	634,659	-307,330	327,329	76.06
76.07	03958	SLEEP LAB	328,035		328,035	76.07
76.08	03640	UROLOGY	79,510		79,510	76.08
76.09	03959	ADDP OP	589,845	-5,788	584,057	76.09
76.10	03550	PSYCH PARTIAL HOSPITAL				76.10
76.11	03960	DIABETES TREATMENT	181,136		181,136	76.11
76.12	03961	MENTAL HEALTH CENTER	955,685	-330,447	625,238	76.12
76.13	03650	VEIN CLINIC	75,639	-39,915	35,724	76.13
76.97	07697	CARDIAC REHABILITATION	288,838	-7,905	280,933	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	6,551,420	-3,711,267	2,840,153	90
90.01	09001	MERCY CLINICS	5,844,278	-562,073	5,282,205	90.01
90.02	09002	MERCY CLINIC STATE ST				90.02
90.03	09003	MERCY CLINIC POLK ST				90.03

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4)	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
		5	7		
91	09100 EMERGENCY	6,114,478	-490,165	5,624,313	91
92	09200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS				92
94	09400 HOME PROGRAM DIALYSIS				94
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
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	235,708,640	-21,942,074	213,766,566	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
191	19100 RESEARCH	487,867		487,867	191
192	19200 PHYSICIANS' PRIVATE OFFICES	10,624,235		10,624,235	192
192.01	19201 DNBAR CLINIC	183,743		183,743	192.01
192.02	19202 PHILLIPS HEALTH	104,123		104,123	192.02
192.03	19204 OTHER HOME HEALTH				192.03
192.04	19205 VITAS HOSPICE				192.04
192.05	19203 DOCTORS OFFICE	317,587		317,587	192.05
194	07950 OTHER NONREIMBURSABLE COST CENTERS				194
194.01	07951 SENIOR FRIENDS				194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS				194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS				194.03
200	TOTAL (SUM OF LINES 118-199)	247,426,195	-21,942,074	225,484,121	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 PROPERTY INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		125,710 1
500 TOTAL RECLASSIFICATIONS					125,710 500
CODE LETTER - A					
1 D&T BENEFITS	B	EMPLOYEE BENEFITS DEPARTMENT	4		845,715 1
500 TOTAL RECLASSIFICATIONS					845,715 500
CODE LETTER - B					
1 CAFETERIA COSTS	C	CAFETERIA	11		2,028,095 1
500 TOTAL RECLASSIFICATIONS					2,028,095 500
CODE LETTER - C					
1 SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	32.01	1,046,225	151,864 1
500 TOTAL RECLASSIFICATIONS				1,046,225	151,864 500
CODE LETTER - D					
1 IMPLANT SUPPLIES	E	IMPL. DEV. CHARGED TO PATIENT	72		7,210,296 1
2					2
500 TOTAL RECLASSIFICATIONS					7,210,296 500
CODE LETTER - E					
1 INTEREST EXPENSE	F	CAP REL COSTS-BLDG & FIXT	1		1,785,690 1
500 TOTAL RECLASSIFICATIONS					1,785,690 500
CODE LETTER - F					
1 PHYSICIANS PART A ADMIN SAL	G	ADMINISTRATIVE & GENERAL	5	222,883	500 1
2					2
500 TOTAL RECLASSIFICATIONS				222,883	500
CODE LETTER - G					
1 EQUIPMENT DEPRECIATION	H	CAP REL COSTS-MVBLE EQUIP	2		7,323,860 1
500 TOTAL RECLASSIFICATIONS					7,323,860 500
CODE LETTER - H					
1 TEACHING SALARIES	J	I&R SERVICES-OTHER PRGM COSTS	22	2,186,038	500 1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
500 TOTAL RECLASSIFICATIONS				2,186,038	500
CODE LETTER - J					
1 BILLING FEES	L	ADMINISTRATIVE & GENERAL	5		1,017,367 1
2					2
3					3
500 TOTAL RECLASSIFICATIONS					1,017,367 500
CODE LETTER - L					
GRAND TOTAL (INCREASES)				3,455,146	20,488,597

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		125,710	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					125,710	500
1 D&T BENEFITS	B	CLINIC	90		845,715	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					845,715	500
1 CAFETERIA COSTS	C	DIETARY	10		2,028,095	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					2,028,095	500
1 SPECIAL CARE NURSERY	D	NURSERY	43	1,046,225	151,864	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D				1,046,225	151,864	500
1 IMPLANT SUPPLIES	E	OPERATING ROOM	50		3,608,988	1
2 CARDIAC CATHETERIZATION			59		3,601,308	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					7,210,296	500
1 INTEREST EXPENSE	F	ADMINISTRATIVE & GENERAL	5		1,785,690	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					1,785,690	500
1 PHYSICIANS PART A ADMIN SAL	G	I&R SERVICES-SALARY & FRINGES	21	39,551		1
2 PHYSICIANS' PRIVATE OFFICES			192	183,332		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				222,883		500
1 EQUIPMENT DEPRECIATION	H	CAP REL COSTS-BLDG & FIXT	1		7,323,860	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					7,323,860	500
1 TEACHING SALARIES	J	ADMINISTRATIVE & GENERAL	5	109,048		1
2 RADIOISOTOPE			56	2,897		2
3 MEDICAL RECORDS & LIBRARY			16	15,567		3
4 PRE-BIRTH CENTER			76.06	51,351		4
5 CARDIAC REHABILITATION			76.97	13,855		5
6 CLINIC			90	87,247		6
7 PHYSICIANS' PRIVATE OFFICES			192	388,518		7
8 I&R SERVICES-SALARY & FRINGES			21	1,517,555		8
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				2,186,038		500
1 BILLING FEES	L	NURSERY	43		36,057	1
2 CLINIC			90		320,438	2
3 PHYSICIANS' PRIVATE OFFICES			192		660,872	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					1,017,367	500
GRAND TOTAL (DECREASES)				3,455,146	20,488,597	

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			TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3						
1 LAND	26,173,000						26,173,000		1
2 LAND IMPROVEMENTS	1,574,000	140,140		140,140			1,714,140		2
3 BUILDINGS AND FIXTURES	105,082,467	13,372,008		13,372,008			118,454,475		3
4 BUILDING IMPROVEMENTS									4
5 FIXED EQUIPMENT									5
6 MOVABLE EQUIPMENT	27,902,572	12,920,060		12,920,060	1,094,100	39,728,532			6
7 HIT DESIGNATED ASSETS									7
8 SUBTOTAL (SUM OF LINES 1-7)	160,732,039	26,432,208		26,432,208	1,094,100	186,070,147			8
9 RECONCILING ITEMS									9
10 TOTAL (LINE 7 MINUS LINE 9)	160,732,039	26,432,208		26,432,208	1,094,100	186,070,147			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	11,853,462						11,853,462
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	11,853,462						11,853,462

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS OF GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIO (SEE INSTR.) 4	INSURANCE (SEE INSTR.) 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	5,977,467						5,977,467
2 CAP REL COSTS-MVBLE EQUIP	7,307,777						7,307,777
3 TOTAL	13,285,244						13,285,244

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
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 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	B	-417,046	CAP REL COSTS-BLDG & FIXT	1	9 6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-11,249,241			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST				
	A-8-1	5,524,245			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-974,826	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		RESPIRATORY THERAPY	65	23
	A-8-3				
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		PHYSICAL THERAPY	66	24
	A-8-3				
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		OCCUPATIONAL THERAPY	67	30
	A-8-3				
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST		SPEECH PATHOLOGY	68	31
	A-8-3				
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.61 MARKETING COSTS	A	-849,788	ADMINISTRATIVE & GENERAL	5	33.61
33.62 AMBULANCE COSTS	A	-49,281	NURSING ADMINISTRATION	13	33.62
33.63 LOBBYING COSTS	A	-28,360	ADMINISTRATIVE & GENERAL	5	33.63
33.72 PHYSICIAN REFERRAL	A	-85,000	ADMINISTRATIVE & GENERAL	5	33.72
33.73 MISCELLANEOUS INCOME	B	-215,961	ADMINISTRATIVE & GENERAL	5	33.73
33.75 EQUIPMENT RENTAL REVENUE	B	-16,083	CAP REL COSTS-MVBLE EQUIP	2	9 33.75
33.78 MISCELLANEOUS INCOME	B	-14,085	RADIOLOGY-DIAGNOSTIC	54	33.78
33.79 REFERRAL LAB REVENUE	B	-755,495	LABORATORY	60	33.79
33.80 THERAPY CONTRACT REVENUE	B	-275	PHYSICAL THERAPY	66	33.80
33.81 OTHER REVENUE	B	-6,400	DIETARY	10	33.81
33.82 OTHER REVENUE	B	-60,000	LAUNDRY & LINEN SERVICE	8	33.82
33.84 D&T SUBSIDY	A	-795,805	ADMINISTRATIVE & GENERAL	5	33.84
33.85 D & T COST ALLOCATIONS	A	-972,545	CLINIC	90	33.85
33.86 BAD DEBTS	A	-102,000	CLINIC	90	33.86
33.87 ENT PHYSICIANS COSTS	A	-360,380	MERCY ENT	76.03	33.87
33.88 AMORTIZATION OF GOODWILL	A	-135,000	ADMINISTRATIVE & GENERAL	5	33.88
33.89 OTHER REVENUE	B	-19,125	CARDIAC CATHETERIZATION	59	33.89
33.91 OTHER REVENUE	B	-3,097	MENTAL HEALTH CENTER	76.12	33.91
33.92 MRI OTHER REVENUE	B	-146,912	MRI	58	33.92
33.93 COMMISSION INCOME	B	-4,130	ADMINISTRATIVE & GENERAL	5	33.93
33.94 OTHER REVENUE	B	-102,143	I&R SERVICES-OTHER PRGM COSTS A	22	33.94
33.95 OTHER REVENUE	B	-800	OPERATING ROOM	50	33.95
33.96 OTHER REVENUE	B	-106,818	EMPLOYEE BENEFITS DEPARTMENT	4	33.96
33.97 OTHER REVENUE	B	-14,455	OPERATION OF PLANT	7	33.97
33.98 OTHER REVENUE	B	-6,973	SUBPROVIDER - IPF	40	33.98
33.99 OTHER REVENUE	B	-2,834	CT SCAN	57	33.99
34 OTHER REVENUE	B	-561,883	MERCY CLINICS	90.01	34
35 OTHER REVENUE	B	-9,888	SPEECH PATHOLOGY	68	35

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	
36	OCC MEDICINE BENEFITS	A	-113,349	EMPLOYEE BENEFITS DEPARTMENT	4	36
37	PHYSICIANS MALPRACTICE EXPENSES	A	-989,537	ADMINISTRATIVE & GENERAL	5	37
38	PHYSICIANS PART B BENEFITS	A	-537,124	EMPLOYEE BENEFITS DEPARTMENT	4	38
39	OCCUPATIONAL MEDICINE ADMIN	A	-448,833	ADMINISTRATIVE & GENERAL	5	39
40	HOSPICE COSTS	A	-69,546	ADULTS & PEDIATRICS	30	40
41	OTHER REVENUE	B	-65	OCCUPATIONAL THERAPY	67	41
42	MEDICAID ASSESSMENT	A	-7,194,747	ADMINISTRATIVE & GENERAL	5	42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (SUM OF LINES 1 THRU 49)		-21,942,074			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	16	MEDICAL RECORDS & LIBRARY	HOME OFFICE	178,857	178,857		1
2	57	CT SCAN	JOINT VENTURE	100,974	176,234	-75,260	2
3	58	MRI	JOINT VNETURE	679,406	1,348,262	-668,856	3
3.01	5	ADMINISTRATIVE & GENERAL	TRINITY HEALTH	10,535,193	4,681,990	5,853,203	4.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS HOME OF	1,692,529	1,277,371	415,158	4.02
4							4
5		TOTALS (SUM OF LINES 1-4)		13,186,959	7,662,714	5,524,245	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	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	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	1,572,591	702,843	869,748	177,200	6,697	570,533	28,527	1
2	16	MEDICAL RECORDS & LIBRAR	65,440		65,440	177,200	417	35,525	1,776	2
3	22	I&R SERVICES-OTHER PRGM	3,770,604	94,399	3,676,205	177,200	25,477	2,170,444	108,522	3
4	30	ADULTS & PEDIATRICS	928,103	920,555	7,548	177,200	84	7,156	358	4
5	31	INTENSIVE CARE UNIT	320,707		320,707	177,200	561	47,793	2,390	5
6	40	SUBPROVIDER - IPF	104,940		104,940	177,200	1,259	107,257	5,363	6
7	50	OPERATING ROOM	900		900	177,200	10	852	43	7
8	43	NURSERY	1,655,700	1,655,700						8
9	54	RADIOLOGY-DIAGNOSTIC	36,000		36,000	177,200	1	85	4	9
10	55	RADIOLOGY-THERAPEUTIC	218,200	198,925	19,275	177,200	14	1,193	60	10
11	57	CT SCAN	21,742		21,742	177,200	1	85	4	11
12	59	CARDIAC CATHETERIZATION	1,853,905	1,315,271	538,634	177,200	2,276	193,898	9,695	12
13	76.97	CARDIAC REHABILITATION	7,905	7,905		177,200	73	6,219	311	13
14	76.12	MENTAL HEALTH CENTER	327,350	327,350						14
15	76.13	VEIN CLINIC	40,000		40,000	177,200	1	85	4	15
16	91	EMERGENCY	490,250	325,000	165,250	177,200	1	85	4	16
17	56	RADIOISOTOPE	22,063	16,714	5,349	177,200	53	4,515	226	17
18	76.09	ADDP OP	111,086		111,086	177,200	1,236	105,298	5,265	18
19	90	CLINIC	2,826,275	2,620,985	205,290	177,200	2,225	189,553	9,478	19
20	76.06	PRE-BIRTH CENTER	348,648	255,405	93,243	177,200	485	41,318	2,066	20
21	90.01	MERCY CLINICS	190	190						21
200		TOTAL	14,722,599	8,441,242	6,281,357		40,871	3,481,894	174,096	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				570,533	299,215	1,002,058	1
2	16	MEDICAL RECORDS & LIBRAR	AGGREGATE				35,525	29,915	29,915	2
3	22	I&R SERVICES-OTHER PRGM	AGGREGATE				2,170,444	1,505,761	1,600,160	3
4	30	ADULTS & PEDIATRICS	AGGREGATE				7,156	392	920,947	4
5	31	INTENSIVE CARE UNIT	AGGREGATE				47,793	272,914	272,914	5
6	40	SUBPROVIDER - IPF	AGGREGATE				107,257			6
7	50	OPERATING ROOM	AGGREGATE				852	48	48	7
8	43	NURSERY	AGGREGATE						1,655,700	8
9	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE				85	35,915	35,915	9
10	55	RADIOLOGY-THERAPEUTIC	AGGREGATE				1,193	18,082	217,007	10
11	57	CT SCAN	AGGREGATE				85	21,657	21,657	11
12	59	CARDIAC CATHETERIZATION	AGGREGATE				193,898	344,736	1,660,007	12
13	76.97	CARDIAC REHABILITATION	AGGREGATE				6,219		7,905	13
14	76.12	MENTAL HEALTH CENTER	AGGREGATE						327,350	14
15	76.13	VEIN CLINIC	AGGREGATE				85	39,915	39,915	15
16	91	EMERGENCY	AGGREGATE				85	165,165	490,165	16
17	56	RADIOISOTOPE	AGGREGATE				4,515	834	17,548	17
18	76.09	ADDP OP	AGGREGATE				105,298	5,788	5,788	18
19	90	CLINIC	AGGREGATE				189,553	15,737	2,636,722	19
20	76.06	PRE-BIRTH CENTER	AGGREGATE				41,318	51,925	307,330	20
21	90.01	MERCY CLINICS	AGGREGATE						190	21
200		TOTAL					3,481,894	2,807,999	11,249,241	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 DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,977,467	5,977,467				1
2 CAP REL COSTS-MVBLE EQUIP	7,307,777		7,307,777			2
4 EMPLOYEE BENEFITS DEPARTMENT	24,015,750	43,202	524	24,059,476		4
5 ADMINISTRATIVE & GENERAL	36,666,412	1,285,144	2,521,029	3,822,655	44,295,240	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	10,747,501	897,925	230,426	683,389	12,559,241	7
8 LAUNDRY & LINEN SERVICE	752,368	75,309	37,995	88,102	953,774	8
9 HOUSEKEEPING	3,447,311	58,746	8,450	618,666	4,133,173	9
10 DIETARY	1,833,620	178,547	24,655		2,036,822	10
11 CAFETERIA	1,053,269				1,053,269	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,665,393	19,770	87,608	471,268	2,244,039	13
14 CENTRAL SERVICES & SUPPLY	997,695	61,819	15,391	129,857	1,204,762	14
15 PHARMACY	16,780,191		4,651		16,784,842	15
16 MEDICAL RECORDS & LIBRARY	1,641,663	31,064	3,314	338,362	2,014,403	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	4,078,667			961,854	5,040,521	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,610,211	141,171	2,748	539,473	5,293,603	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	18,392,240	897,917	296,620	4,133,286	23,720,063	30
31 INTENSIVE CARE UNIT	3,834,291	67,255	165,084	758,889	4,825,519	31
32 CORONARY CARE UNIT	1,457,101	28,701	72,418	369,298	1,927,518	32
32.01 NURSERY INTENSIVE CARE CENTER	1,198,089			248,054	1,446,143	32.01
40 SUBPROVIDER - IPF	1,930,293	178,404	5,136	645,582	2,759,415	40
41 SUBPROVIDER - IRF	1,979,872	77,013	4,990	179,490	2,241,365	41
43 NURSERY	891,635	27,308	51,584	232,124	1,202,651	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,444,730	285,391	931,759	1,038,366	10,700,246	50
50.01 GI LAB	1,289,532	10,928	6,309	170,090	1,476,859	50.01
51 RECOVERY ROOM	716,240	18,776	10,630	197,815	943,461	51
52 DELIVERY ROOM & LABOR ROOM	3,232,822	135,472	54,569	640,738	4,063,601	52
53 ANESTHESIOLOGY	296,695	2,889	131,412	27,332	458,328	53
54 RADIOLOGY-DIAGNOSTIC	3,797,820	212,135	1,372,033	879,443	6,261,431	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	579,298	42,040	58,513	100,082	779,933	55
56 RADIOISOTOPE	869,187	17,407	24,970	86,407	997,971	56
57 CT SCAN	1,253,379	3,980	217,757	211,442	1,686,558	57
58 MRI	963,713	29,520	122,084	63,533	1,178,850	58
59 CARDIAC CATHETERIZATION	3,571,229	185,424	419,955	714,978	4,891,586	59
60 LABORATORY	8,738,835	168,877	159,383	1,164,883	10,231,978	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,550,399	29,584	116,866	340,623	2,037,472	65
66 PHYSICAL THERAPY	1,241,445	36,031	82	200,688	1,478,246	66
67 OCCUPATIONAL THERAPY	829,522	67,597	82	157,229	1,054,430	67
68 SPEECH PATHOLOGY	320,228	4,250	75	90,578	415,131	68
70 ELECTROENCEPHALOGRAPHY	44,333	11,151	3,561	13,280	72,325	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	7,210,296				7,210,296	72
73 DRUGS CHARGED TO PATIENTS		33,723			33,723	73
74 RENAL DIALYSIS	874,782	9,487			884,269	74
76 EMG	43,913		4,981	13,138	62,032	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	199,218	73,065	14,274	47,944	334,501	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	251,501	7,776	6	56,380	315,663	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	327,329		20,246	68,220	415,795	76.06
76.07 SLEEP LAB	328,035				328,035	76.07
76.08 UROLOGY	79,510		1,433	20,786	101,729	76.08
76.09 ADDP OP	584,057				584,057	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	181,136			31,119	212,255	76.11
76.12 MENTAL HEALTH CENTER	625,238	47,731		145,013	817,982	76.12
76.13 VEIN CLINIC	35,724				35,724	76.13
76.97 CARDIAC REHABILITATION	280,933	9,034	7,780	71,391	369,138	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,840,153	151,112		905,929	3,897,194	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 DEPARTMENT 4	SUBTOTAL (COLS.0-4) 4A	
90.01 MERCY CLINICS	5,282,205		40,933		5,323,138	90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY	5,624,313	114,643	41,235	1,176,525	6,956,716	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	213,766,566	5,777,318	7,293,551	22,854,301	212,347,016	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,402			7,402	190
191 RESEARCH	487,867			6,437	494,304	191
192 PHYSICIANS' PRIVATE OFFICES	10,624,235		14,013	1,024,282	11,662,530	192
192.01 DNBAR CLINIC	183,743			14,203	197,946	192.01
192.02 PHILLIPS HEALTH	104,123		56	15,273	119,452	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE		142,262			142,262	192.04
192.05 DOCTORS OFFICE	317,587	50,485	157	70,663	438,892	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS				74,317	74,317	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)	225,484,121	5,977,467	7,307,777	24,059,476	225,484,121	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	44,295,240					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	3,070,358	15,629,599				7
8 LAUNDRY & LINEN SERVICE	233,169	313,781	1,500,724			8
9 HOUSEKEEPING	1,010,437	244,771		5,388,381		9
10 DIETARY	497,942	743,929		265,978	3,544,671	10
11 CAFETERIA	257,493					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	548,600	82,375		29,452		13
14 CENTRAL SERVICES & SUPPLY	294,528	257,571		92,090		14
15 PHARMACY	4,103,390					15
16 MEDICAL RECORDS & LIBRARY	492,461	129,432		46,276		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	1,232,256					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,294,127	588,199		210,300		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,798,839	3,741,231	1,101,049	1,337,609	2,732,438	30
31 INTENSIVE CARE UNIT	1,179,695	280,221	108,179	100,188	134,243	31
32 CORONARY CARE UNIT	471,220	119,583	36,602	42,755	45,428	32
32.01 NURSERY INTENSIVE CARE CENTER	353,539					32.01
40 SUBPROVIDER - IPF	674,594	743,332	142,772	265,765	354,313	40
41 SUBPROVIDER - IRF	547,947	320,878	112,122	114,724	278,249	41
43 NURSERY	294,012	113,780		40,680		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,615,889	1,189,099		425,141		50
50.01 GI LAB	361,048	45,532		16,279		50.01
51 RECOVERY ROOM	230,648	78,230		27,970		51
52 DELIVERY ROOM & LABOR ROOM	993,429	564,455		201,811		52
53 ANESTHESIOLOGY	112,047	12,038		4,304		53
54 RADIOLOGY-DIAGNOSTIC	1,530,732	883,873		316,013		54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	190,670	175,163		62,626		55
56 RADIOISOTOPE	243,974	72,526		25,930		56
57 CT SCAN	412,313	16,581		5,928		57
58 MRI	288,193	122,999		43,976		58
59 CARDIAC CATHETERIZATION	1,195,846	772,581		276,222		59
60 LABORATORY	2,501,412	703,637		251,573		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	498,101	123,264		44,071		65
66 PHYSICAL THERAPY	361,387	150,125		53,675		66
67 OCCUPATIONAL THERAPY	257,777	281,647		100,698		67
68 SPEECH PATHOLOGY	101,487	17,709		6,331		68
70 ELECTROENCEPHALOGRAPHY	17,681	46,460		16,611		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	1,762,701					72
73 DRUGS CHARGED TO PATIENTS	8,244	140,508		50,236		73
74 RENAL DIALYSIS	216,177	39,529		14,133		74
76 EMG	15,165					76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	81,775	304,429		108,843		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	77,170	32,400		11,584		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	101,649					76.06
76.07 SLEEP LAB	80,195					76.07
76.08 UROLOGY	24,870					76.08
76.09 ADDP OP	142,784					76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	51,890					76.11
76.12 MENTAL HEALTH CENTER	199,972	198,874		71,104		76.12
76.13 VEIN CLINIC	8,733					76.13
76.97 CARDIAC REHABILITATION	90,243	37,639		13,457		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	952,747	629,618		225,109		90
90.01 MERCY CLINICS	1,301,348					90.01
90.02 MERCY CLINIC STATE ST						90.02

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						90.03
91 EMERGENCY	1,700,708	477,669		170,782		91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	41,083,612	14,795,668	1,500,724	5,090,224	3,544,671	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,810	30,841		11,027		190
191 RESEARCH	120,842					191
192 PHYSICIANS' PRIVATE OFFICES	2,851,139					192
192.01 DNBAR CLINIC	48,392					192.01
192.02 PHILLIPS HEALTH	29,202					192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	34,779	592,742		211,924		192.04
192.05 DOCTORS OFFICE	107,296	210,348		75,206		192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	18,168					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)	44,295,240	15,629,599	1,500,724	5,388,381	3,544,671	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 DEPARTMENT						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	1,310,762					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	17,016	2,921,482				13
14 CENTRAL SERVICES & SUPPLY	17,259		1,866,210			14
15 PHARMACY				20,888,232		15
16 MEDICAL RECORDS & LIBRARY	28,069				2,710,641	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	137,073		1,483			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	274,500	1,209,529	126,752		324,301	30
31 INTENSIVE CARE UNIT	38,936	171,567	46,213		43,478	31
32 CORONARY CARE UNIT	13,811	60,854	9,585		14,903	32
32.01 NURSERY INTENSIVE CARE CENTER	14,127	62,248	7,119		24,520	32.01
40 SUBPROVIDER - IPF	33,108	145,884	1,181		29,235	40
41 SUBPROVIDER - IRF	19,971	88,001	12,494		24,462	41
43 NURSERY	10,514	46,329	5,298		18,959	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	63,825	281,238	284,039		128,245	50
50.01 GI LAB	8,841	38,958	39,246		41,756	50.01
51 RECOVERY ROOM	9,544	42,054	2,040		17,935	51
52 DELIVERY ROOM & LABOR ROOM	40,465	178,304	44,735		84,651	52
53 ANESTHESIOLOGY	2,300	10,134	19,074		18,937	53
54 RADIOLOGY-DIAGNOSTIC	47,511		52,674		171,775	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	5,670		160		21,980	55
56 RADIOISOTOPE	3,792		38,557		31,401	56
57 CT SCAN	11,330		20,390		132,332	57
58 MRI	2,548		919		34,222	58
59 CARDIAC CATHETERIZATION	38,757	170,779	40,893		236,909	59
60 LABORATORY	80,197		307,041		527,615	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	20,962	92,366	19,473		68,237	65
66 PHYSICAL THERAPY	15,854		1,292		22,232	66
67 OCCUPATIONAL THERAPY	9,436		1,015		12,057	67
68 SPEECH PATHOLOGY	4,437		463		5,968	68
70 ELECTROENCEPHALOGRAPHY	994		120		1,606	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					518	71
72 IMPL. DEV. CHARGED TO PATIENTS			692,473		74,723	72
73 DRUGS CHARGED TO PATIENTS			3,779	20,888,232	249,143	73
74 RENAL DIALYSIS			1,679		19,889	74
76 EMG	897	3,952	289		2,331	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	4,042		902		5,070	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	3,125	13,770	2,492		2,508	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	5,493		471		14,556	76.06
76.07 SLEEP LAB					8,377	76.07
76.08 UROLOGY	1,113		186		114	76.08
76.09 ADDP OP	8,855		6		13,342	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	2,005		35		683	76.11
76.12 MENTAL HEALTH CENTER	13,360		22		5,569	76.12
76.13 VEIN CLINIC	291		1,996		787	76.13
76.97 CARDIAC REHABILITATION	4,387		465		4,869	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	71,055				37,607	90
90.01 MERCY CLINICS	69,847		12,837		10,113	90.01
90.02 MERCY CLINIC STATE ST						90.02

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	
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY	69,335	305,515	60,710		222,726	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	1,224,652	2,921,482	1,860,598	20,888,232	2,710,641	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	2,629		285			191
192 PHYSICIANS' PRIVATE OFFICES	71,096		2,958			192
192.01 DNBAR CLINIC	1,170		189			192.01
192.02 PHILLIPS HEALTH	1,181		171			192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE	8,065		2,009			192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	1,969					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)	1,310,762	2,921,482	1,866,210	20,888,232	2,710,641	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD	6,272,777					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		7,524,785				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,583,217	4,298,407	48,247,935	-7,881,624	40,366,311	30
31 INTENSIVE CARE UNIT	240,245	288,197	7,456,681	-528,442	6,928,239	31
32 CORONARY CARE UNIT	90,422	108,470	2,941,151	-198,892	2,742,259	32
32.01 NURSERY INTENSIVE CARE CENTER	176,884	212,189	2,296,769	-389,073	1,907,696	32.01
40 SUBPROVIDER - IPF			5,149,599		5,149,599	40
41 SUBPROVIDER - IRF	80,522	96,593	3,937,328	-177,115	3,760,213	41
43 NURSERY			1,732,223		1,732,223	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	528,012	633,399	16,849,133	-1,161,411	15,687,722	50
50.01 GI LAB			2,028,519		2,028,519	50.01
51 RECOVERY ROOM			1,351,882		1,351,882	51
52 DELIVERY ROOM & LABOR ROOM			6,171,451		6,171,451	52
53 ANESTHESIOLOGY			637,162		637,162	53
54 RADIOLOGY-DIAGNOSTIC	808,518	969,893	11,042,420	-1,778,411	9,264,009	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC			1,236,202		1,236,202	55
56 RADIOISOTOPE			1,414,151		1,414,151	56
57 CT SCAN			2,285,432		2,285,432	57
58 MRI			1,671,707		1,671,707	58
59 CARDIAC CATHETERIZATION			7,623,573		7,623,573	59
60 LABORATORY			14,603,453		14,603,453	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			2,903,946		2,903,946	65
66 PHYSICAL THERAPY			2,082,811		2,082,811	66
67 OCCUPATIONAL THERAPY			1,717,060		1,717,060	67
68 SPEECH PATHOLOGY			551,526		551,526	68
70 ELECTROENCEPHALOGRAPHY			155,797		155,797	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			518		518	71
72 IMPL. DEV. CHARGED TO PATIENTS			9,740,193		9,740,193	72
73 DRUGS CHARGED TO PATIENTS			21,373,865		21,373,865	73
74 RENAL DIALYSIS			1,175,676		1,175,676	74
76 EMG			84,666		84,666	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER			839,562		839,562	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER			458,712		458,712	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER			537,964		537,964	76.06
76.07 SLEEP LAB			416,607		416,607	76.07
76.08 UROLOGY			128,012		128,012	76.08
76.09 ADDP OP			749,044		749,044	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT			266,868		266,868	76.11
76.12 MENTAL HEALTH CENTER			1,306,883		1,306,883	76.12
76.13 VEIN CLINIC			47,531		47,531	76.13
76.97 CARDIAC REHABILITATION			520,198		520,198	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			5,813,330		5,813,330	90
90.01 MERCY CLINICS			6,717,283		6,717,283	90.01
90.02 MERCY CLINIC STATE ST						90.02

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	
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY	764,957	917,637	11,646,755	-1,682,594	9,964,161	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	6,272,777	7,524,785	207,911,578	-13,797,562	194,114,016	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			51,080		51,080	190
191 RESEARCH			618,060		618,060	191
192 PHYSICIANS' PRIVATE OFFICES			14,587,723		14,587,723	192
192.01 DNBAR CLINIC			247,697		247,697	192.01
192.02 PHILLIPS HEALTH			150,006		150,006	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE			981,707		981,707	192.04
192.05 DOCTORS OFFICE			841,816		841,816	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			94,454		94,454	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)	6,272,777	7,524,785	225,484,121	-13,797,562	211,686,559	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 DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT					43,726	4
5 ADMINISTRATIVE & GENERAL	468,091	1,285,144	2,521,029	4,274,264	6,950	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	30,164	897,925	230,426	1,158,515	1,242	7
8 LAUNDRY & LINEN SERVICE		75,309	37,995	113,304	160	8
9 HOUSEKEEPING		58,746	8,450	67,196	1,125	9
10 DIETARY		178,547	24,655	203,202		10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		19,770	87,608	107,378	857	13
14 CENTRAL SERVICES & SUPPLY	316,359	61,819	15,391	393,569	236	14
15 PHARMACY	5,525		4,651	10,176		15
16 MEDICAL RECORDS & LIBRARY		31,064	3,314	34,378	615	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					1,749	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		141,171	2,748	143,919	981	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	161,148	897,917	296,620	1,355,685	7,496	30
31 INTENSIVE CARE UNIT	26,887	67,255	165,084	259,226	1,380	31
32 CORONARY CARE UNIT	31,041	28,701	72,418	132,160	671	32
32.01 NURSERY INTENSIVE CARE CENTER					451	32.01
40 SUBPROVIDER - IPF		178,404	5,136	183,540	1,174	40
41 SUBPROVIDER - IRF	15,469	77,013	4,990	97,472	326	41
43 NURSERY		27,308	51,584	78,892	422	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	937,583	285,391	931,759	2,154,733	1,888	50
50.01 GI LAB	249,787	10,928	6,309	267,024	309	50.01
51 RECOVERY ROOM	284	18,776	10,630	29,690	360	51
52 DELIVERY ROOM & LABOR ROOM	20,771	135,472	54,569	210,812	1,165	52
53 ANESTHESIOLOGY		2,889	131,412	134,301	50	53
54 RADIOLOGY-DIAGNOSTIC	22,565	212,135	1,372,033	1,606,733	1,599	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC		42,040	58,513	100,553	182	55
56 RADIOISOTOPE		17,407	24,970	42,377	157	56
57 CT SCAN	201,004	3,980	217,757	422,741	384	57
58 MRI	1,545,010	29,520	122,084	1,696,614	116	58
59 CARDIAC CATHETERIZATION	3,588	185,424	419,955	608,967	1,300	59
60 LABORATORY	139,462	168,877	159,383	467,722	2,118	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	21,571	29,584	116,866	168,021	619	65
66 PHYSICAL THERAPY	80	36,031	82	36,193	365	66
67 OCCUPATIONAL THERAPY		67,597	82	67,679	286	67
68 SPEECH PATHOLOGY		4,250	75	4,325	165	68
70 ELECTROENCEPHALOGRAPHY		11,151	3,561	14,712	24	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		33,723		33,723		73
74 RENAL DIALYSIS		9,487		9,487		74
76 EMG			4,981	4,981	24	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER		73,065	14,274	87,339	87	76.02
76.03 MERCY ENT	285			285		76.03
76.04 WOUND CARE CENTER		7,776	6	7,782	103	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER			20,246	20,246	124	76.06
76.07 SLEEP LAB						76.07
76.08 UROLOGY			1,433	1,433	38	76.08
76.09 ADDP OP						76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT					57	76.11
76.12 MENTAL HEALTH CENTER		47,731		47,731	264	76.12
76.13 VEIN CLINIC						76.13
76.97 CARDIAC REHABILITATION		9,034	7,780	16,814	130	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		151,112		151,112	1,647	90
90.01 MERCY CLINICS	715,867		40,933	756,800		90.01
90.02 MERCY CLINIC STATE ST						90.02

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 DEPARTMENT 4	
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY		114,643	41,235	155,878	2,139	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	4,912,541	5,777,318	7,293,551	17,983,410	41,535	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,402		7,402		190
191 RESEARCH					12	191
192 PHYSICIANS' PRIVATE OFFICES			14,013	14,013	1,862	192
192.01 DNBAR CLINIC					26	192.01
192.02 PHILLIPS HEALTH			56	56	28	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE		142,262		142,262		192.04
192.05 DOCTORS OFFICE		50,485	157	50,642	128	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS					135	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,912,541	5,977,467	7,307,777	18,197,785	43,726	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 DEPARTMENT						4
5 ADMINISTRATIVE & GENERAL	4,281,214					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	296,750	1,456,507				7
8 LAUNDRY & LINEN SERVICE	22,536	29,241	165,241			8
9 HOUSEKEEPING	97,659	22,810		188,790		9
10 DIETARY	48,126	69,326		9,319	329,973	10
11 CAFETERIA	24,887					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	53,022	7,676		1,032		13
14 CENTRAL SERVICES & SUPPLY	28,466	24,003		3,227		14
15 PHARMACY	396,592					15
16 MEDICAL RECORDS & LIBRARY	47,596	12,062		1,621		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	119,097					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	125,077	54,814		7,368		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	560,546	348,641	121,235	46,866	254,362	30
31 INTENSIVE CARE UNIT	114,017	26,114	11,911	3,510	12,497	31
32 CORONARY CARE UNIT	45,543	11,144	4,030	1,498	4,229	32
32.01 NURSERY INTENSIVE CARE CENTER	34,169					32.01
40 SUBPROVIDER - IPF	65,199	69,270	15,720	9,311	32,983	40
41 SUBPROVIDER - IRF	52,959	29,902	12,345	4,020	25,902	41
43 NURSERY	28,416	10,603		1,425		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	252,825	110,811		14,895		50
50.01 GI LAB	34,895	4,243		570		50.01
51 RECOVERY ROOM	22,292	7,290		980		51
52 DELIVERY ROOM & LABOR ROOM	96,015	52,601		7,071		52
53 ANESTHESIOLOGY	10,829	1,122		151		53
54 RADIOLOGY-DIAGNOSTIC	147,945	82,367		11,072		54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	18,428	16,323		2,194		55
56 RADIOISOTOPE	23,580	6,759		909		56
57 CT SCAN	39,850	1,545		208		57
58 MRI	27,854	11,462		1,541		58
59 CARDIAC CATHETERIZATION	115,578	71,996		9,678		59
60 LABORATORY	241,761	65,571		8,814		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	48,141	11,487		1,544		65
66 PHYSICAL THERAPY	34,928	13,990		1,881		66
67 OCCUPATIONAL THERAPY	24,914	26,246		3,528		67
68 SPEECH PATHOLOGY	9,809	1,650		222		68
70 ELECTROENCEPHALOGRAPHY	1,709	4,330		582		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS	170,365					72
73 DRUGS CHARGED TO PATIENTS	797	13,094		1,760		73
74 RENAL DIALYSIS	20,894	3,684		495		74
76 EMG	1,466					76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	7,904	28,369		3,813		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	7,458	3,019		406		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	9,824					76.06
76.07 SLEEP LAB	7,751					76.07
76.08 UROLOGY	2,404					76.08
76.09 ADDP OP	13,800					76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	5,015					76.11
76.12 MENTAL HEALTH CENTER	19,327	18,533		2,491		76.12
76.13 VEIN CLINIC	844					76.13
76.97 CARDIAC REHABILITATION	8,722	3,508		471		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	92,083	58,674		7,887		90
90.01 MERCY CLINICS	125,775					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						90.03
91 EMERGENCY	164,373	44,514		5,984		91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	3,970,812	1,378,794	165,241	178,344	329,973	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	175	2,874		386		190
191 RESEARCH	11,679					191
192 PHYSICIANS' PRIVATE OFFICES	275,562					192
192.01 DNBAR CLINIC	4,677					192.01
192.02 PHILLIPS HEALTH	2,822					192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	3,361	55,237		7,425		192.04
192.05 DOCTORS OFFICE	10,370	19,602		2,635		192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	1,756					194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,281,214	1,456,507	165,241	188,790	329,973	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 DEPARTMENT						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	24,887					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	323	170,288				13
14 CENTRAL SERVICES & SUPPLY	328		449,829			14
15 PHARMACY				406,768		15
16 MEDICAL RECORDS & LIBRARY	533				96,805	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,603		357			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,213	70,503	30,552		11,553	30
31 INTENSIVE CARE UNIT	739	10,000	11,139		1,549	31
32 CORONARY CARE UNIT	262	3,547	2,310		531	32
32.01 NURSERY INTENSIVE CARE CENTER	268	3,628	1,716		873	32.01
40 SUBPROVIDER - IPF	629	8,503	285		1,041	40
41 SUBPROVIDER - IRF	379	5,129	3,011		871	41
43 NURSERY	200	2,700	1,277		675	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,212	16,393	68,464		4,568	50
50.01 GI LAB	168	2,271	9,460		1,487	50.01
51 RECOVERY ROOM	181	2,451	492		639	51
52 DELIVERY ROOM & LABOR ROOM	768	10,393	10,783		3,016	52
53 ANESTHESIOLOGY	44	591	4,598		675	53
54 RADIOLOGY-DIAGNOSTIC	902		12,696		6,119	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	108		39		783	55
56 RADIOISOTOPE	72		9,294		1,119	56
57 CT SCAN	215		4,915		4,714	57
58 MRI	48		221		1,219	58
59 CARDIAC CATHETERIZATION	736	9,954	9,857		8,439	59
60 LABORATORY	1,523		74,008		19,042	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	398	5,384	4,694		2,431	65
66 PHYSICAL THERAPY	301		311		792	66
67 OCCUPATIONAL THERAPY	179		245		430	67
68 SPEECH PATHOLOGY	84		112		213	68
70 ELECTROENCEPHALOGRAPHY	19		29		57	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					18	71
72 IMPL. DEV. CHARGED TO PATIENTS			166,913		2,662	72
73 DRUGS CHARGED TO PATIENTS			911		8,875	73
74 RENAL DIALYSIS			405		708	74
76 EMG	17	230	70		83	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	77		217		181	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	59	803	601		89	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	104		113		519	76.06
76.07 SLEEP LAB					298	76.07
76.08 UROLOGY	21		45		4	76.08
76.09 ADDP OP	168		2		475	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	38		9		24	76.11
76.12 MENTAL HEALTH CENTER	254		5		198	76.12
76.13 VEIN CLINIC	6		481		28	76.13
76.97 CARDIAC REHABILITATION	83		112		173	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,349				1,340	90
90.01 MERCY CLINICS	1,326		3,094		360	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						90.03
91 EMERGENCY	1,316	17,808	14,633		7,934	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) NONREIMBURSABLE COST CENTERS	23,253	170,288	448,476	406,768	96,805	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH	50		69			191
192 PHYSICIANS' PRIVATE OFFICES	1,350		713			192
192.01 DNBAR CLINIC	22		46			192.01
192.02 PHILLIPS HEALTH	22		41			192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE	153		484			192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	37					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)	24,887	170,288	449,829	406,768	96,805	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						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 SERVICES-SALARY & FRINGES APPRVD	120,846					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		335,119				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			2,812,652		2,812,652	30
31 INTENSIVE CARE UNIT			452,082		452,082	31
32 CORONARY CARE UNIT			205,925		205,925	32
32.01 NURSERY INTENSIVE CARE CENTER			41,105		41,105	32.01
40 SUBPROVIDER - IPF			387,655		387,655	40
41 SUBPROVIDER - IRF			232,316		232,316	41
43 NURSERY			124,610		124,610	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			2,625,789		2,625,789	50
50.01 GI LAB			320,427		320,427	50.01
51 RECOVERY ROOM			64,375		64,375	51
52 DELIVERY ROOM & LABOR ROOM			392,624		392,624	52
53 ANESTHESIOLOGY			152,361		152,361	53
54 RADIOLOGY-DIAGNOSTIC			1,869,433		1,869,433	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC			138,610		138,610	55
56 RADIOISOTOPE			84,267		84,267	56
57 CT SCAN			474,572		474,572	57
58 MRI			1,739,075		1,739,075	58
59 CARDIAC CATHETERIZATION			836,505		836,505	59
60 LABORATORY			880,559		880,559	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			242,719		242,719	65
66 PHYSICAL THERAPY			88,761		88,761	66
67 OCCUPATIONAL THERAPY			123,507		123,507	67
68 SPEECH PATHOLOGY			16,580		16,580	68
70 ELECTROENCEPHALOGRAPHY			21,462		21,462	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			18		18	71
72 IMPL. DEV. CHARGED TO PATIENTS			339,940		339,940	72
73 DRUGS CHARGED TO PATIENTS			465,928		465,928	73
74 RENAL DIALYSIS			35,673		35,673	74
76 EMG			6,871		6,871	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER			127,987		127,987	76.02
76.03 MERCY ENT			285		285	76.03
76.04 WOUND CARE CENTER			20,320		20,320	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER			30,930		30,930	76.06
76.07 SLEEP LAB			8,049		8,049	76.07
76.08 UROLOGY			3,945		3,945	76.08
76.09 ADDP OP			14,445		14,445	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT			5,143		5,143	76.11
76.12 MENTAL HEALTH CENTER			88,803		88,803	76.12
76.13 VEIN CLINIC			1,359		1,359	76.13
76.97 CARDIAC REHABILITATION			30,013		30,013	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			314,092		314,092	90
90.01 MERCY CLINICS			887,355		887,355	90.01
90.02 MERCY CLINIC STATE ST						90.02

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	
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY			414,579		414,579	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS			17,123,706		17,123,706	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			10,837		10,837	190
191 RESEARCH			11,810		11,810	191
192 PHYSICIANS' PRIVATE OFFICES			293,500		293,500	192
192.01 DNBAR CLINIC			4,771		4,771	192.01
192.02 PHILLIPS HEALTH			2,969		2,969	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE			208,285		208,285	192.04
192.05 DOCTORS OFFICE			84,014		84,014	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			1,928		1,928	194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS	120,846	335,119	455,965		455,965	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	120,846	335,119	18,197,785		18,197,785	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 DEPARTMENT 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		7,352,584				2
4 EMPLOYEE BENEFITS DEPARTMENT	10,856	527	87,483,047			4
5 ADMINISTRATIVE & GENERAL	322,936	2,536,485	13,899,605	-44,295,240	181,188,881	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	225,634	231,839	2,484,880		12,559,241	7
8 LAUNDRY & LINEN SERVICE	18,924	38,228	320,349		953,774	8
9 HOUSEKEEPING	14,762	8,502	2,249,539		4,133,173	9
10 DIETARY	44,866	24,806			2,036,822	10
11 CAFETERIA					1,053,269	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,968	88,145	1,713,584		2,244,039	13
14 CENTRAL SERVICES & SUPPLY	15,534	15,485	472,174		1,204,762	14
15 PHARMACY		4,680			16,784,842	15
16 MEDICAL RECORDS & LIBRARY	7,806	3,334	1,230,322		2,014,403	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD			3,497,411		5,040,521	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	35,474	2,765	1,961,585		5,293,603	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	225,632	298,439	15,029,178		23,720,063	30
31 INTENSIVE CARE UNIT	16,900	166,096	2,759,407		4,825,519	31
32 CORONARY CARE UNIT	7,212	72,862	1,342,808		1,927,518	32
32.01 NURSERY INTENSIVE CARE CENTER			901,953		1,446,143	32.01
40 SUBPROVIDER - IPF	44,830	5,167	2,347,409		2,759,415	40
41 SUBPROVIDER - IRF	19,352	5,021	652,644		2,241,365	41
43 NURSERY	6,862	51,900	844,028		1,202,651	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	71,714	937,472	3,775,614		10,700,246	50
50.01 GI LAB	2,746	6,348	618,467		1,476,859	50.01
51 RECOVERY ROOM	4,718	10,695	719,279		943,461	51
52 DELIVERY ROOM & LABOR ROOM	34,042	54,904	2,329,795		4,063,601	52
53 ANESTHESIOLOGY	726	132,218	99,382		458,328	53
54 RADIOLOGY-DIAGNOSTIC	53,306	1,380,445	3,197,754		6,261,431	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	10,564	58,872	363,911		779,933	55
56 RADIOISOTOPE	4,374	25,123	314,186		997,971	56
57 CT SCAN	1,000	219,092	768,827		1,686,558	57
58 MRI	7,418	122,833	231,013		1,178,850	58
59 CARDIAC CATHETERIZATION	46,594	422,530	2,599,739		4,891,586	59
60 LABORATORY	42,436	160,360	4,235,644		10,231,978	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,434	117,583	1,238,543		2,037,472	65
66 PHYSICAL THERAPY	9,054	82	729,724		1,478,246	66
67 OCCUPATIONAL THERAPY	16,986	83	571,702		1,054,430	67
68 SPEECH PATHOLOGY	1,068	75	329,351		415,131	68
70 ELECTROENCEPHALOGRAPHY	2,802	3,583	48,287		72,325	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS					7,210,296	72
73 DRUGS CHARGED TO PATIENTS	8,474				33,723	73
74 RENAL DIALYSIS	2,384				884,269	74
76 EMG		5,012	47,773		62,032	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	18,360	14,362	174,330		334,501	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	1,954	6	205,003		315,663	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER		20,370	248,054		415,795	76.06
76.07 SLEEP LAB					328,035	76.07
76.08 UROLOGY		1,442	75,579		101,729	76.08
76.09 ADDP OP					584,057	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT			113,153		212,255	76.11
76.12 MENTAL HEALTH CENTER	11,994		527,285		817,982	76.12
76.13 VEIN CLINIC					35,724	76.13
76.97 CARDIAC REHABILITATION	2,270	7,828	259,584		369,138	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		3,897,194	90
90.01 MERCY CLINICS		41,184			5,323,138	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 DEPARTMENT 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						90.03
91 EMERGENCY	28,808	41,488	4,277,976		6,956,716	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
94 OTHER REIMBURSABLE COST CENTERS						94
94 HOME PROGRAM DIALYSIS						94
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	7,338,271	83,100,891	-44,295,240	168,051,776	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,860				7,402	190
191 RESEARCH					494,304	191
192 PHYSICIANS' PRIVATE OFFICES		14,099	3,724,406		11,662,530	192
192.01 DNBAR CLINIC			51,645		197,946	192.01
192.02 PHILLIPS HEALTH		56	55,535		119,452	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	35,748				142,262	192.04
192.05 DOCTORS OFFICE	12,686	158	256,938		438,892	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS			270,225		74,317	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	5,977,467	7,307,777	24,059,476		44,295,240	202
203 UNIT COST MULT-WS B PT I	3.979566	0.993906	0.275019		0.244470	203
204 COST TO BE ALLOC PER B PT II			43,726		4,281,214	204
205 UNIT COST MULT-WS B PT II			0.000500		0.023628	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA
	OF PLANT	+ LINEN	KEEPING		
	SQUARE	SERVICE	SQUARE	MEALS	PROD
	FEET	PATIENT	FEET	SERVED	FTE'S
	7	DAYS	9	10	11
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
5 ADMINISTRATIVE & GENERAL					5
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT	942,614				7
8 LAUNDRY & LINEN SERVICE	18,924	59,000			8
9 HOUSEKEEPING	14,762		908,928		9
10 DIETARY	44,866		44,866	168,463	10
11 CAFETERIA					2,449,450
12 MAINTENANCE OF PERSONNEL					11
13 NURSING ADMINISTRATION	4,968		4,968		31,799
14 CENTRAL SERVICES & SUPPLY	15,534		15,534		32,252
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	7,806		7,806		52,453
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	35,474		35,474		256,152
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	225,632	43,287	225,632	129,861	512,957
31 INTENSIVE CARE UNIT	16,900	4,253	16,900	6,380	72,761
32 CORONARY CARE UNIT	7,212	1,439	7,212	2,159	25,808
32.01 NURSERY INTENSIVE CARE CENTER					26,399
40 SUBPROVIDER - IPF	44,830	5,613	44,830	16,839	61,869
41 SUBPROVIDER - IRF	19,352	4,408	19,352	13,224	37,321
43 NURSERY	6,862		6,862		19,648
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	71,714		71,714		119,272
50.01 GI LAB	2,746		2,746		16,522
51 RECOVERY ROOM	4,718		4,718		17,835
52 DELIVERY ROOM & LABOR ROOM	34,042		34,042		75,618
53 ANESTHESIOLOGY	726		726		4,298
54 RADIOLOGY-DIAGNOSTIC	53,306		53,306		88,785
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC	10,564		10,564		10,596
56 RADIOISOTOPE	4,374		4,374		7,087
57 CT SCAN	1,000		1,000		21,173
58 MRI	7,418		7,418		4,762
59 CARDIAC CATHETERIZATION	46,594		46,594		72,427
60 LABORATORY	42,436		42,436		149,866
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	7,434		7,434		39,172
66 PHYSICAL THERAPY	9,054		9,054		29,627
67 OCCUPATIONAL THERAPY	16,986		16,986		17,633
68 SPEECH PATHOLOGY	1,068		1,068		8,292
70 ELECTROENCEPHALOGRAPHY	2,802		2,802		1,858
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS	8,474		8,474		73
74 RENAL DIALYSIS	2,384		2,384		74
76 EMG					1,676
76.01 CARDIOVASCULAR LAB					76.01
76.02 MERCY EYE CENTER	18,360		18,360		7,553
76.03 MERCY ENT					76.03
76.04 WOUND CARE CENTER	1,954		1,954		5,840
76.05 CARDIAC REHAB					10,265
76.06 PRE-BIRTH CENTER					76.06
76.07 SLEEP LAB					76.07
76.08 UROLOGY					2,080
76.09 ADDP OP					16,548
76.10 PSYCH PARTIAL HOSPITAL					76.10
76.11 DIABETES TREATMENT					3,747
76.12 MENTAL HEALTH CENTER	11,994		11,994		24,966
76.13 VEIN CLINIC					543
76.97 CARDIAC REHABILITATION	2,270		2,270		8,199
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	37,972		37,972		132,782
90.01 MERCY CLINICS					130,525

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	
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY	28,808		28,808		129,568	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
94 OTHER REIMBURSABLE COST CENTERS						94
94 HOME PROGRAM DIALYSIS						94
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	59,000	858,634	168,463	2,288,534	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,860		1,860			190
191 RESEARCH					4,913	191
192 PHYSICIANS' PRIVATE OFFICES					132,858	192
192.01 DNBAR CLINIC					2,187	192.01
192.02 PHILLIPS HEALTH					2,207	192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE	35,748		35,748			192.04
192.05 DOCTORS OFFICE	12,686		12,686		15,071	192.05
194 OTHER NONREIMBURSABLE COST CENTERS						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS					3,680	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	15,629,599	1,500,724	5,388,381	3,544,671	1,310,762	202
203 UNIT COST MULT-WS B PT I	16.581123	25.436000	5.928281	21.041243	0.535125	203
204 COST TO BE ALLOC PER B PT II	1,456,507	165,241	188,790	329,973	24,887	204
205 UNIT COST MULT-WS B PT II	1.545179	2.800695	0.207706	1.958727	0.010160	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 DEPARTMENT						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	1,238,991					13
14 CENTRAL SERVICES & SUPPLY		19,431,739				14
15 PHARMACY			20,000,000			15
16 MEDICAL RECORDS & LIBRARY				578,187,438		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					9,504	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		15,438				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	512,957	1,319,798		69,176,737	5,429	30
31 INTENSIVE CARE UNIT	72,761	481,187		9,274,424	364	31
32 CORONARY CARE UNIT	25,808	99,802		3,178,999	137	32
32.01 NURSERY INTENSIVE CARE CENTER	26,399	74,121		5,230,414	268	32.01
40 SUBPROVIDER - IPF	61,869	12,293		6,236,089		40
41 SUBPROVIDER - IRF	37,321	130,089		5,218,016	122	41
43 NURSERY	19,648	55,161		4,044,203		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	119,272	2,957,536		27,356,102	800	50
50.01 GI LAB	16,522	408,643		8,907,015		50.01
51 RECOVERY ROOM	17,835	21,242		3,825,817		51
52 DELIVERY ROOM & LABOR ROOM	75,618	465,798		18,056,989		52
53 ANESTHESIOLOGY	4,298	198,611		4,039,394		53
54 RADIOLOGY-DIAGNOSTIC		548,464		36,641,443	1,225	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC		1,664		4,688,496		55
56 RADIOISOTOPE		401,473		6,698,075		56
57 CT SCAN		212,312		28,227,899		57
58 MRI		9,564		7,299,813		58
59 CARDIAC CATHETERIZATION	72,427	425,799		50,535,202		59
60 LABORATORY		3,197,045		112,524,598		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	39,172	202,761		14,555,762		65
66 PHYSICAL THERAPY		13,450		4,742,232		66
67 OCCUPATIONAL THERAPY		10,573		2,571,935		67
68 SPEECH PATHOLOGY		4,821		1,273,117		68
70 ELECTROENCEPHALOGRAPHY		1,246		342,579		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS				110,582		71
72 IMPL. DEV. CHARGED TO PATIENTS		7,210,296		15,939,142		72
73 DRUGS CHARGED TO PATIENTS		39,347	20,000,000	53,144,907		73
74 RENAL DIALYSIS		17,478		4,242,454		74
76 EMG	1,676	3,012		497,250		76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER		9,387		1,081,508		76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	5,840	25,945		534,920		76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER		4,901		3,104,851		76.06
76.07 SLEEP LAB				1,786,993		76.07
76.08 UROLOGY		1,938		24,350		76.08
76.09 ADDP OP		65		2,845,972		76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT		368		145,654		76.11
76.12 MENTAL HEALTH CENTER		234		1,187,905		76.12
76.13 VEIN CLINIC		20,779		167,782		76.13
76.97 CARDIAC REHABILITATION		4,845		1,038,670		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC				8,022,032		90
90.01 MERCY CLINICS		133,668		2,157,269		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						90.03
91 EMERGENCY	129,568	632,143		47,509,847	1,159	91
92 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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	1,238,991	19,373,297	20,000,000	578,187,438	9,504	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191 RESEARCH		2,968				191
192 PHYSICIANS' PRIVATE OFFICES		30,803				192
192.01 DNBAR CLINIC		1,970				192.01
192.02 PHILLIPS HEALTH		1,783				192.02
192.03 OTHER HOME HEALTH						192.03
192.04 VITAS HOSPICE						192.04
192.05 DOCTORS OFFICE		20,918				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	2,921,482	1,866,210	20,888,232	2,710,641	6,272,777	202
203 UNIT COST MULT-WS B PT I	2.357953	0.096039	1.044412	0.004688	660.014415	203
204 COST TO BE ALLOC PER B PT II	170,288	449,829	406,768	96,805	120,846	204
205 UNIT COST MULT-WS B PT II	0.137441	0.023149	0.020338	0.000167	12.715278	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
	22	23	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			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 SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-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 CT SCAN			57
58 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 CHARGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENTS			72
73 DRUGS CHARGED TO PATIENTS		100	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 CLINICS			90.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 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 (NON-DISTINCT PART) OTHER REIMBURSABLE COST CENTERS			92
94 HOME PROGRAM DIALYSIS			94
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	9,504	100	118
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	7,524,785		202
203 UNIT COST MULT-WS B PT I	791.749263		203
204 COST TO BE ALLOC PER B PT II	335,119		204
205 UNIT COST MULT-WS B PT II	35.260838		205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40,366,311		40,366,311	392	40,366,703	30
31 INTENSIVE CARE UNIT	6,928,239		6,928,239	272,914	7,201,153	31
32 CORONARY CARE UNIT	2,742,259		2,742,259		2,742,259	32
32.01 NURSERY INTENSIVE CARE CENT	1,907,696		1,907,696		1,907,696	32.01
40 SUBPROVIDER - IPF	5,149,599		5,149,599		5,149,599	40
41 SUBPROVIDER - IRF	3,760,213		3,760,213		3,760,213	41
43 NURSERY	1,732,223		1,732,223		1,732,223	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,687,722		15,687,722	48	15,687,770	50
50.01 GI LAB	2,028,519		2,028,519		2,028,519	50.01
51 RECOVERY ROOM	1,351,882		1,351,882		1,351,882	51
52 DELIVERY ROOM & LABOR ROOM	6,171,451		6,171,451		6,171,451	52
53 ANESTHESIOLOGY	637,162		637,162		637,162	53
54 RADIOLOGY-DIAGNOSTIC	9,264,009		9,264,009	35,915	9,299,924	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	1,236,202		1,236,202	18,082	1,254,284	55
56 RADIOISOTOPE	1,414,151		1,414,151	834	1,414,985	56
57 CT SCAN	2,285,432		2,285,432	21,657	2,307,089	57
58 MRI	1,671,707		1,671,707		1,671,707	58
59 CARDIAC CATHETERIZATION	7,623,573		7,623,573	344,736	7,968,309	59
60 LABORATORY	14,603,453		14,603,453		14,603,453	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,903,946		2,903,946		2,903,946	65
66 PHYSICAL THERAPY	2,082,811		2,082,811		2,082,811	66
67 OCCUPATIONAL THERAPY	1,717,060		1,717,060		1,717,060	67
68 SPEECH PATHOLOGY	551,526		551,526		551,526	68
70 ELECTROENCEPHALOGRAPHY	155,797		155,797		155,797	70
71 MEDICAL SUPPLIES CHARGED TO	518		518		518	71
72 IMPL. DEV. CHARGED TO PATIE	9,740,193		9,740,193		9,740,193	72
73 DRUGS CHARGED TO PATIENTS	21,373,865		21,373,865		21,373,865	73
74 RENAL DIALYSIS	1,175,676		1,175,676		1,175,676	74
76 EMG	84,666		84,666		84,666	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	839,562		839,562		839,562	76.02
76.03 MERCY ENT						76.03
76.04 WOUND CARE CENTER	458,712		458,712		458,712	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	537,964		537,964	51,925	589,889	76.06
76.07 SLEEP LAB	416,607		416,607		416,607	76.07
76.08 UROLOGY	128,012		128,012		128,012	76.08
76.09 ADDP OP	749,044		749,044	5,788	754,832	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	266,868		266,868		266,868	76.11
76.12 MENTAL HEALTH CENTER	1,306,883		1,306,883		1,306,883	76.12
76.13 VEIN CLINIC	47,531		47,531	39,915	87,446	76.13
76.97 CARDIAC REHABILITATION	520,198		520,198		520,198	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,813,330		5,813,330	15,737	5,829,067	90
90.01 MERCY CLINICS	6,717,283		6,717,283		6,717,283	90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY	9,964,161		9,964,161	165,165	10,129,326	91
92 OBSERVATION BEDS (NON-DISTI	4,063,644		4,063,644		4,063,644	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
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)	198,177,660		198,177,660	973,108	199,150,768	200
201 LESS OBSERVATION BEDS	4,063,644		4,063,644		4,063,644	201
202 TOTAL (SEE INSTRUCTIONS)	194,114,016		194,114,016		195,087,124	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	61,914,517		61,914,517				30
31 INTENSIVE CARE UNIT	9,274,424		9,274,424				31
32 CORONARY CARE UNIT	3,178,999		3,178,999				32
32.01 NURSERY INTENSIVE CARE CENT	5,230,414		5,230,414				32.01
40 SUBPROVIDER - IPF	6,236,089		6,236,089				40
41 SUBPROVIDER - IRF	5,218,016		5,218,016				41
43 NURSERY	4,044,203		4,044,203				43
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	12,581,577	14,774,525	27,356,102	0.573463	0.573463	0.573465	50
50.01 GI LAB	2,163,135	6,743,880	8,907,015	0.227744	0.227744	0.227744	50.01
51 RECOVERY ROOM	1,196,208	2,629,609	3,825,817	0.353358	0.353358	0.353358	51
52 DELIVERY ROOM & LABOR ROOM	17,207,945	849,044	18,056,989	0.341776	0.341776	0.341776	52
53 ANESTHESIOLOGY	2,203,426	1,835,968	4,039,394	0.157737	0.157737	0.157737	53
54 RADIOLOGY-DIAGNOSTIC	7,844,410	28,797,033	36,641,443	0.252829	0.252829	0.253809	54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	274,605	4,413,891	4,688,496	0.263667	0.263667	0.267524	55
56 RADIOISOTOPE	1,176,233	5,521,842	6,698,075	0.211128	0.211128	0.211252	56
57 CT SCAN	8,333,134	19,894,765	28,227,899	0.080964	0.080964	0.081731	57
58 MRI	1,664,707	5,635,106	7,299,813	0.229007	0.229007	0.229007	58
59 CARDIAC CATHETERIZATION	28,042,130	22,493,072	50,535,202	0.150857	0.150857	0.157678	59
60 LABORATORY	48,977,718	63,546,880	112,524,598	0.129780	0.129780	0.129780	60
62.30 BLOOD CLOTTING FOR HEMOPHIL							62.30
65 RESPIRATORY THERAPY	13,438,005	1,117,757	14,555,762	0.199505	0.199505	0.199505	65
66 PHYSICAL THERAPY	2,754,884	1,987,348	4,742,232	0.439205	0.439205	0.439205	66
67 OCCUPATIONAL THERAPY	1,872,892	699,043	2,571,935	0.667614	0.667614	0.667614	67
68 SPEECH PATHOLOGY	928,713	344,404	1,273,117	0.433209	0.433209	0.433209	68
70 ELECTROENCEPHALOGRAPHY	208,671	133,908	342,579	0.454777	0.454777	0.454777	70
71 MEDICAL SUPPLIES CHARGED TO	90,284	20,298	110,582	0.004684	0.004684	0.004684	71
72 IMPL. DEV. CHARGED TO PATIE	11,530,231	4,408,911	15,939,142	0.611086	0.611086	0.611086	72
73 DRUGS CHARGED TO PATIENTS	24,923,267	28,221,640	53,144,907	0.402181	0.402181	0.402181	73
74 RENAL DIALYSIS	4,028,345	214,109	4,242,454	0.277122	0.277122	0.277122	74
76 EMG	8,715	488,535	497,250	0.170268	0.170268	0.170268	76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,660	1,079,848	1,081,508	0.776288	0.776288	0.776288	76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	11,833	523,087	534,920	0.857534	0.857534	0.857534	76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	183,304	2,921,547	3,104,851	0.173266	0.173266	0.189989	76.06
76.07 SLEEP LAB		1,786,993	1,786,993	0.233133	0.233133	0.233133	76.07
76.08 UROLOGY	1,561	22,789	24,350	5.257166	5.257166	5.257166	76.08
76.09 ADDP OP	4,856	2,841,116	2,845,972	0.263194	0.263194	0.265228	76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	166	145,488	145,654	1.832205	1.832205	1.832205	76.11
76.12 MENTAL HEALTH CENTER	938	1,186,967	1,187,905	1.100158	1.100158	1.100158	76.12
76.13 VEIN CLINIC	5,316	162,466	167,782	0.283290	0.283290	0.521188	76.13
76.97 CARDIAC REHABILITATION	12,380	1,026,290	1,038,670	0.500831	0.500831	0.500831	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC		8,022,032	8,022,032	0.724671	0.724671	0.726632	90
90.01 MERCY CLINICS	1,807	2,155,462	2,157,269	3.113790	3.113790	3.113790	90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST							90.03
91 EMERGENCY	13,042,301	34,467,546	47,509,847	0.209728	0.209728	0.213205	91
92 OBSERVATION BEDS (NON-DISTI	726,222	6,535,998	7,262,220	0.559559	0.559559	0.559559	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
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)	300,538,241	277,649,197	578,187,438				200
201 LESS OBSERVATION BEDS							201
202 TOTAL (SEE INSTRUCTIONS)	300,538,241	277,649,197	578,187,438				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 (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,812,652		2,812,652	47,324	59.43	18,737	1,113,540	30
31 INTENSIVE CARE UNIT	452,082		452,082	4,253	106.30	2,045	217,384	31
32 CORONARY CARE UNIT	205,925		205,925	1,439	143.10	810	115,911	32
32.01 NURSERY INTENSIVE CARE CENTER	41,105		41,105	2,795	14.71			32.01
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	387,655		387,655	5,613	69.06	1,519	104,902	40
41 SUBPROVIDER - IRF	232,316		232,316	4,408	52.70	3,056	161,051	41
42 SUBPROVIDER I								42
43 NURSERY	124,610		124,610	3,839	32.46			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,256,345		4,256,345	69,671		26,167	1,712,788	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	2,625,789	27,356,102	0.095985	4,023,183	386,165	50
50.01	GI LAB	320,427	8,907,015	0.035975	1,130,436	40,667	50.01
51	RECOVERY ROOM	64,375	3,825,817	0.016826	467,028	7,858	51
52	DELIVERY ROOM & LABOR ROOM	392,624	18,056,989	0.021744	63,174	1,374	52
53	ANESTHESIOLOGY	152,361	4,039,394	0.037719	609,681	22,997	53
54	RADIOLOGY-DIAGNOSTIC	1,869,433	36,641,443	0.051020	4,155,827	212,030	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	138,610	4,688,496	0.029564	144,250	4,265	55
56	RADIOISOTOPE	84,267	6,698,075	0.012581	690,438	8,686	56
57	CT SCAN	474,572	28,227,899	0.016812	5,329,856	89,606	57
58	MRI	1,739,075	7,299,813	0.238236	715,606	170,483	58
59	CARDIAC CATHETERIZATION	836,505	50,535,202	0.016553	15,092,124	249,820	59
60	LABORATORY	880,559	112,524,598	0.007825	21,850,922	170,983	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	242,719	14,555,762	0.016675	6,689,611	111,549	65
66	PHYSICAL THERAPY	88,761	4,742,232	0.018717	742,829	13,904	66
67	OCCUPATIONAL THERAPY	123,507	2,571,935	0.048021	152,898	7,342	67
68	SPEECH PATHOLOGY	16,580	1,273,117	0.013023	344,252	4,483	68
70	ELECTROENCEPHALOGRAPHY	21,462	342,579	0.062648	97,683	6,120	70
71	MEDICAL SUPPLIES CHARGED TO P	18	110,582	0.000163			71
72	IMPL. DEV. CHARGED TO PATIENT	339,940	15,939,142	0.021327	5,857,617	124,925	72
73	DRUGS CHARGED TO PATIENTS	465,928	53,144,907	0.008767	10,423,474	91,383	73
74	RENAL DIALYSIS	35,673	4,242,454	0.008409	2,440,299	20,520	74
76	EMG	6,871	497,250	0.013818	1,431	20	76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	127,987	1,081,508	0.118341	1,578	187	76.02
76.03	MERCY ENT	285					76.03
76.04	WOUND CARE CENTER	20,320	534,920	0.037987	6,820	259	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	30,930	3,104,851	0.009962	3,582	36	76.06
76.07	SLEEP LAB	8,049	1,786,993	0.004504			76.07
76.08	UROLOGY	3,945	24,350	0.162012			76.08
76.09	ADDD OP	14,445	2,845,972	0.005076	1,662	8	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	5,143	145,654	0.035310	164	6	76.11
76.12	MENTAL HEALTH CENTER	88,803	1,187,905	0.074756			76.12
76.13	VEIN CLINIC	1,359	167,782	0.008100	2,799	23	76.13
76.97	CARDIAC REHABILITATION	30,013	1,038,670	0.028896	4,740	137	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	314,092	8,022,032	0.039154			90
90.01	MERCY CLINICS	887,355	2,157,269	0.411333	1,609	662	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	414,579	47,509,847	0.008726	5,545,975	48,394	91
92	OBSERVATION BEDS (NON-DISTINC	283,147	7,262,220	0.038989	488,597	19,050	92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	13,150,508	483,090,776		87,080,145	1,813,942	200

PROVIDER CCN: 14-0158 MERCY HOSPITAL & MEDICAL CENTE
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 12/02/2013 14:58

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	47,324		18,737		30
31 INTENSIVE CARE UNIT	4,253		2,045		31
32 CORONARY CARE UNIT	1,439		810		32
32.01 NURSERY INTENSIVE CARE CENTER	2,795				32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	5,613		1,519		40
41 SUBPROVIDER - IRF	4,408		3,056		41
42 SUBPROVIDER I					42
43 NURSERY	3,839				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,671		26,167		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1					
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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 CLINICS						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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 [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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	27,356,102			4,023,183		3,182,176	50
50.01 GI LAB	8,907,015			1,130,436		2,343,541	50.01
51 RECOVERY ROOM	3,825,817			467,028		685,478	51
52 DELIVERY ROOM & LABOR ROOM	18,056,989			63,174		2,316	52
53 ANESTHESIOLOGY	4,039,394			609,681		378,680	53
54 RADIOLOGY-DIAGNOSTIC	36,641,443			4,155,827		4,701,087	54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	4,688,496			144,250		1,771,257	55
56 RADIOISOTOPE	6,698,075			690,438		1,945,074	56
57 CT SCAN	28,227,899			5,329,856		5,782,761	57
58 MRI	7,299,813			715,606		1,469,404	58
59 CARDIAC CATHETERIZATION	50,535,202			15,092,124		10,519,063	59
60 LABORATORY	112,524,598			21,850,922		1,289,446	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,555,762			6,689,611		591,969	65
66 PHYSICAL THERAPY	4,742,232			742,829			66
67 OCCUPATIONAL THERAPY	2,571,935			152,898		37,492	67
68 SPEECH PATHOLOGY	1,273,117			344,252			68
70 ELECTROENCEPHALOGRAPHY	342,579			97,683		51,668	70
71 MEDICAL SUPPLIES CHARGED TO	110,582					11,480	71
72 IMPL. DEV. CHARGED TO PATIEN	15,939,142			5,857,617		2,166,572	72
73 DRUGS CHARGED TO PATIENTS	53,144,907			10,423,474		10,466,998	73
74 RENAL DIALYSIS	4,242,454			2,440,299		151,163	74
76 EMG	497,250			1,431		141,766	76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,081,508			1,578		612,166	76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	534,920			6,820		269,143	76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	3,104,851			3,582		14,772	76.06
76.07 SLEEP LAB	1,786,993					514,165	76.07
76.08 UROLOGY	24,350					2,865	76.08
76.09 ADDP OP	2,845,972			1,662		687,114	76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	145,654			164		42,173	76.11
76.12 MENTAL HEALTH CENTER	1,187,905					369,741	76.12
76.13 VEIN CLINIC	167,782			2,799		68,727	76.13
76.97 CARDIAC REHABILITATION	1,038,670			4,740		506,884	76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	8,022,032					303,802	90
90.01 MERCY CLINICS	2,157,269			1,609		160,262	90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST							90.03
91 EMERGENCY	47,509,847			5,545,975		5,601,296	91
92 OBSERVATION BEDS (NON-DISTIN	7,262,220			488,597		2,464,518	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	483,090,776			87,080,145		59,307,019	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.573463	3,182,176			1,824,860			50
50.01 GI LAB	0.227744	2,343,541			533,727			50.01
51 RECOVERY ROOM	0.353358	685,478			242,219			51
52 DELIVERY ROOM & LABOR ROOM	0.341776	2,316			792			52
53 ANESTHESIOLOGY	0.157737	378,680			59,732			53
54 RADIOLOGY-DIAGNOSTIC	0.252829	4,701,087			1,188,571			54
54.01 MRI CENTER								54.01
55 RADIOLOGY-THERAPEUTIC	0.263667	1,771,257			467,022			55
56 RADIOISOTOPE	0.211128	1,945,074			410,660			56
57 CT SCAN	0.080964	5,782,761			468,195			57
58 MRI	0.229007	1,469,404			336,504			58
59 CARDIAC CATHETERIZATION	0.150857	10,519,063			1,586,874			59
60 LABORATORY	0.129780	1,289,446	1,626		167,344	211		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.199505	591,969			118,101			65
66 PHYSICAL THERAPY	0.439205							66
67 OCCUPATIONAL THERAPY	0.667614	37,492			25,030			67
68 SPEECH PATHOLOGY	0.433209							68
70 ELECTROENCEPHALOGRAPHY	0.454777	51,668			23,497			70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.004684	11,480	287		54	1		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.611086	2,166,572	309		1,323,962	189		72
73 DRUGS CHARGED TO PATIENTS	0.402181	10,466,998		44,571	4,209,628		17,926	73
74 RENAL DIALYSIS	0.277122	151,163			41,891			74
76 EMG	0.170268	141,766			24,138			76
76.01 CARDIOVASCULAR LAB								76.01
76.02 MERCY EYE CENTER	0.776288	612,166			475,217			76.02
76.03 MERCY ENT								76.03
76.04 WOUND CARE CENTER	0.857534	269,143			230,799			76.04
76.05 CARDIAC REHAB								76.05
76.06 PRE-BIRTH CENTER	0.173266	14,772			2,559			76.06
76.07 SLEEP LAB	0.233133	514,165			119,869			76.07
76.08 UROLOGY	5.257166	2,865			15,062			76.08
76.09 ADDP OP	0.263194	687,114			180,844			76.09
76.10 PSYCH PARTIAL HOSPITAL								76.10
76.11 DIABETES TREATMENT	1.832205	42,173			77,270			76.11
76.12 MENTAL HEALTH CENTER	1.100158	369,741			406,774			76.12
76.13 VEIN CLINIC	0.283290	68,727			19,470			76.13
76.97 CARDIAC REHABILITATION	0.500831	506,884			253,863			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.724671	303,802			220,156			90
90.01 MERCY CLINICS	3.113790	160,262			499,022			90.01
90.02 MERCY CLINIC STATE ST								90.02
90.03 MERCY CLINIC POLK ST								90.03
91 EMERGENCY	0.209728	5,601,296	422		1,174,749	89		91
92 OBSERVATION BEDS (NON-DISTINCT	0.559559	2,464,518			1,379,043			92
OTHER REIMBURSABLE COST CENTERS								
94 HOME PROGRAM DIALYSIS								94
200 SUBTOTAL (SEE INSTRUCTIONS)		59,307,019	2,644	44,571	18,107,498	490	17,926	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		59,307,019	2,644	44,571	18,107,498	490	17,926	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S158) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA							
					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	2,625,789	27,356,102	0.095985	2,942	282	50
50.01					GI LAB	320,427	8,907,015	0.035975			50.01
51					RECOVERY ROOM	64,375	3,825,817	0.016826	4,649	78	51
52					DELIVERY ROOM & LABOR ROOM	392,624	18,056,989	0.021744			52
53					ANESTHESIOLOGY	152,361	4,039,394	0.037719	3,454	130	53
54					RADIOLOGY-DIAGNOSTIC	1,869,433	36,641,443	0.051020	8,996	459	54
54.01					MRI CENTER						54.01
55					RADIOLOGY-THERAPEUTIC	138,610	4,688,496	0.029564			55
56					RADIOISOTOPE	84,267	6,698,075	0.012581	3,172	40	56
57					CT SCAN	474,572	28,227,899	0.016812	20,897	351	57
58					MRI	1,739,075	7,299,813	0.238236			58
59					CARDIAC CATHETERIZATION	836,505	50,535,202	0.016553	25,003	414	59
60					LABORATORY	880,559	112,524,598	0.007825	394,040	3,083	60
62.30					BLOOD CLOTTING FOR HEMOPHILIA						62.30
65					RESPIRATORY THERAPY	242,719	14,555,762	0.016675	10,492	175	65
66					PHYSICAL THERAPY	88,761	4,742,232	0.018717	2,406	45	66
67					OCCUPATIONAL THERAPY	123,507	2,571,935	0.048021	74,084	3,558	67
68					SPEECH PATHOLOGY	16,580	1,273,117	0.013023			68
70					ELECTROENCEPHALOGRAPHY	21,462	342,579	0.062648	524	33	70
71					MEDICAL SUPPLIES CHARGED TO P	18	110,582	0.000163			71
72					IMPL. DEV. CHARGED TO PATIENT	339,940	15,939,142	0.021327			72
73					DRUGS CHARGED TO PATIENTS	465,928	53,144,907	0.008767	191,210	1,676	73
74					RENAL DIALYSIS	35,673	4,242,454	0.008409			74
76					EMG	6,871	497,250	0.013818			76
76.01					CARDIOVASCULAR LAB						76.01
76.02					MERCY EYE CENTER	127,987	1,081,508	0.118341			76.02
76.03					MERCY ENT	285					76.03
76.04					WOUND CARE CENTER	20,320	534,920	0.037987			76.04
76.05					CARDIAC REHAB						76.05
76.06					PRE-BIRTH CENTER	30,930	3,104,851	0.009962			76.06
76.07					SLEEP LAB	8,049	1,786,993	0.004504			76.07
76.08					UROLOGY	3,945	24,350	0.162012			76.08
76.09					ADDP OP	14,445	2,845,972	0.005076			76.09
76.10					PSYCH PARTIAL HOSPITAL						76.10
76.11					DIABETES TREATMENT	5,143	145,654	0.035310			76.11
76.12					MENTAL HEALTH CENTER	88,803	1,187,905	0.074756	635	47	76.12
76.13					VEIN CLINIC	1,359	167,782	0.008100			76.13
76.97					CARDIAC REHABILITATION	30,013	1,038,670	0.028896			76.97
76.98					HYPERBARIC OXYGEN THERAPY						76.98
76.99					LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS										
90					CLINIC	314,092	8,022,032	0.039154			90
90.01					MERCY CLINICS	887,355	2,157,269	0.411333			90.01
90.02					MERCY CLINIC STATE ST						90.02
90.03					MERCY CLINIC POLK ST						90.03
91					EMERGENCY	414,579	47,509,847	0.008726	203,491	1,776	91
92					OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		7,262,220	7,262,220			92
94					HOME PROGRAM DIALYSIS						94
200					TOTAL (SUM OF LINES 50-199)	12,867,361	483,090,776		945,995	12,147	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 CLINICS						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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 [XX] IPF (14-S158) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	27,356,102			2,942			50
50.01 GI LAB	8,907,015						50.01
51 RECOVERY ROOM	3,825,817			4,649			51
52 DELIVERY ROOM & LABOR ROOM	18,056,989						52
53 ANESTHESIOLOGY	4,039,394			3,454			53
54 RADIOLOGY-DIAGNOSTIC	36,641,443			8,996			54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	4,688,496						55
56 RADIOISOTOPE	6,698,075			3,172			56
57 CT SCAN	28,227,899			20,897			57
58 MRI	7,299,813						58
59 CARDIAC CATHETERIZATION	50,535,202			25,003			59
60 LABORATORY	112,524,598			394,040			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,555,762			10,492			65
66 PHYSICAL THERAPY	4,742,232			2,406			66
67 OCCUPATIONAL THERAPY	2,571,935			74,084			67
68 SPEECH PATHOLOGY	1,273,117						68
70 ELECTROENCEPHALOGRAPHY	342,579			524			70
71 MEDICAL SUPPLIES CHARGED TO	110,582						71
72 IMPL. DEV. CHARGED TO PATIEN	15,939,142						72
73 DRUGS CHARGED TO PATIENTS	53,144,907			191,210			73
74 RENAL DIALYSIS	4,242,454						74
76 EMG	497,250						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,081,508						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	534,920						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	3,104,851						76.06
76.07 SLEEP LAB	1,786,993						76.07
76.08 UROLOGY	24,350						76.08
76.09 ADPP OP	2,845,972						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	145,654						76.11
76.12 MENTAL HEALTH CENTER	1,187,905			635			76.12
76.13 VEIN CLINIC	167,782						76.13
76.97 CARDIAC REHABILITATION	1,038,670						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	8,022,032						90
90.01 MERCY CLINICS	2,157,269						90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST							90.03
91 EMERGENCY	47,509,847			203,491			91
92 OBSERVATION BEDS (NON-DISTIN	7,262,220						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	483,090,776			945,995			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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.573463						50	
50.01 GI LAB	0.227744						50.01	
51 RECOVERY ROOM	0.353358						51	
52 DELIVERY ROOM & LABOR ROOM	0.341776						52	
53 ANESTHESIOLOGY	0.157737						53	
54 RADIOLOGY-DIAGNOSTIC	0.252829						54	
54.01 MRI CENTER							54.01	
55 RADIOLOGY-THERAPEUTIC	0.263667						55	
56 RADIOISOTOPE	0.211128						56	
57 CT SCAN	0.080964						57	
58 MRI	0.229007						58	
59 CARDIAC CATHETERIZATION	0.150857						59	
60 LABORATORY	0.129780						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65 RESPIRATORY THERAPY	0.199505						65	
66 PHYSICAL THERAPY	0.439205						66	
67 OCCUPATIONAL THERAPY	0.667614						67	
68 SPEECH PATHOLOGY	0.433209						68	
70 ELECTROENCEPHALOGRAPHY	0.454777						70	
71 MEDICAL SUPPLIES CHARGED TO PAT	0.004684						71	
72 IMPL. DEV. CHARGED TO PATIENTS	0.611086						72	
73 DRUGS CHARGED TO PATIENTS	0.402181						73	
74 RENAL DIALYSIS	0.277122						74	
76 EMG	0.170268						76	
76.01 CARDIOVASCULAR LAB							76.01	
76.02 MERCY EYE CENTER	0.776288						76.02	
76.03 MERCY ENT							76.03	
76.04 WOUND CARE CENTER	0.857534						76.04	
76.05 CARDIAC REHAB							76.05	
76.06 PRE-BIRTH CENTER	0.173266						76.06	
76.07 SLEEP LAB	0.233133						76.07	
76.08 UROLOGY	5.257166						76.08	
76.09 ADDP OP	0.263194						76.09	
76.10 PSYCH PARTIAL HOSPITAL							76.10	
76.11 DIABETES TREATMENT	1.832205						76.11	
76.12 MENTAL HEALTH CENTER	1.100158						76.12	
76.13 VEIN CLINIC	0.283290						76.13	
76.97 CARDIAC REHABILITATION	0.500831						76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.724671						90	
90.01 MERCY CLINICS	3.113790						90.01	
90.02 MERCY CLINIC STATE ST							90.02	
90.03 MERCY CLINIC POLK ST							90.03	
91 EMERGENCY	0.209728						91	
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.559559						92	
94 HOME PROGRAM DIALYSIS							94	
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						
					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	2,625,789	0.095985	3,598	345	50
50.01					GI LAB	320,427	0.035975			50.01
51					RECOVERY ROOM	64,375	0.016826	462	8	51
52					DELIVERY ROOM & LABOR ROOM	392,624	0.021744			52
53					ANESTHESIOLOGY	152,361	0.037719	423	16	53
54					RADIOLOGY-DIAGNOSTIC	1,869,433	0.051020	36,377	1,856	54
54.01					MRI CENTER					54.01
55					RADIOLOGY-THERAPEUTIC	138,610	0.029564			55
56					RADIOISOTOPE	84,267	0.012581	8,105	102	56
57					CT SCAN	474,572	0.016812	62,919	1,058	57
58					MRI	1,739,075	0.238236			58
59					CARDIAC CATHETERIZATION	836,505	0.016553	76,976	1,274	59
60					LABORATORY	880,559	0.007825	401,022	3,138	60
62.30					BLOOD CLOTTING FOR HEMOPHILIA					62.30
65					RESPIRATORY THERAPY	242,719	0.016675	115,587	1,927	65
66					PHYSICAL THERAPY	88,761	0.018717	1,051,559	19,682	66
67					OCCUPATIONAL THERAPY	123,507	0.048021	922,849	44,316	67
68					SPEECH PATHOLOGY	16,580	0.013023	223,962	2,917	68
70					ELECTROENCEPHALOGRAPHY	21,462	0.062648	1,028	64	70
71					MEDICAL SUPPLIES CHARGED TO P	18	0.000163	2,736		71
72					IMPL. DEV. CHARGED TO PATIENT	339,940	0.021327			72
73					DRUGS CHARGED TO PATIENTS	465,928	0.008767	654,001	5,734	73
74					RENAL DIALYSIS	35,673	0.008409	117,860	991	74
76					EMG	6,871	0.013818	1,541	21	76
76.01					CARDIOVASCULAR LAB					76.01
76.02					MERCY EYE CENTER	127,987	0.118341			76.02
76.03					MERCY ENT	285				76.03
76.04					WOUND CARE CENTER	20,320	0.037987	1,293	49	76.04
76.05					CARDIAC REHAB					76.05
76.06					PRE-BIRTH CENTER	30,930	0.009962			76.06
76.07					SLEEP LAB	8,049	0.004504			76.07
76.08					UROLOGY	3,945	0.162012	1,363	221	76.08
76.09					ADDD OP	14,445	0.005076			76.09
76.10					PSYCH PARTIAL HOSPITAL					76.10
76.11					DIABETES TREATMENT	5,143	0.035310			76.11
76.12					MENTAL HEALTH CENTER	88,803	0.074756			76.12
76.13					VEIN CLINIC	1,359	0.008100			76.13
76.97					CARDIAC REHABILITATION	30,013	0.028896			76.97
76.98					HYPERBARIC OXYGEN THERAPY					76.98
76.99					LITHOTRIPSY					76.99
					OUTPATIENT SERVICE COST CENTERS					
90					CLINIC	314,092	0.039154			90
90.01					MERCY CLINICS	887,355	0.411333			90.01
90.02					MERCY CLINIC STATE ST					90.02
90.03					MERCY CLINIC POLK ST					90.03
91					EMERGENCY	414,579	0.008726	5,672	49	91
92					OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS					92
94					HOME PROGRAM DIALYSIS					94
200					TOTAL (SUM OF LINES 50-199)	12,867,361		3,689,333	83,768	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 CLINICS						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	27,356,102			3,598			50
50.01 GI LAB	8,907,015						50.01
51 RECOVERY ROOM	3,825,817			462			51
52 DELIVERY ROOM & LABOR ROOM	18,056,989						52
53 ANESTHESIOLOGY	4,039,394			423			53
54 RADIOLOGY-DIAGNOSTIC	36,641,443			36,377			54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	4,688,496						55
56 RADIOISOTOPE	6,698,075			8,105			56
57 CT SCAN	28,227,899			62,919			57
58 MRI	7,299,813						58
59 CARDIAC CATHETERIZATION	50,535,202			76,976			59
60 LABORATORY	112,524,598			401,022			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,555,762			115,587			65
66 PHYSICAL THERAPY	4,742,232			1,051,559			66
67 OCCUPATIONAL THERAPY	2,571,935			922,849			67
68 SPEECH PATHOLOGY	1,273,117			223,962			68
70 ELECTROENCEPHALOGRAPHY	342,579			1,028			70
71 MEDICAL SUPPLIES CHARGED TO	110,582			2,736			71
72 IMPL. DEV. CHARGED TO PATIEN	15,939,142						72
73 DRUGS CHARGED TO PATIENTS	53,144,907			654,001			73
74 RENAL DIALYSIS	4,242,454			117,860			74
76 EMG	497,250			1,541			76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,081,508						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	534,920			1,293			76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	3,104,851						76.06
76.07 SLEEP LAB	1,786,993						76.07
76.08 UROLOGY	24,350			1,363			76.08
76.09 ADPP OP	2,845,972						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	145,654						76.11
76.12 MENTAL HEALTH CENTER	1,187,905						76.12
76.13 VEIN CLINIC	167,782						76.13
76.97 CARDIAC REHABILITATION	1,038,670						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	8,022,032						90
90.01 MERCY CLINICS	2,157,269						90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST							90.03
91 EMERGENCY	47,509,847			5,672			91
92 OBSERVATION BEDS (NON-DISTIN	7,262,220						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	483,090,776			3,689,333			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	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,812,652		2,812,652	47,324	59.43	13,516	803,256	30
31 INTENSIVE CARE UNIT	452,082		452,082	4,253	106.30	1,064	113,103	31
32 CORONARY CARE UNIT	205,925		205,925	1,439	143.10	254	36,347	32
32.01 NURSERY INTENSIVE CARE CENTER	41,105		41,105	2,795	14.71	2,145	31,553	32.01
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF	387,655		387,655	5,613	69.06	2,497	172,443	40
41 SUBPROVIDER - IRF	232,316		232,316	4,408	52.70	522	27,509	41
42 SUBPROVIDER I								42
43 NURSERY	124,610		124,610	3,839	32.46	2,947	95,660	43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	4,256,345		4,256,345	69,671		22,945	1,279,871	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)	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)			
	COST CENTER DESCRIPTION	1	2	3	4	5			
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	2,625,789	27,356,102	0.095985					50
50.01	GI LAB	320,427	8,907,015	0.035975					50.01
51	RECOVERY ROOM	64,375	3,825,817	0.016826					51
52	DELIVERY ROOM & LABOR ROOM	392,624	18,056,989	0.021744					52
53	ANESTHESIOLOGY	152,361	4,039,394	0.037719					53
54	RADIOLOGY-DIAGNOSTIC	1,869,433	36,641,443	0.051020					54
54.01	MRI CENTER								54.01
55	RADIOLOGY-THERAPEUTIC	138,610	4,688,496	0.029564					55
56	RADIOISOTOPE	84,267	6,698,075	0.012581					56
57	CT SCAN	474,572	28,227,899	0.016812					57
58	MRI	1,739,075	7,299,813	0.238236					58
59	CARDIAC CATHETERIZATION	836,505	50,535,202	0.016553					59
60	LABORATORY	880,559	112,524,598	0.007825					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA								62.30
65	RESPIRATORY THERAPY	242,719	14,555,762	0.016675					65
66	PHYSICAL THERAPY	88,761	4,742,232	0.018717					66
67	OCCUPATIONAL THERAPY	123,507	2,571,935	0.048021					67
68	SPEECH PATHOLOGY	16,580	1,273,117	0.013023					68
70	ELECTROENCEPHALOGRAPHY	21,462	342,579	0.062648					70
71	MEDICAL SUPPLIES CHARGED TO P	18	110,582	0.000163					71
72	IMPL. DEV. CHARGED TO PATIENT	339,940	15,939,142	0.021327					72
73	DRUGS CHARGED TO PATIENTS	465,928	53,144,907	0.008767					73
74	RENAL DIALYSIS	35,673	4,242,454	0.008409					74
76	EMG	6,871	497,250	0.013818					76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	127,987	1,081,508	0.118341					76.02
76.03	MERCY ENT	285							76.03
76.04	WOUND CARE CENTER	20,320	534,920	0.037987					76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	30,930	3,104,851	0.009962					76.06
76.07	SLEEP LAB	8,049	1,786,993	0.004504					76.07
76.08	UROLOGY	3,945	24,350	0.162012					76.08
76.09	ADDP OP	14,445	2,845,972	0.005076					76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	5,143	145,654	0.035310					76.11
76.12	MENTAL HEALTH CENTER	88,803	1,187,905	0.074756					76.12
76.13	VEIN CLINIC	1,359	167,782	0.008100					76.13
76.97	CARDIAC REHABILITATION	30,013	1,038,670	0.028896					76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	314,092	8,022,032	0.039154					90
90.01	MERCY CLINICS	887,355	2,157,269	0.411333					90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	EMERGENCY	414,579	47,509,847	0.008726					91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	283,147	7,262,220	0.038989					92
94	HOME PROGRAM DIALYSIS								94
200	TOTAL (SUM OF LINES 50-199)	13,150,508	483,090,776						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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] 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	47,324		13,516		30
31 INTENSIVE CARE UNIT	4,253		1,064		31
32 CORONARY CARE UNIT	1,439		254		32
32.01 NURSERY INTENSIVE CARE CENTER	2,795		2,145		32.01
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	5,613		2,497		40
41 SUBPROVIDER - IRF	4,408		522		41
42 SUBPROVIDER I					42
43 NURSERY	3,839		2,947		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	69,671		22,945		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
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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 CLINICS						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	27,356,102						50
50.01 GI LAB	8,907,015						50.01
51 RECOVERY ROOM	3,825,817						51
52 DELIVERY ROOM & LABOR ROOM	18,056,989						52
53 ANESTHESIOLOGY	4,039,394						53
54 RADIOLOGY-DIAGNOSTIC	36,641,443						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	4,688,496						55
56 RADIOISOTOPE	6,698,075						56
57 CT SCAN	28,227,899						57
58 MRI	7,299,813						58
59 CARDIAC CATHETERIZATION	50,535,202						59
60 LABORATORY	112,524,598						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,555,762						65
66 PHYSICAL THERAPY	4,742,232						66
67 OCCUPATIONAL THERAPY	2,571,935						67
68 SPEECH PATHOLOGY	1,273,117						68
70 ELECTROENCEPHALOGRAPHY	342,579						70
71 MEDICAL SUPPLIES CHARGED TO	110,582						71
72 IMPL. DEV. CHARGED TO PATIEN	15,939,142						72
73 DRUGS CHARGED TO PATIENTS	53,144,907						73
74 RENAL DIALYSIS	4,242,454						74
76 EMG	497,250						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,081,508						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	534,920						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	3,104,851						76.06
76.07 SLEEP LAB	1,786,993						76.07
76.08 UROLOGY	24,350						76.08
76.09 ADPP OP	2,845,972						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	145,654						76.11
76.12 MENTAL HEALTH CENTER	1,187,905						76.12
76.13 VEIN CLINIC	167,782						76.13
76.97 CARDIAC REHABILITATION	1,038,670						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	8,022,032						90
90.01 MERCY CLINICS	2,157,269						90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST							90.03
91 EMERGENCY	47,509,847						91
92 OBSERVATION BEDS (NON-DISTIN	7,262,220						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	483,090,776						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 [XX] IPF (14-S158) [] 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		OPERATING ROOM	2,625,789	27,356,102	0.095985			50	
50.01		GI LAB	320,427	8,907,015	0.035975			50.01	
51		RECOVERY ROOM	64,375	3,825,817	0.016826			51	
52		DELIVERY ROOM & LABOR ROOM	392,624	18,056,989	0.021744			52	
53		ANESTHESIOLOGY	152,361	4,039,394	0.037719			53	
54		RADIOLOGY-DIAGNOSTIC	1,869,433	36,641,443	0.051020			54	
54.01		MRI CENTER						54.01	
55		RADIOLOGY-THERAPEUTIC	138,610	4,688,496	0.029564			55	
56		RADIOISOTOPE	84,267	6,698,075	0.012581			56	
57		CT SCAN	474,572	28,227,899	0.016812			57	
58		MRI	1,739,075	7,299,813	0.238236			58	
59		CARDIAC CATHETERIZATION	836,505	50,535,202	0.016553			59	
60		LABORATORY	880,559	112,524,598	0.007825			60	
62.30		BLOOD CLOTTING FOR HEMOPHILIA						62.30	
65		RESPIRATORY THERAPY	242,719	14,555,762	0.016675			65	
66		PHYSICAL THERAPY	88,761	4,742,232	0.018717			66	
67		OCCUPATIONAL THERAPY	123,507	2,571,935	0.048021			67	
68		SPEECH PATHOLOGY	16,580	1,273,117	0.013023			68	
70		ELECTROENCEPHALOGRAPHY	21,462	342,579	0.062648			70	
71		MEDICAL SUPPLIES CHARGED TO P	18	110,582	0.000163			71	
72		IMPL. DEV. CHARGED TO PATIENT	339,940	15,939,142	0.021327			72	
73		DRUGS CHARGED TO PATIENTS	465,928	53,144,907	0.008767			73	
74		RENAL DIALYSIS	35,673	4,242,454	0.008409			74	
76		EMG	6,871	497,250	0.013818			76	
76.01		CARDIOVASCULAR LAB						76.01	
76.02		MERCY EYE CENTER	127,987	1,081,508	0.118341			76.02	
76.03		MERCY ENT	285					76.03	
76.04		WOUND CARE CENTER	20,320	534,920	0.037987			76.04	
76.05		CARDIAC REHAB						76.05	
76.06		PRE-BIRTH CENTER	30,930	3,104,851	0.009962			76.06	
76.07		SLEEP LAB	8,049	1,786,993	0.004504			76.07	
76.08		UROLOGY	3,945	24,350	0.162012			76.08	
76.09		ADDP OP	14,445	2,845,972	0.005076			76.09	
76.10		PSYCH PARTIAL HOSPITAL						76.10	
76.11		DIABETES TREATMENT	5,143	145,654	0.035310			76.11	
76.12		MENTAL HEALTH CENTER	88,803	1,187,905	0.074756			76.12	
76.13		VEIN CLINIC	1,359	167,782	0.008100			76.13	
76.97		CARDIAC REHABILITATION	30,013	1,038,670	0.028896			76.97	
76.98		HYPERBARIC OXYGEN THERAPY						76.98	
76.99		LITHOTRIPSY						76.99	
		OUTPATIENT SERVICE COST CENTERS							
90		CLINIC	314,092	8,022,032	0.039154			90	
90.01		MERCY CLINICS	887,355	2,157,269	0.411333			90.01	
90.02		MERCY CLINIC STATE ST						90.02	
90.03		MERCY CLINIC POLK ST						90.03	
91		EMERGENCY	414,579	47,509,847	0.008726			91	
92		OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		7,262,220	7,262,220			92	
94		HOME PROGRAM DIALYSIS						94	
200		TOTAL (SUM OF LINES 50-199)	12,867,361	483,090,776				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	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1				SCHOOL 2	HEALTH 3
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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 CLINICS						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	27,356,102						50
50.01 GI LAB	8,907,015						50.01
51 RECOVERY ROOM	3,825,817						51
52 DELIVERY ROOM & LABOR ROOM	18,056,989						52
53 ANESTHESIOLOGY	4,039,394						53
54 RADIOLOGY-DIAGNOSTIC	36,641,443						54
54.01 MRI CENTER							54.01
55 RADIOLOGY-THERAPEUTIC	4,688,496						55
56 RADIOISOTOPE	6,698,075						56
57 CT SCAN	28,227,899						57
58 MRI	7,299,813						58
59 CARDIAC CATHETERIZATION	50,535,202						59
60 LABORATORY	112,524,598						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	14,555,762						65
66 PHYSICAL THERAPY	4,742,232						66
67 OCCUPATIONAL THERAPY	2,571,935						67
68 SPEECH PATHOLOGY	1,273,117						68
70 ELECTROENCEPHALOGRAPHY	342,579						70
71 MEDICAL SUPPLIES CHARGED TO	110,582						71
72 IMPL. DEV. CHARGED TO PATIEN	15,939,142						72
73 DRUGS CHARGED TO PATIENTS	53,144,907						73
74 RENAL DIALYSIS	4,242,454						74
76 EMG	497,250						76
76.01 CARDIOVASCULAR LAB							76.01
76.02 MERCY EYE CENTER	1,081,508						76.02
76.03 MERCY ENT							76.03
76.04 WOUND CARE CENTER	534,920						76.04
76.05 CARDIAC REHAB							76.05
76.06 PRE-BIRTH CENTER	3,104,851						76.06
76.07 SLEEP LAB	1,786,993						76.07
76.08 UROLOGY	24,350						76.08
76.09 ADPP OP	2,845,972						76.09
76.10 PSYCH PARTIAL HOSPITAL							76.10
76.11 DIABETES TREATMENT	145,654						76.11
76.12 MENTAL HEALTH CENTER	1,187,905						76.12
76.13 VEIN CLINIC	167,782						76.13
76.97 CARDIAC REHABILITATION	1,038,670						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	8,022,032						90
90.01 MERCY CLINICS	2,157,269						90.01
90.02 MERCY CLINIC STATE ST							90.02
90.03 MERCY CLINIC POLK ST							90.03
91 EMERGENCY	47,509,847						91
92 OBSERVATION BEDS (NON-DISTIN	7,262,220						92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	483,090,776						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) 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	2,625,789	27,356,102	0.095985				50
50.01	GI LAB	320,427	8,907,015	0.035975				50.01
51	RECOVERY ROOM	64,375	3,825,817	0.016826				51
52	DELIVERY ROOM & LABOR ROOM	392,624	18,056,989	0.021744				52
53	ANESTHESIOLOGY	152,361	4,039,394	0.037719				53
54	RADIOLOGY-DIAGNOSTIC	1,869,433	36,641,443	0.051020				54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	138,610	4,688,496	0.029564				55
56	RADIOISOTOPE	84,267	6,698,075	0.012581				56
57	CT SCAN	474,572	28,227,899	0.016812				57
58	MRI	1,739,075	7,299,813	0.238236				58
59	CARDIAC CATHETERIZATION	836,505	50,535,202	0.016553				59
60	LABORATORY	880,559	112,524,598	0.007825				60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	242,719	14,555,762	0.016675				65
66	PHYSICAL THERAPY	88,761	4,742,232	0.018717				66
67	OCCUPATIONAL THERAPY	123,507	2,571,935	0.048021				67
68	SPEECH PATHOLOGY	16,580	1,273,117	0.013023				68
70	ELECTROENCEPHALOGRAPHY	21,462	342,579	0.062648				70
71	MEDICAL SUPPLIES CHARGED TO P	18	110,582	0.000163				71
72	IMPL. DEV. CHARGED TO PATIENT	339,940	15,939,142	0.021327				72
73	DRUGS CHARGED TO PATIENTS	465,928	53,144,907	0.008767				73
74	RENAL DIALYSIS	35,673	4,242,454	0.008409				74
76	EMG	6,871	497,250	0.013818				76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	127,987	1,081,508	0.118341				76.02
76.03	MERCY ENT	285						76.03
76.04	WOUND CARE CENTER	20,320	534,920	0.037987				76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	30,930	3,104,851	0.009962				76.06
76.07	SLEEP LAB	8,049	1,786,993	0.004504				76.07
76.08	UROLOGY	3,945	24,350	0.162012				76.08
76.09	ADDP OP	14,445	2,845,972	0.005076				76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	5,143	145,654	0.035310				76.11
76.12	MENTAL HEALTH CENTER	88,803	1,187,905	0.074756				76.12
76.13	VEIN CLINIC	1,359	167,782	0.008100				76.13
76.97	CARDIAC REHABILITATION	30,013	1,038,670	0.028896				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	314,092	8,022,032	0.039154				90
90.01	MERCY CLINICS	887,355	2,157,269	0.411333				90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	414,579	47,509,847	0.008726				91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		7,262,220	7,262,220				92
94	HOME PROGRAM DIALYSIS							94
200	TOTAL (SUM OF LINES 50-199)	12,867,361	483,090,776					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
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 CT SCAN						57
58 MRI						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 CHARGED TO P						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 CLINICS						90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
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 (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 12 13
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	27,356,102				50
50.01	GI LAB	8,907,015				50.01
51	RECOVERY ROOM	3,825,817				51
52	DELIVERY ROOM & LABOR ROOM	18,056,989				52
53	ANESTHESIOLOGY	4,039,394				53
54	RADIOLOGY-DIAGNOSTIC	36,641,443				54
54.01	MRI CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	4,688,496				55
56	RADIOISOTOPE	6,698,075				56
57	CT SCAN	28,227,899				57
58	MRI	7,299,813				58
59	CARDIAC CATHETERIZATION	50,535,202				59
60	LABORATORY	112,524,598				60
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	14,555,762				65
66	PHYSICAL THERAPY	4,742,232				66
67	OCCUPATIONAL THERAPY	2,571,935				67
68	SPEECH PATHOLOGY	1,273,117				68
70	ELECTROENCEPHALOGRAPHY	342,579				70
71	MEDICAL SUPPLIES CHARGED TO	110,582				71
72	IMPL. DEV. CHARGED TO PATIEN	15,939,142				72
73	DRUGS CHARGED TO PATIENTS	53,144,907				73
74	RENAL DIALYSIS	4,242,454				74
76	EMG	497,250				76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	1,081,508				76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	534,920				76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	3,104,851				76.06
76.07	SLEEP LAB	1,786,993				76.07
76.08	UROLOGY	24,350				76.08
76.09	ADDP OP	2,845,972				76.09
76.10	PSYCH PARTIAL HOSPITAL					76.10
76.11	DIABETES TREATMENT	145,654				76.11
76.12	MENTAL HEALTH CENTER	1,187,905				76.12
76.13	VEIN CLINIC	167,782				76.13
76.97	CARDIAC REHABILITATION	1,038,670				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	8,022,032				90
90.01	MERCY CLINICS	2,157,269				90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	EMERGENCY	47,509,847				91
92	OBSERVATION BEDS (NON-DISTIN	7,262,220				92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)	483,090,776				200

WORKSHEET D-1
 PART I

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)	47,324	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,324	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42,560	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)	18,737	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)	40,366,703	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	40,366,703	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	40,366,703	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)			852.99	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)			15,982,474	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)				40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)			15,982,474	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						
44						
44.01						
45						
46						
47						
48						
49						

PASS-THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				1,446,835	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)				1,813,942	51
52	TOTAL PROGRAM EXCLUDABLE COST				3,260,777	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)				39,507,293	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)				4,764	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)				852.99	88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)				4,063,644	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	2,812,652	40,366,703	0.069678	4,063,644	283,147 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)	5,613	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,613	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,613	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)	1,519	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)	5,149,599	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	5,149,599	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	5,149,599	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)	917.44 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,393,591 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)	1,393,591 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	237,450 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,631,041 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	104,902 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	12,147 51
52	TOTAL PROGRAM EXCLUDABLE COST	117,049 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,513,992 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 XVII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,408	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,408	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,408	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)	3,056	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)	3,760,213	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	3,760,213	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	3,760,213	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)	853.04 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,606,890 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,606,890 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,586,517 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,193,407 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	161,051 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	83,768 51
52	TOTAL PROGRAM EXCLUDABLE COST	244,819 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,948,588 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 XVII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	47,324	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	47,324	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42,560	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)	13,516	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)	3,839	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,947	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)	40,366,311	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	40,366,311	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	40,366,311	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) 852.98 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 11,528,878 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) 11,528,878 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)	1,732,223	3,839	451.22	2,947	1,329,745 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,928,239	4,253	1,629.02	1,064	1,733,277 43
44 CORONARY CARE UNIT	2,742,259	1,439	1,905.67	254	484,040 44
44.01 NURSERY INTENSIVE CARE CENTER	1,907,696	2,795	682.54	2,145	1,464,048 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)					16,539,988 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,079,919 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 1,079,919 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) 4,764 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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,613	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,613	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,613	4							
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5							
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6							
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7							
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8							
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,497	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)	5,149,599	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	5,149,599	27							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28							
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29							
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30							
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	5,149,599	37							

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	917.44 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,290,848 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,290,848 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,290,848 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	172,443 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	172,443 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 XVII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] 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)	4,408	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,408	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,408	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)	522	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)	3,760,213	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	3,760,213	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	3,760,213	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	853.04	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	445,287	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)	445,287	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	445,287	49
PASS-THROUGH COST ADJUSTMENTS			
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	27,509	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	27,509	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 XVII 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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		27,543,389		30
31 INTENSIVE CARE UNIT		4,461,895		31
32 CORONARY CARE UNIT		1,650,600		32
32.01 NURSERY INTENSIVE CARE CENTER				32.01
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.573465	4,023,183	2,307,155	50
50.01 GI LAB	0.227744	1,130,436	257,450	50.01
51 RECOVERY ROOM	0.353358	467,028	165,028	51
52 DELIVERY ROOM & LABOR ROOM	0.341776	63,174	21,591	52
53 ANESTHESIOLOGY	0.157737	609,681	96,169	53
54 RADIOLOGY-DIAGNOSTIC	0.253809	4,155,827	1,054,786	54
54.01 MRI CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.267524	144,250	38,590	55
56 RADIOISOTOPE	0.211252	690,438	145,856	56
57 CT SCAN	0.081731	5,329,856	435,614	57
58 MRI	0.229007	715,606	163,879	58
59 CARDIAC CATHETERIZATION	0.157678	15,092,124	2,379,696	59
60 LABORATORY	0.129780	21,850,922	2,835,813	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.199505	6,689,611	1,334,611	65
66 PHYSICAL THERAPY	0.439205	742,829	326,254	66
67 OCCUPATIONAL THERAPY	0.667614	152,898	102,077	67
68 SPEECH PATHOLOGY	0.433209	344,252	149,133	68
70 ELECTROENCEPHALOGRAPHY	0.454777	97,683	44,424	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.004684			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.611086	5,857,617	3,579,508	72
73 DRUGS CHARGED TO PATIENTS	0.402181	10,423,474	4,192,123	73
74 RENAL DIALYSIS	0.277122	2,440,299	676,261	74
76 EMG	0.170268	1,431	244	76
76.01 CARDIOVASCULAR LAB				76.01
76.02 MERCY EYE CENTER	0.776288	1,578	1,225	76.02
76.03 MERCY ENT				76.03
76.04 WOUND CARE CENTER	0.857534	6,820	5,848	76.04
76.05 CARDIAC REHAB				76.05
76.06 PRE-BIRTH CENTER	0.189989	3,582	681	76.06
76.07 SLEEP LAB	0.233133			76.07
76.08 UROLOGY	5.257166			76.08
76.09 ADDP OP	0.265228	1,662	441	76.09
76.10 PSYCH PARTIAL HOSPITAL				76.10
76.11 DIABETES TREATMENT	1.832205	164	300	76.11
76.12 MENTAL HEALTH CENTER	1.100158			76.12
76.13 VEIN CLINIC	0.521188	2,799	1,459	76.13
76.97 CARDIAC REHABILITATION	0.500831	4,740	2,374	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.726632			90
90.01 MERCY CLINICS	3.113790	1,609	5,010	90.01
90.02 MERCY CLINIC STATE ST				90.02
90.03 MERCY CLINIC POLK ST				90.03
91 EMERGENCY	0.213205	5,545,975	1,182,430	91
92 OBSERVATION BEDS (NON-DISTINCT	0.559559	488,597	273,399	92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		87,080,145	21,779,429	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		87,080,145		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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
32 CORONARY CARE UNIT				32
32.01 NURSERY INTENSIVE CARE CENTER				32.01
40 SUBPROVIDER - IPF		1,711,423		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.573465	2,942	1,687	50
50.01 GI LAB	0.227744			50.01
51 RECOVERY ROOM	0.353358	4,649	1,643	51
52 DELIVERY ROOM & LABOR ROOM	0.341776			52
53 ANESTHESIOLOGY	0.157737	3,454	545	53
54 RADIOLOGY-DIAGNOSTIC	0.253809	8,996	2,283	54
54.01 MRI CENTER				54.01
55 RADIOLOGY-THERAPEUTIC	0.267524			55
56 RADIOISOTOPE	0.211252	3,172	670	56
57 CT SCAN	0.081731	20,897	1,708	57
58 MRI	0.229007			58
59 CARDIAC CATHETERIZATION	0.157678	25,003	3,942	59
60 LABORATORY	0.129780	394,040	51,139	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.199505	10,492	2,093	65
66 PHYSICAL THERAPY	0.439205	2,406	1,057	66
67 OCCUPATIONAL THERAPY	0.667614	74,084	49,460	67
68 SPEECH PATHOLOGY	0.433209			68
70 ELECTROENCEPHALOGRAPHY	0.454777	524	238	70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.004684			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.611086			72
73 DRUGS CHARGED TO PATIENTS	0.402181	191,210	76,901	73
74 RENAL DIALYSIS	0.277122			74
76 EMG	0.170268			76
76.01 CARDIOVASCULAR LAB				76.01
76.02 MERCY EYE CENTER	0.776288			76.02
76.03 MERCY ENT				76.03
76.04 WOUND CARE CENTER	0.857534			76.04
76.05 CARDIAC REHAB				76.05
76.06 PRE-BIRTH CENTER	0.189989			76.06
76.07 SLEEP LAB	0.233133			76.07
76.08 UROLOGY	5.257166			76.08
76.09 ADDP OP	0.265228			76.09
76.10 PSYCH PARTIAL HOSPITAL				76.10
76.11 DIABETES TREATMENT	1.832205			76.11
76.12 MENTAL HEALTH CENTER	1.100158	635	699	76.12
76.13 VEIN CLINIC	0.521188			76.13
76.97 CARDIAC REHABILITATION	0.500831			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.726632			90
90.01 MERCY CLINICS	3.113790			90.01
90.02 MERCY CLINIC STATE ST				90.02
90.03 MERCY CLINIC POLK ST				90.03
91 EMERGENCY	0.213205	203,491	43,385	91
92 OBSERVATION BEDS (NON-DISTINCT	0.559559			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		945,995	237,450	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		945,995		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		INPATIENT		INPATIENT					
	TO CHARGES		PROGRAM CHARGES		PROGRAM COSTS					
	1		2		(COL.1 x COL.2)	3				
INPATIENT ROUTINE SERVICE COST CENTERS										
30						30				
31						31				
32						32				
32.01						32.01				
40						40				
41				3,570,086		41				
ANCILLARY SERVICE COST CENTERS										
50		0.573465		3,598	2,063	50				
50.01		0.227744				50.01				
51		0.353358		462	163	51				
52		0.341776				52				
53		0.157737		423	67	53				
54		0.253809		36,377	9,233	54				
54.01						54.01				
55		0.267524				55				
56		0.211252		8,105	1,712	56				
57		0.081731		62,919	5,142	57				
58		0.229007				58				
59		0.157678		76,976	12,137	59				
60		0.129780		401,022	52,045	60				
62.30						62.30				
65		0.199505		115,587	23,060	65				
66		0.439205		1,051,559	461,850	66				
67		0.667614		922,849	616,107	67				
68		0.433209		223,962	97,022	68				
70		0.454777		1,028	468	70				
71		0.004684		2,736	13	71				
72		0.611086				72				
73		0.402181		654,001	263,027	73				
74		0.277122		117,860	32,662	74				
76		0.170268		1,541	262	76				
76.01						76.01				
76.02		0.776288				76.02				
76.03						76.03				
76.04		0.857534		1,293	1,109	76.04				
76.05						76.05				
76.06		0.189989				76.06				
76.07		0.233133				76.07				
76.08		5.257166		1,363	7,166	76.08				
76.09		0.265228				76.09				
76.10						76.10				
76.11		1.832205				76.11				
76.12		1.100158				76.12				
76.13		0.521188				76.13				
76.97		0.500831				76.97				
76.98						76.98				
76.99						76.99				
OUTPATIENT SERVICE COST CENTERS										
90		0.726632				90				
90.01		3.113790				90.01				
90.02						90.02				
90.03						90.03				
91		0.213205		5,672	1,209	91				
92		0.559559				92				
OTHER REIMBURSABLE COST CENTERS										
94						94				
200				3,689,333	1,586,517	200				
201						201				
202				3,689,333		202				

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
32.01 NURSERY INTENSIVE CARE CENTER			32.01
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.573463		50
50.01 GI LAB	0.227744		50.01
51 RECOVERY ROOM	0.353358		51
52 DELIVERY ROOM & LABOR ROOM	0.341776		52
53 ANESTHESIOLOGY	0.157737		53
54 RADIOLOGY-DIAGNOSTIC	0.252829		54
54.01 MRI CENTER			54.01
55 RADIOLOGY-THERAPEUTIC	0.263667		55
56 RADIOISOTOPE	0.211128		56
57 CT SCAN	0.080964		57
58 MRI	0.229007		58
59 CARDIAC CATHETERIZATION	0.150857		59
60 LABORATORY	0.129780		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.199505		65
66 PHYSICAL THERAPY	0.439205		66
67 OCCUPATIONAL THERAPY	0.667614		67
68 SPEECH PATHOLOGY	0.433209		68
70 ELECTROENCEPHALOGRAPHY	0.454777		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.004684		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.611086		72
73 DRUGS CHARGED TO PATIENTS	0.402181		73
74 RENAL DIALYSIS	0.277122		74
76 EMG	0.170268		76
76.01 CARDIOVASCULAR LAB			76.01
76.02 MERCY EYE CENTER	0.776288		76.02
76.03 MERCY ENT			76.03
76.04 WOUND CARE CENTER	0.857534		76.04
76.05 CARDIAC REHAB			76.05
76.06 PRE-BIRTH CENTER	0.173266		76.06
76.07 SLEEP LAB	0.233133		76.07
76.08 UROLOGY	5.257166		76.08
76.09 ADPP OP	0.263194		76.09
76.10 PSYCH PARTIAL HOSPITAL			76.10
76.11 DIABETES TREATMENT	1.832205		76.11
76.12 MENTAL HEALTH CENTER	1.100158		76.12
76.13 VEIN CLINIC	0.283290		76.13
76.97 CARDIAC REHABILITATION	0.500831		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.724671		90
90.01 MERCY CLINICS	3.113790		90.01
90.02 MERCY CLINIC STATE ST			90.02
90.03 MERCY CLINIC POLK ST			90.03
91 EMERGENCY	0.209728		91
92 OBSERVATION BEDS (NON-DISTINCT	0.559559		92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
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 (14-S158) SNF S/B NF TEFRA
 BOXES TITLE XIX IRF NF ICF/MR OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
32.01 NURSERY INTENSIVE CARE CENTER			32.01
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.573463		50
50.01 GI LAB	0.227744		50.01
51 RECOVERY ROOM	0.353358		51
52 DELIVERY ROOM & LABOR ROOM	0.341776		52
53 ANESTHESIOLOGY	0.157737		53
54 RADIOLOGY-DIAGNOSTIC	0.252829		54
54.01 MRI CENTER			54.01
55 RADIOLOGY-THERAPEUTIC	0.263667		55
56 RADIOISOTOPE	0.211128		56
57 CT SCAN	0.080964		57
58 MRI	0.229007		58
59 CARDIAC CATHETERIZATION	0.150857		59
60 LABORATORY	0.129780		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.199505		65
66 PHYSICAL THERAPY	0.439205		66
67 OCCUPATIONAL THERAPY	0.667614		67
68 SPEECH PATHOLOGY	0.433209		68
70 ELECTROENCEPHALOGRAPHY	0.454777		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.004684		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.611086		72
73 DRUGS CHARGED TO PATIENTS	0.402181		73
74 RENAL DIALYSIS	0.277122		74
76 EMG	0.170268		76
76.01 CARDIOVASCULAR LAB			76.01
76.02 MERCY EYE CENTER	0.776288		76.02
76.03 MERCY ENT			76.03
76.04 WOUND CARE CENTER	0.857534		76.04
76.05 CARDIAC REHAB			76.05
76.06 PRE-BIRTH CENTER	0.173266		76.06
76.07 SLEEP LAB	0.233133		76.07
76.08 UROLOGY	5.257166		76.08
76.09 ADDP OP	0.263194		76.09
76.10 PSYCH PARTIAL HOSPITAL			76.10
76.11 DIABETES TREATMENT	1.832205		76.11
76.12 MENTAL HEALTH CENTER	1.100158		76.12
76.13 VEIN CLINIC	0.283290		76.13
76.97 CARDIAC REHABILITATION	0.500831		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.724671		90
90.01 MERCY CLINICS	3.113790		90.01
90.02 MERCY CLINIC STATE ST			90.02
90.03 MERCY CLINIC POLK ST			90.03
91 EMERGENCY	0.209728		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.559559		92
94 HOME PROGRAM DIALYSIS			94
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	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
32 CORONARY CARE UNIT			32
32.01 NURSERY INTENSIVE CARE CENTER			32.01
40 SUBPROVIDER - IPF			40
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.573463		50
50.01 GI LAB	0.227744		50.01
51 RECOVERY ROOM	0.353358		51
52 DELIVERY ROOM & LABOR ROOM	0.341776		52
53 ANESTHESIOLOGY	0.157737		53
54 RADIOLOGY-DIAGNOSTIC	0.252829		54
54.01 MRI CENTER			54.01
55 RADIOLOGY-THERAPEUTIC	0.263667		55
56 RADIOISOTOPE	0.211128		56
57 CT SCAN	0.080964		57
58 MRI	0.229007		58
59 CARDIAC CATHETERIZATION	0.150857		59
60 LABORATORY	0.129780		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	0.199505		65
66 PHYSICAL THERAPY	0.439205		66
67 OCCUPATIONAL THERAPY	0.667614		67
68 SPEECH PATHOLOGY	0.433209		68
70 ELECTROENCEPHALOGRAPHY	0.454777		70
71 MEDICAL SUPPLIES CHARGED TO PAT	0.004684		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.611086		72
73 DRUGS CHARGED TO PATIENTS	0.402181		73
74 RENAL DIALYSIS	0.277122		74
76 EMG	0.170268		76
76.01 CARDIOVASCULAR LAB			76.01
76.02 MERCY EYE CENTER	0.776288		76.02
76.03 MERCY ENT			76.03
76.04 WOUND CARE CENTER	0.857534		76.04
76.05 CARDIAC REHAB			76.05
76.06 PRE-BIRTH CENTER	0.173266		76.06
76.07 SLEEP LAB	0.233133		76.07
76.08 UROLOGY	5.257166		76.08
76.09 ADDP OP	0.263194		76.09
76.10 PSYCH PARTIAL HOSPITAL			76.10
76.11 DIABETES TREATMENT	1.832205		76.11
76.12 MENTAL HEALTH CENTER	1.100158		76.12
76.13 VEIN CLINIC	0.283290		76.13
76.97 CARDIAC REHABILITATION	0.500831		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	0.724671		90
90.01 MERCY CLINICS	3.113790		90.01
90.02 MERCY CLINIC STATE ST			90.02
90.03 MERCY CLINIC POLK ST			90.03
91 EMERGENCY	0.209728		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.559559		92
94 HOME PROGRAM DIALYSIS			94
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	35,769,670	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	184,151	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	4,057,164	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	220.04	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)	16.00	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)	103.01	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	101.38	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	5.00	11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	106.38	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	101.27	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	100.01	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	102.55	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	102.55	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.466052	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.469408	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.466052	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	9,010,702	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)	-1.63	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)	9,010,702	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1478	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.4049	31
32	SUM OF LINES 30 AND 31	0.5527	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.3481	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	12,451,422	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)	57,415,945	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)	57,415,945	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	3,856,063	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,458,325	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)	64,730,333	59
60	PRIMARY PAYER PAYMENTS	15,123	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	64,715,210	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,471,447	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	173,853	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,260,112	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,582,078	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,720,394	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	62,651,988	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
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	-66,281	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-269,606	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	62,316,101	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	311,581	71.01
72	INTERIM PAYMENTS	69,101,782	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	-7,097,262	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,042,618	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 (14-0158) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	18,416	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	18,107,498	2
3	PPS PAYMENTS	16,033,490	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	59,292	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		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)	18,416	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	47,215	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)	47,215	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)	47,215	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	28,799	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)	18,416	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)	16,092,782	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	204	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	3,604,927	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	12,506,067	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	1,290,275	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	13,796,342	30
31	PRIMARY PAYER PAYMENTS	2,067	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	13,794,275	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)	1,677,771	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,174,440	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,299,048	36
37	SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF	14,968,715	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	305	38
39	OTHER ADJUSTMENTS (FDO EFFECT)		39
40	SUBTOTAL (SEE INSTRUCTIONS)	14,968,410	40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	74,842	40.01
41	INTERIM PAYMENTS	14,861,109	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)	32,459	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	60,571	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 [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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		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 [XX] 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 (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (SEE INSTRUCTIONS)		40
40.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		40.01
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS)		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	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		70,771,751		14,742,140	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 05/17/2013	927,498	02/14/2013	107,315	3.01
	.02		05/17/2013	11,654	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 02/14/2013	2,597,467			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
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	-1,669,969		118,969	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)		69,101,782		14,861,109	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			107,301	6.01
	TO PROVIDER .02				6.02
	PROVIDER .02	-6,785,681			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		62,316,101		14,968,410	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	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,047,120		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	NONE	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	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
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99			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)		1,047,120		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	3,914		6.01
	TO PROVIDER .02			6.02
	PROVIDER .02			6.02
	TO PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,051,034		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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,186,395				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 02/14/2013	23,805		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		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
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)	.99	23,805				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)		5,210,200				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					6.01
	TO .02					6.02
	PROVIDER .02	-604,415				6.02
	PROGRAM .02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		4,605,785				7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ NPR DATE: _____ 8

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	13,094 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	21,592 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,435 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	51,047 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	578,187,438 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	18,754,861 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)	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	10
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	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)	1,256,079	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT	1,973	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD 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)	15.378082	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	1,258,052	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)	1,258,052	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	1,258,052	18
19	DEDUCTIBLES	150,393	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	1,107,659	20
21	COINSURANCE	56,625	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	1,051,034	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)	1,051,034	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)	1,051,034	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	5,255	31.01
32	INTERIM PAYMENTS	1,047,120	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	-1,341	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		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)	4,177,805	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.136000	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	472,510	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.076712	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	4,650,315	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (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)	4,650,315	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	4,650,315	19
20	DEDUCTIBLES	19,143	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,631,172	21
22	COINSURANCE	25,387	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,605,785	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)	4,605,785	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)	4,605,785	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	23,029	32.01
33	INTERIM PAYMENTS	5,210,200	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-627,444	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	16,539,988		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	16,539,988		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	16,539,988		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	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))	14,080,082		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 TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	2,290,848		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,290,848		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,290,848		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))	2,290,848		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 TITLE XIX IPF NF TEFRA
 BOXES: IRF (14-T158) ICF/MR 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	445,287		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	445,287		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	445,287		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))	445,287		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 42 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)	17.00		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 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)	105.01		5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)	103.38		6
7	ENTER THE LESSER OF LINE 5 OR LINE 6	103.38		7
			PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	67.22	33.39	100.61 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	67.22	33.39	100.61 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		5.00	10
11	TOTAL WEIGHTED FTE COUNT	67.22	38.39	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	62.92	35.85	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	68.38	31.11	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	66.17	35.12	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	66.17	35.12	17
18	PER RESIDENT AMOUNT	102,000.00	97,000.00	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	6,749,340	3,406,640	10,155,980 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)			10,155,980 25
COMPUTATION OF PROGRAM PATIENT LOAD			INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS	26,167	2,779	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	61,068	61,068	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.428490	0.045507	28
29	PROGRAM DIRECT GME AMOUNT	4,351,736	462,168	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		65,304	30
31	NET PROGRAM DIRECT GME AMOUNT			4,748,600 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)			4,242,454 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 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			48,592,518 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)			15,123 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			48,577,395 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			18,125,914 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			2,067 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			18,123,847 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			66,701,242 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.728283 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.271717 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,748,600 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,458,325 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,290,275 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 42 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 AND 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	OTHER	TOTAL
		1	2	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	
		PART A	CARE	
26	INPATIENT DAYS	19,998	2,008	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	61,068	61,068	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.327471	0.032881	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			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)			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 × 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 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 × 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	11,435,291			1
2 TEMPORARY INVESTMENTS	59,588,141			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	35,404,480			4
5 OTHER RECEIVABLES	369,285			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	2,739,471			7
8 PREPAID EXPENSES	1,034,417			8
9 OTHER CURRENT ASSETS	27,783,224			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	138,354,309			11
FIXED ASSETS				
12 LAND	26,173,000			12
13 LAND IMPROVEMENTS	1,740,104			13
14 ACCUMULATED DEPRECIATION	-589,239			14
15 BUILDINGS	118,454,475			15
16 ACCUMULATED DEPRECIATION	-5,241,174			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	39,728,532			23
24 ACCUMULATED DEPRECIATION	-8,575,033			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)	171,690,665			30
OTHER ASSETS				
31 INVESTMENTS	11,479,544			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	30,543,162			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	42,022,706			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	352,067,680			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	8,566,242			37
38 SALARIES, WAGES & FEES PAYABLE	22,571,072			38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	1,301,181			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	24,174,834			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	56,613,329			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE	61,253,939			46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	34,914,168			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	96,168,107			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	152,781,436			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	199,286,244			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)	199,286,244			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	352,067,680			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		195,340,873							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		3,945,371							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		199,286,244							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		199,286,244							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)		199,286,244							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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	62,878,790		62,878,790	1
2 SUBPROVIDER IPF	6,202,444		6,202,444	2
3 SUBPROVIDER IRF	5,216,831		5,216,831	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	74,298,065		74,298,065	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	9,627,507		9,627,507	11
12 CORONARY CARE UNIT	3,146,051		3,146,051	12
12.01 NURSERY INTENSIVE CARE CENTER	5,230,414		5,230,414	12.01
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	18,003,972		18,003,972	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	92,302,037		92,302,037	17
18 ANCILLARY SERVICES	214,772,202	269,055,766	483,827,968	18
19 OUTPATIENT SERVICES		41,926,773	41,926,773	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)	307,074,239	310,982,539	618,056,778	28

PART II - OPERATING EXPENSES

29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)	1	2	247,426,195	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)			247,426,195	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	618,056,778	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	380,643,822	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	237,412,956	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	247,426,195	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-10,013,239	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	497,000	6
7	INCOME FROM INVESTMENTS	123,891	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		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	60,000	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	974,826	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	1,208,722	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER RENT REVENIUE)	565,634	24
24.01	OTHER (CAPITATION REVENUE)	3,340,797	24.01
24.02	OTHER (D&T OPR LOSS)	3,341,105	24.02
24.03	OTHER (OTHER REVENUE)	450,092	24.03
24.04	OTHER (REFERRAL LAB)	191,058	24.04
24.05	OTHER (LAB REVENUE)	723,472	24.05
24.06	OTHER (GRANTS)	1,058,620	24.06
24.07	OTHER (D&T COST ALLOCATIONS)	492,615	24.07
24.08	OTHER (EXPENSE REIMBURSEMENT INTERNS RESID)	102,143	24.08
24.09	OTHER (ENT REIMB)	296,009	24.09
24.10	OTHER (MRI EXP REIMB)	146,912	24.10
24.11	OTHER (MISC INCOME HUMAN RESOURCES)	106,818	24.11
24.12	OTHER (OTHER REVENUE PHYSICIANS OFFICES)	278,896	24.12
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	13,958,610	25
26	TOTAL (LINE 5 PLUS LINE 25)	3,945,371	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)	3,945,371	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	2,856,316	1
2	CAPITAL DRG OUTLIER PAYMENTS	4,892	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	139.85	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	102.55	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.2299	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	656,667	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1478	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)	0.4049	8
9	SUM OF LINES 7 AND 8	0.5527	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1184	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	338,188	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	3,856,063	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 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
32.01 NURSERY INTENSIVE CARE CENTER					32.01
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 GI LAB					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 MRI CENTER					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					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 CLINICS					90.01
90.02 MERCY CLINIC STATE ST					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)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						92
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP						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	39.59		28.56				68.15 30
31 INTENSIVE CARE UNIT	48.08		25.02				73.10 31
32 CORONARY CARE UNIT	56.29		17.65				73.94 32
32.01 NURSERY INTENSIVE CARE CENTER			76.74				76.74 32.01
43 NURSERY			76.76				76.76 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	14.71	11.63					26.34 50
50.01 GI LAB	12.69	26.31					39.00 50.01
51 RECOVERY ROOM	12.21	17.92					30.13 51
52 DELIVERY ROOM & LABOR ROOM	0.35	0.01					0.36 52
53 ANESTHESIOLOGY	15.09	9.37					24.46 53
54 RADIOLOGY-DIAGNOSTIC	11.34	12.83					24.17 54
55 RADIOLOGY-THERAPEUTIC	3.08	37.78					40.86 55
56 RADIOISOTOPE	10.31	29.04					39.35 56
57 CT SCAN	18.88	20.49					39.37 57
58 MRI	9.80	20.13					29.93 58
59 CARDIAC CATHETERIZATION	29.86	20.82					50.68 59
60 LABORATORY	19.42	1.15					20.57 60
65 RESPIRATORY THERAPY	45.96	4.07					50.03 65
66 PHYSICAL THERAPY	15.66						15.66 66
67 OCCUPATIONAL THERAPY	5.94	1.46					7.40 67
68 SPEECH PATHOLOGY	27.04						27.04 68
70 ELECTROENCEPHALOGRAPHY	28.51	15.08					43.59 70
71 MEDICAL SUPPLIES CHARGED TO PAT		10.64					10.64 71
72 IMPL. DEV. CHARGED TO PATIENTS	36.75	13.59					50.34 72
73 DRUGS CHARGED TO PATIENTS	19.61	19.78					39.39 73
74 RENAL DIALYSIS	57.52	3.56					61.08 74
76 EMG	0.29	28.51					28.80 76
76.02 MERCY EYE CENTER	0.15	56.60					56.75 76.02
76.04 WOUND CARE CENTER	1.27	50.31					51.58 76.04
76.06 PRE-BIRTH CENTER	0.12	0.48					0.60 76.06
76.07 SLEEP LAB		28.77					28.77 76.07
76.08 UROLOGY		11.77					11.77 76.08
76.09 ADDP OP	0.06	24.14					24.20 76.09
76.11 DIABETES TREATMENT	0.11	28.95					29.06 76.11
76.12 MENTAL HEALTH CENTER		31.13					31.13 76.12
76.13 VEIN CLINIC	1.67	40.96					42.63 76.13
76.97 CARDIAC REHABILITATION	0.46	48.80					49.26 76.97
90 CLINIC		3.79					3.79 90
90.01 MERCY CLINICS	0.07	7.43					7.50 90.01
91 EMERGENCY	11.67	11.79					23.46 91
92 OBSERVATION BEDS (NON-DISTINCT	6.73	33.94					40.67 92
200 TOTAL CHARGES	18.03	12.29					30.32 200

***** 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	27.06		44.49				71.55 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
51 RECOVERY ROOM	0.12						0.12 51
53 ANESTHESIOLOGY	0.09						0.09 53
54 RADIOLOGY-DIAGNOSTIC	0.02						0.02 54
56 RADIOISOTOPE	0.05						0.05 56
57 CT SCAN	0.07						0.07 57
59 CARDIAC CATHETERIZATION	0.05						0.05 59
60 LABORATORY	0.35						0.35 60
65 RESPIRATORY THERAPY	0.07						0.07 65
66 PHYSICAL THERAPY	0.05						0.05 66
67 OCCUPATIONAL THERAPY	2.88						2.88 67
70 ELECTROENCEPHALOGRAPHY	0.15						0.15 70
73 DRUGS CHARGED TO PATIENTS	0.36						0.36 73
76.12 MENTAL HEALTH CENTER	0.05						0.05 76.12
91 EMERGENCY	0.43						0.43 91
200 TOTAL CHARGES	0.20						0.20 200

***** 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	69.33		11.84				81.17 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.01						0.01 50
51 RECOVERY ROOM	0.01						0.01 51
53 ANESTHESIOLOGY	0.01						0.01 53
54 RADIOLOGY-DIAGNOSTIC	0.10						0.10 54
56 RADIOISOTOPE	0.12						0.12 56
57 CT SCAN	0.22						0.22 57
59 CARDIAC CATHETERIZATION	0.15						0.15 59
60 LABORATORY	0.36						0.36 60
65 RESPIRATORY THERAPY	0.79						0.79 65
66 PHYSICAL THERAPY	22.17						22.17 66
67 OCCUPATIONAL THERAPY	35.88						35.88 67
68 SPEECH PATHOLOGY	17.59						17.59 68
70 ELECTROENCEPHALOGRAPHY	0.30						0.30 70
71 MEDICAL SUPPLIES CHARGED TO PAT	2.47						2.47 71
73 DRUGS CHARGED TO PATIENTS	1.23						1.23 73
74 RENAL DIALYSIS	2.78						2.78 74
76 EMG	0.31						0.31 76
76.04 WOUND CARE CENTER	0.24						0.24 76.04
76.08 UROLOGY	5.60						5.60 76.08
91 EMERGENCY	0.01						0.01 91
200 TOTAL CHARGES	0.76						0.76 200

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	5,977,467	2.65	-5,977,467	-4.92		1
2	CAP REL COSTS-MVBLE EQUIP	7,307,777	3.24	-7,307,777	-6.01		2
3	OTHER CAP REL COSTS						3
4	EMPLOYEE BENEFITS DEPARTMENT	24,015,750	10.65	-24,015,750	-19.75		4
5	ADMINISTRATIVE & GENERAL	36,666,412	16.26	-36,666,412	-30.16		5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	10,747,501	4.77	-10,747,501	-8.84		7
8	LAUNDRY & LINEN SERVICE	752,368	0.33	-752,368	-0.62		8
9	HOUSEKEEPING	3,447,311	1.53	-3,447,311	-2.84		9
10	DIETARY	1,833,620	0.81	-1,833,620	-1.51		10
11	CAFETERIA	1,053,269	0.47	-1,053,269	-0.87		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,665,393	0.74	-1,665,393	-1.37		13
14	CENTRAL SERVICES & SUPPLY	997,695	0.44	-997,695	-0.82		14
15	PHARMACY	16,780,191	7.44	-16,780,191	-13.80		15
16	MEDICAL RECORDS & LIBRARY	1,641,663	0.73	-1,641,663	-1.35		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES A	4,078,667	1.81	-4,078,667	-3.35		21
22	I&R SERVICES-OTHER PRGM COSTS A	4,610,211	2.04	-4,610,211	-3.79		22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	18,392,240	8.16	29,855,695	24.56	48,247,935	21.40
31	INTENSIVE CARE UNIT	3,834,291	1.70	3,622,390	2.98	7,456,681	3.31
32	CORONARY CARE UNIT	1,457,101	0.65	1,484,050	1.22	2,941,151	1.30
32.01	NURSERY INTENSIVE CARE CENTER	1,198,089	0.53	1,098,680	0.90	2,296,769	1.02
40	SUBPROVIDER - IPF	1,930,293	0.86	3,219,306	2.65	5,149,599	2.28
41	SUBPROVIDER - IRF	1,979,872	0.88	1,957,456	1.61	3,937,328	1.75
43	NURSERY	891,635	0.40	840,588	0.69	1,732,223	0.77
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,444,730	3.75	8,404,403	6.91	16,849,133	7.47
50.01	GI LAB	1,289,532	0.57	738,987	0.61	2,028,519	0.90
51	RECOVERY ROOM	716,240	0.32	635,642	0.52	1,351,882	0.60
52	DELIVERY ROOM & LABOR ROOM	3,232,822	1.43	2,938,629	2.42	6,171,451	2.74
53	ANESTHESIOLOGY	296,695	0.13	340,467	0.28	637,162	0.28
54	RADIOLOGY-DIAGNOSTIC	3,797,820	1.68	7,244,600	5.96	11,042,420	4.90
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	579,298	0.26	656,904	0.54	1,236,202	0.55
56	RADIOISOTOPE	869,187	0.39	544,964	0.45	1,414,151	0.63
57	CT SCAN	1,253,379	0.56	1,032,053	0.85	2,285,432	1.01
58	MRI	963,713	0.43	707,994	0.58	1,671,707	0.74
59	CARDIAC CATHETERIZATION	3,571,229	1.58	4,052,344	3.33	7,623,573	3.38
60	LABORATORY	8,738,835	3.88	5,864,618	4.82	14,603,453	6.48
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	1,550,399	0.69	1,353,547	1.11	2,903,946	1.29
66	PHYSICAL THERAPY	1,241,445	0.55	841,366	0.69	2,082,811	0.92
67	OCCUPATIONAL THERAPY	829,522	0.37	887,538	0.73	1,717,060	0.76
68	SPEECH PATHOLOGY	320,228	0.14	231,298	0.19	551,526	0.24
70	ELECTROENCEPHALOGRAPHY	44,333	0.02	111,464	0.09	155,797	0.07
71	MEDICAL SUPPLIES CHARGED TO PAT			518		518	71
72	IMPL. DEV. CHARGED TO PATIENTS	7,210,296	3.20	2,529,897	2.08	9,740,193	4.32
73	DRUGS CHARGED TO PATIENTS			21,373,865	17.58	21,373,865	9.48
74	RENAL DIALYSIS	874,782	0.39	300,894	0.25	1,175,676	0.52
76	EMG	43,913	0.02	40,753	0.03	84,666	0.04
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	199,218	0.09	640,344	0.53	839,562	0.37
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	251,501	0.11	207,211	0.17	458,712	0.20
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	327,329	0.15	210,635	0.17	537,964	0.24
76.07	SLEEP LAB	328,035	0.15	88,572	0.07	416,607	0.18
76.08	UROLOGY	79,510	0.04	48,502	0.04	128,012	0.06
76.09	ADDP OP	584,057	0.26	164,987	0.14	749,044	0.33
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	181,136	0.08	85,732	0.07	266,868	0.12
76.12	MENTAL HEALTH CENTER	625,238	0.28	681,645	0.56	1,306,883	0.58
76.13	VEIN CLINIC	35,724	0.02	11,807	0.01	47,531	0.02
76.97	CARDIAC REHABILITATION	280,933	0.12	239,265	0.20	520,198	0.23
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
90	CLINIC	2,840,153	1.26	2,973,177	2.45	5,813,330	2.58
90.01	MERCY CLINICS	5,282,205	2.34	1,435,078	1.18	6,717,283	2.98
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	5,624,313	2.49	6,022,442	4.95	11,646,755	5.17

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							92
94 HOME PROGRAM DIALYSIS OUTPATIENT SERVICE COST CENTERS							94
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 NONREIMBURSABLE COST CENTERS							99.40
190 GIFT, FLOWER, COFFEE SHOP & CAN			51,080	0.04	51,080	0.02	190
191 RESEARCH	487,867	0.22	130,193	0.11	618,060	0.27	191
192 PHYSICIANS' PRIVATE OFFICES	10,624,235	4.71	3,963,488	3.26	14,587,723	6.47	192
192.01 DNBAR CLINIC	183,743	0.08	63,954	0.05	247,697	0.11	192.01
192.02 PHILLIPS HEALTH	104,123	0.05	45,883	0.04	150,006	0.07	192.02
192.03 OTHER HOME HEALTH							192.03
192.04 VITAS HOSPICE			981,707	0.81	981,707	0.44	192.04
192.05 DOCTORS OFFICE	317,587	0.14	524,229	0.43	841,816	0.37	192.05
194 OTHER NONREIMBURSABLE COST CENT							194
194.01 SENIOR FRIENDS							194.01
194.02 OTHER NONREIMBURSABLE COST CENT			94,454	0.08	94,454	0.04	194.02
194.03 OTHER NONREIMBURSABLE COST CENT							194.03
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL	225,484,121	100.00			225,484,121	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	2,625,789	27,356,102	0.095985	4,023,183	386,165	50
50.01 GI LAB	320,427	8,907,015	0.035975	1,130,436	40,667	50.01
51 RECOVERY ROOM	64,375	3,825,817	0.016826	467,028	7,858	51
52 DELIVERY ROOM & LABOR ROOM	392,624	18,056,989	0.021744	63,174	1,374	52
53 ANESTHESIOLOGY	152,361	4,039,394	0.037719	609,681	22,997	53
54 RADIOLOGY-DIAGNOSTIC	1,869,433	36,641,443	0.051020	4,155,827	212,030	54
54.01 MRI CENTER						54.01
55 RADIOLOGY-THERAPEUTIC	138,610	4,688,496	0.029564	144,250	4,265	55
56 RADIOISOTOPE	84,267	6,698,075	0.012581	690,438	8,686	56
57 CT SCAN	474,572	28,227,899	0.016812	5,329,856	89,606	57
58 MRI	1,739,075	7,299,813	0.238236	715,606	170,483	58
59 CARDIAC CATHETERIZATION	836,505	50,535,202	0.016553	15,092,124	249,820	59
60 LABORATORY	880,559	112,524,598	0.007825	21,850,922	170,983	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	242,719	14,555,762	0.016675	6,689,611	111,549	65
66 PHYSICAL THERAPY	88,761	4,742,232	0.018717	742,829	13,904	66
67 OCCUPATIONAL THERAPY	123,507	2,571,935	0.048021	152,898	7,342	67
68 SPEECH PATHOLOGY	16,580	1,273,117	0.013023	344,252	4,483	68
70 ELECTROENCEPHALOGRAPHY	21,462	342,579	0.062648	97,683	6,120	70
71 MEDICAL SUPPLIES CHARGED TO PAT	18	110,582	0.000163			71
72 IMPL. DEV. CHARGED TO PATIENTS	339,940	15,939,142	0.021327	5,857,617	124,925	72
73 DRUGS CHARGED TO PATIENTS	465,928	53,144,907	0.008767	10,423,474	91,383	73
74 RENAL DIALYSIS	35,673	4,242,454	0.008409	2,440,299	20,520	74
76 EMG	6,871	497,250	0.013818	1,431	20	76
76.01 CARDIOVASCULAR LAB						76.01
76.02 MERCY EYE CENTER	127,987	1,081,508	0.118341	1,578	187	76.02
76.03 MERCY ENT	285					76.03
76.04 WOUND CARE CENTER	20,320	534,920	0.037987	6,820	259	76.04
76.05 CARDIAC REHAB						76.05
76.06 PRE-BIRTH CENTER	30,930	3,104,851	0.009962	3,582	36	76.06
76.07 SLEEP LAB	8,049	1,786,993	0.004504			76.07
76.08 UROLOGY	3,945	24,350	0.162012			76.08
76.09 ADPP OP	14,445	2,845,972	0.005076	1,662	8	76.09
76.10 PSYCH PARTIAL HOSPITAL						76.10
76.11 DIABETES TREATMENT	5,143	145,654	0.035310	164	6	76.11
76.12 MENTAL HEALTH CENTER	88,803	1,187,905	0.074756			76.12
76.13 VEIN CLINIC	1,359	167,782	0.008100	2,799	23	76.13
76.97 CARDIAC REHABILITATION	30,013	1,038,670	0.028896	4,740	137	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	314,092	8,022,032	0.039154			90
90.01 MERCY CLINICS	887,355	2,157,269	0.411333	1,609	662	90.01
90.02 MERCY CLINIC STATE ST						90.02
90.03 MERCY CLINIC POLK ST						90.03
91 EMERGENCY	414,579	47,509,847	0.008726	5,545,975	48,394	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	283,147	7,262,220	0.038989	488,597	19,050	92
94 HOME PROGRAM DIALYSIS						94
200 TOTAL	13,150,508	483,090,776		87,080,145	1,813,942	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	2,812,652		2,812,652	47,324	59.43	18,737	1,113,540	30
31 INTENSIVE CARE UNIT	452,082		452,082	4,253	106.30	2,045	217,384	31
32 CORONARY CARE UNIT	205,925		205,925	1,439	143.10	810	115,911	32
32.01 NURSERY INTENSIVE CARE CENTER	41,105		41,105	2,795	14.71			32.01
200 TOTAL	3,511,764		3,511,764	55,811		21,592	1,446,835	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1,446,835

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1,813,942

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3,260,777

MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) 4,406

MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) 21,592

PER DISCHARGE CAPITAL COSTS 740.08

PER DIEM CAPITAL COSTS 151.02

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	39,507,293
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	120,736,029
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.327

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))	4,193,407
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 41 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2)	7,259,419
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.578

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 40 + WKST D PART IV COL 11 LINE 200))	1,631,041
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	2,657,418
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.614

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)	3,260,777
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.027

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)	18,040,577
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)	59,118,364
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.305

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19