

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MERCY MEDICAL CENTER (16-0080) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	1397207	249516	1
2	SUBPROVIDER I	2243		2
2.01	SUBPROVIDER II	8950		2.01
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	1408400	249516	100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1410 N. FOURTH ST. P.O. BOX: 1
 1.01 CITY: CLINTON STATE: IA ZIP CODE: 52732 COUNTY: CLINTON 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	MERCY MEDICAL CENTER	16-0080	07/01/1966	N	P	O	2
3	SUBPROVIDER I	MERCY MEDICAL CENTER-PSYCH	16-S080	07/01/1991	N	P	N	3
3.01	SUBPROVIDER II	MERCY MEDICAL CENTER-REHAB	16-T080	07/01/2006	N	P	N	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	MERCY MEDICAL CENTER-SNF	16-5119	04/01/1983	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	MERCY HOMECARE AND HOSPICE	16-7154	07/01/1998	N	O	O	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	MERCY HOSPICE	16-1527	07/01/1998				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	MERCY RENAL DIALYSIS	16-2313	07/01/1991				16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I			4				20
20.01	SUBPROVIDER II			5				20.01

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			2		N	16	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			2				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			2				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.							21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	YES			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			NO				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO							25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO							25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO							25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO							25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO							25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO		NO					25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)								25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	1							26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: 07/01/2009 ENDING: 06/30/2010								26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:								26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO							27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO							28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	0.8804	0.8624					28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	2	9916	99916					28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>									
28.03	STAFFING	19.00	NO						28.03
28.04	RECRUITMENT	0.00	NO						28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO						28.05
28.06	TRAINING	0.01	NO						28.06
28.07	OTHER (SPECIFY)		NO						28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO							29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO							30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.								30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?								30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)								30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.								30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO							31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO							31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO							31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	NO	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	902022		40
40.01	NAME: TRINITY HEALTH			FI/CONTRACTOR'S NUMBER: 902022	40.01
40.02	STREET: 34605 W. TWELVE MILE RD			P.O. BOX:	40.02
40.03	CITY: FARMINGTON HILLS			STATE: MI ZIP CODE: 48331	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

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

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 121259 PAID LOSSES: 8018 AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO				60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	10/08/2010			63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2596	971	5340	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2596	971	5340	12
13	RPCH VISITS					13
14	SUBPROVIDER I		104	194	521	14
14.01	ACUTE REHAB UNIT		51	2	80	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
26.01	OBSERVATION BED DAYS-Sub I					26.01
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	35114551		35114551	1505380.80	23.33		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	2052404		2052404	121849.26	16.84		8
8.01	EXCLUDED AREA SALARIES	6251376		6251376	141623.85	44.14		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1799743		1799743	18667.71	96.41		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	409653		409653	3418.00	119.85		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	3429660		3429660	76611.80	44.77		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	8097639		8097639			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1753840		1753840			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	501978		501978	34766.06	14.44		21
22	ADMINISTRATIVE & GENERAL	5042909		5042909	134326.57	37.54		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	381750		381750	21857.15	17.47		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	80670		80670	7215.64	11.18		25
26	HOUSEKEEPING	541138		541138	45373.94	11.93		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1185328		1185328	83066.93	14.27		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	941912		941912	34972.19	26.93		30
31	CENTRAL SERVICES AND SUPPLY	117686		117686	8745.52	13.46		31
32	PHARMACY							32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	928827		928827	47443.93	19.58		33
34	SOCIAL SERVICE	401269		401269	15135.45	26.51		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
1		1	2	3	4	5		
1	NET SALARIES	35114551		35114551	1505380.80	23.33		1
2	EXCLUDED AREA SALARIES	8303780		8303780	263473.11	31.52		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	26810771		26810771	1241907.69	21.59		3
4	SUBTOTAL OTHER WAGES & REL COSTS	5639056		5639056	98697.51	57.13		4
5	SUBTOTAL WAGE-RELATED COSTS	8097639		8097639		30.20%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	40547466		40547466	1340605.20	30.25		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	10123467		10123467	432903.38	23.39		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 16-2313

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						63	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						4.50	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						312	5
6	NUMBER OF STATIONS						13	6
7	TREATMENT CAPACITY PER DAY PER STATION						3	7
8	UTILIZATION							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		25						1
2	RUB		136						2
3	RUA		76						3
3.01	RUX		16						3.01
3.02	RUL		393						3.02
4	RVC		80						4
5	RVB		324						5
6	RVA		246						6
6.01	RVX		207						6.01
6.02	RVL		1051						6.02
7	RHC		135						7
8	RHB		94						8
9	RHA		56						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		44						10
11	RMB		90						11
12	RMA		8						12
12.01	RMX		568						12.01
12.02	RML		864						12.02
13	RLB								13
14	RLA								14
15	SE3		11						15
16	SE2		74						16
17	SE1		24						17
18	SSC		3						18
19	SSB								19
20	SSA		21						20
21	CC2								21
22	CC1		1						22
23	CB2								23
24	CB1		1						24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1		2						44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		4550						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	5920081 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	55270 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	5975351 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	164781 23
24	COST TO CHARGE RATIO	0.390378 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	64327 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	22291782 28
29	TOTAL GROSS MEDICAID COST	8702221 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	10761929 30
31	UNCOMPENSATED CARE COST	4201220 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8766548 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	8
98	9800		1734	1734		1734		1734	98
100	7950								100
100.01	7951								100.01
100.02	7952								100.02
100.03	7953								100.03
100.04	7954								100.04
100.05	7955	379741	250764	630505	-24007	606498		606498	100.05
100.09	7959	797237	333706	1130943	-129	1130814		1130814	100.09
100.11	7961	23111	31779	54890	-1222	53668		53668	100.11
100.12	7962								100.12
100.13	7963	6688	3614	10302	-1018	9284		9284	100.13
100.16	7966	10050	9037	19087	-696	18391		18391	100.16
101	TOTAL	1886950	1072410	2959360	-16053	2943307		2943307	101
		35114551	53858814	88973365		88973365	-6193743	82779622	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
1 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	LAUNDRY & LINEN SERVICE	9		322430	1
2 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					2
3 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					3
4 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					4
5 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					5
6 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					6
7 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					7
8 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					8
9 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					9
10 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					10
11 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					11
12 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					12
13 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					13
14 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					14
15 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					15
16 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					16
17 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					17
18 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					18
19 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					19
20 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A					20
21						21
22 BUILDING DEPRECIATION RECLASS	B	NEW CAP SOUTH 1970 BUILDING	3.01		334401	22
23 BUILDING DEPRECIATION RECLASS	B	NEW CAP BLUFF BUILDING	3.02		70568	23
24 BUILDING DEPRECIATION RECLASS	B	NEW CAP REL COSTS-RAD ONCOLOG	3.03		307311	24
25						25
26 WYNDCREST BLDG&FIXT DEPREC	C	WYNDREST NURSING HOME	100.16		141536	26
27						27
28 DIETARY EXPENSE ACCRUAL REVERSAL REC	D	DIETARY	11		141702	28
29 DIETARY EXPENSE ACCRUAL REVERSAL REC	D	WYNDREST NURSING HOME	100.16		226	29
30 DIETARY EXPENSE ACCRUAL REVERSAL REC	D					30
31 DIETARY EXPENSE ACCRUAL REVERSAL REC	D					31
32 DIETARY EXPENSE ACCRUAL REVERSAL REC	D					32
33 DIETARY EXPENSE ACCRUAL REVERSAL REC	D					33
34 DIETARY EXPENSE ACCRUAL REVERSAL REC	D					34
35 DIETARY EXPENSE ACCRUAL REVERSAL REC	D					35
36 SUBTOTAL					1318174	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	Wkst A-7 REF.
		1	6	7	8	9	10
1	LAUNDRY EXPENSE ACCRUAL REVERSAL	A					1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	HOUSEKEEPING	10		17	2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	DIETARY	11		25	3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	CENTRAL SERVICES & SUPPLY	15		7744	4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	ADULTS & PEDIATRICS	25		86489	5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	INTENSIVE CARE UNIT	26		15411	6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	SUBPROVIDER I	31		6579	7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	ACUTE REHAB UNIT	31.01		15	8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	NURSERY	33		1809	9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	SKILLED NURSING FACILITY	34		69280	10
11	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	OPERATING ROOM	37		26340	11
12	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	DELIVERY ROOM & LABOR ROOM	39		6471	12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	RADIOLOGY-DIAGNOSTIC	41		17197	13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	LABORATORY	44		194	14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	RESPIRATORY THERAPY	49		74	15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	PHYSICAL THERAPY	50		1672	16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	RENAL DIALYSIS	57		2684	17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	SPECIAL PROCEDURES	59		2027	18
19	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	EMERGENCY	61		30236	19
20	LAUNDRY EXPENSE ACCRUAL REVERSAL	A	WYNDREST NURSING HOME	100.16		48166	20
21							21
22	BUILDING DEPRECIATION RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		334401	9 22
23	BUILDING DEPRECIATION RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		70568	9 23
24	BUILDING DEPRECIATION RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		307311	9 24
25							25
26	WYNDCREST BLDG&FIXT DEPREC	C	NEW CAP REL COSTS-BLDG & FIXT	3		141536	9 26
27							27
28	DIETARY EXPENSE ACCRUAL REVERSAL	D					28
29	DIETARY EXPENSE ACCRUAL REVERSAL	D					29
30	DIETARY EXPENSE ACCRUAL REVERSAL	D	EMPLOYEE BENEFITS	5		17332	30
31	DIETARY EXPENSE ACCRUAL REVERSAL	D	OTHER ADMINISTRATIVE AND GENE	6.06		42099	31
32	DIETARY EXPENSE ACCRUAL REVERSAL	D	NURSING ADMINISTRATION	14		749	32
33	DIETARY EXPENSE ACCRUAL REVERSAL	D	MEDICAL RECORDS & LIBRARY	17		23	33
34	DIETARY EXPENSE ACCRUAL REVERSAL	D	SOCIAL SERVICE	18		318	34
35	DIETARY EXPENSE ACCRUAL REVERSAL	D	ADULTS & PEDIATRICS	25		40152	35
36	SUBTOTAL					1276919	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				1
2 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				2
3 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				3
4 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				4
5 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				5
6 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				6
7 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				7
8 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				8
9 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				9
10 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				10
11 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				11
12 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				12
13 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				13
14 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				14
15 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				15
16 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				16
17 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				17
18					18
19 PRINTING TRANSFER EXP ACCRUAL REVERS	E	PURCHASING, RECEIVING AND STO	6.03		6012 19
20 PRINTING TRANSFER EXP ACCRUAL REVERS	E	OTHER ADMINISTRATIVE AND GENE	6.06		1701 20
21 PRINTING TRANSFER EXP ACCRUAL REVERS	E				21
22 PRINTING TRANSFER EXP ACCRUAL REVERS	E				22
23 PRINTING TRANSFER EXP ACCRUAL REVERS	E				23
24 PRINTING TRANSFER EXP ACCRUAL REVERS	E				24
25 PRINTING TRANSFER EXP ACCRUAL REVERS	E				25
26 PRINTING TRANSFER EXP ACCRUAL REVERS	E				26
27 PRINTING TRANSFER EXP ACCRUAL REVERS	E				27
28 PRINTING TRANSFER EXP ACCRUAL REVERS	E				28
29 PRINTING TRANSFER EXP ACCRUAL REVERS	E				29
30 PRINTING TRANSFER EXP ACCRUAL REVERS	E				30
31 PRINTING TRANSFER EXP ACCRUAL REVERS	E				31
32 PRINTING TRANSFER EXP ACCRUAL REVERS	E				32
33 PRINTING TRANSFER EXP ACCRUAL REVERS	E				33
34 PRINTING TRANSFER EXP ACCRUAL REVERS	E				34
35 PRINTING TRANSFER EXP ACCRUAL REVERS	E				35
36 SUBTOTAL					1325887 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	Wkst A-7 REF.
		1	6	7	8	9	10
1	DIETARY EXPENSE ACCRUAL REVERSAL	D	INTENSIVE CARE UNIT	26		8709	1
2	DIETARY EXPENSE ACCRUAL REVERSAL	D	SUBPROVIDER I	31		9901	2
3	DIETARY EXPENSE ACCRUAL REVERSAL	D	ACUTE REHAB UNIT	31.01		1490	3
4	DIETARY EXPENSE ACCRUAL REVERSAL	D	SKILLED NURSING FACILITY	34		12980	4
5	DIETARY EXPENSE ACCRUAL REVERSAL	D	OPERATING ROOM	37		1137	5
6	DIETARY EXPENSE ACCRUAL REVERSAL	D	RADIOLOGY-DIAGNOSTIC	41		472	6
7	DIETARY EXPENSE ACCRUAL REVERSAL	D	RESPIRATORY THERAPY	49		15	7
8	DIETARY EXPENSE ACCRUAL REVERSAL	D	PHYSICAL THERAPY	50		39	8
9	DIETARY EXPENSE ACCRUAL REVERSAL	D	ELECTROCARDIOLOGY	53		489	9
10	DIETARY EXPENSE ACCRUAL REVERSAL	D	RENAL DIALYSIS	57		134	10
11	DIETARY EXPENSE ACCRUAL REVERSAL	D	SPECIAL PROCEDURES	59		71	11
12	DIETARY EXPENSE ACCRUAL REVERSAL	D	EMERGENCY	61		4223	12
13	DIETARY EXPENSE ACCRUAL REVERSAL	D	HOME HEALTH AGENCY	71		84	13
14	DIETARY EXPENSE ACCRUAL REVERSAL	D	HOSPICE	93		120	14
15	DIETARY EXPENSE ACCRUAL REVERSAL	D	SENIOR SERVICES	100.09		529	15
16	DIETARY EXPENSE ACCRUAL REVERSAL	D	OTHER	100.12		166	16
17	DIETARY EXPENSE ACCRUAL REVERSAL	D	RURAL OUTREACH	100.13		696	17
18							18
19	PRINTING TRANSFER EXP ACCRUAL REV	E					19
20	PRINTING TRANSFER EXP ACCRUAL REV	E					20
21	PRINTING TRANSFER EXP ACCRUAL REV	E	EMPLOYEE BENEFITS	5		800	21
22	PRINTING TRANSFER EXP ACCRUAL REV	E	INFORMATION SYSTEMS	6.02		121	22
23	PRINTING TRANSFER EXP ACCRUAL REV	E	ADMITTING	6.04		81	23
24	PRINTING TRANSFER EXP ACCRUAL REV	E	CASHIERING/ACCOUNTS RECEIVABL	6.05		408	24
25	PRINTING TRANSFER EXP ACCRUAL REV	E	MAINTENANCE & REPAIRS	7		14	25
26	PRINTING TRANSFER EXP ACCRUAL REV	E	LAUNDRY & LINEN SERVICE	9		2	26
27	PRINTING TRANSFER EXP ACCRUAL REV	E	HOUSEKEEPING	10		112	27
28	PRINTING TRANSFER EXP ACCRUAL REV	E	DIETARY	11		860	28
29	PRINTING TRANSFER EXP ACCRUAL REV	E	NURSING ADMINISTRATION	14		1259	29
30	PRINTING TRANSFER EXP ACCRUAL REV	E	CENTRAL SERVICES & SUPPLY	15		59	30
31	PRINTING TRANSFER EXP ACCRUAL REV	E	MEDICAL RECORDS & LIBRARY	17		73	31
32	PRINTING TRANSFER EXP ACCRUAL REV	E	SOCIAL SERVICE	18		278	32
33	PRINTING TRANSFER EXP ACCRUAL REV	E	ADULTS & PEDIATRICS	25		208	33
34	PRINTING TRANSFER EXP ACCRUAL REV	E	INTENSIVE CARE UNIT	26		46	34
35	PRINTING TRANSFER EXP ACCRUAL REV	E	SUBPROVIDER I	31		2	35
36	SUBTOTAL					1322497	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 PRINTING TRANSFER EXP ACCRUAL REVERS	E				1
2 PRINTING TRANSFER EXP ACCRUAL REVERS	E				2
3 PRINTING TRANSFER EXP ACCRUAL REVERS	E				3
4 PRINTING TRANSFER EXP ACCRUAL REVERS	E				4
5 PRINTING TRANSFER EXP ACCRUAL REVERS	E				5
6 PRINTING TRANSFER EXP ACCRUAL REVERS	E				6
7 PRINTING TRANSFER EXP ACCRUAL REVERS	E				7
8 PRINTING TRANSFER EXP ACCRUAL REVERS	E				8
9 PRINTING TRANSFER EXP ACCRUAL REVERS	E				9
10 PRINTING TRANSFER EXP ACCRUAL REVERS	E				10
11 PRINTING TRANSFER EXP ACCRUAL REVERS	E				11
12 PRINTING TRANSFER EXP ACCRUAL REVERS	E				12
13 PRINTING TRANSFER EXP ACCRUAL REVERS	E				13
14 PRINTING TRANSFER EXP ACCRUAL REVERS	E				14
15 PRINTING TRANSFER EXP ACCRUAL REVERS	E				15
16 PRINTING TRANSFER EXP ACCRUAL REVERS	E				16
17 PRINTING TRANSFER EXP ACCRUAL REVERS	E				17
18 PRINTING TRANSFER EXP ACCRUAL REVERS	E				18
19					19
20 CHARGEABLE DRUGS RECLASS	X	DRUGS CHARGED TO PATIENTS	56		336128 20
21 CHARGEABLE DRUGS RECLASS	X	GASTRO CLINIC	100.05		2500 21
22 CHARGEABLE DRUGS RECLASS	X				22
23 CHARGEABLE DRUGS RECLASS	X				23
24 CHARGEABLE DRUGS RECLASS	X				24
25 CHARGEABLE DRUGS RECLASS	X				25
26 CHARGEABLE DRUGS RECLASS	X				26
27 CHARGEABLE DRUGS RECLASS	X				27
28 CHARGEABLE DRUGS RECLASS	X				28
29 CHARGEABLE DRUGS RECLASS	X				29
30 CHARGEABLE DRUGS RECLASS	X				30
31 CHARGEABLE DRUGS RECLASS	X				31
32 CHARGEABLE DRUGS RECLASS	X				32
33 CHARGEABLE DRUGS RECLASS	X				33
34 CHARGEABLE DRUGS RECLASS	X				34
35 CHARGEABLE DRUGS RECLASS	X				35
36 SUBTOTAL					1664515 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 PRINTING TRANSFER EXP ACCRUAL REV E		ACUTE REHAB UNIT	31.01		17	1
2 PRINTING TRANSFER EXP ACCRUAL REV E		SKILLED NURSING FACILITY	34		203	2
3 PRINTING TRANSFER EXP ACCRUAL REV E		OPERATING ROOM	37		77	3
4 PRINTING TRANSFER EXP ACCRUAL REV E		RADIOLOGY-DIAGNOSTIC	41		6	4
5 PRINTING TRANSFER EXP ACCRUAL REV E		LABORATORY	44		264	5
6 PRINTING TRANSFER EXP ACCRUAL REV E		RESPIRATORY THERAPY	49		29	6
7 PRINTING TRANSFER EXP ACCRUAL REV E		PHYSICAL THERAPY	50		1364	7
8 PRINTING TRANSFER EXP ACCRUAL REV E		ELECTROCARDIOLOGY	53		96	8
9 PRINTING TRANSFER EXP ACCRUAL REV E		DRUGS CHARGED TO PATIENTS	56		165	9
10 PRINTING TRANSFER EXP ACCRUAL REV E		RENAL DIALYSIS	57		384	10
11 PRINTING TRANSFER EXP ACCRUAL REV E		SPECIAL PROCEDURES	59		41	11
12 PRINTING TRANSFER EXP ACCRUAL REV E		EMERGENCY	61		33	12
13 PRINTING TRANSFER EXP ACCRUAL REV E		HOME HEALTH AGENCY	71		145	13
14 PRINTING TRANSFER EXP ACCRUAL REV E		HOSPICE	93		3	14
15 PRINTING TRANSFER EXP ACCRUAL REV E		ENT	100.04		12	15
16 PRINTING TRANSFER EXP ACCRUAL REV E		SENIOR SERVICES	100.09		396	16
17 PRINTING TRANSFER EXP ACCRUAL REV E		OTHER	100.12		105	17
18 PRINTING TRANSFER EXP ACCRUAL REV E		WYNDREST NURSING HOME	100.16		50	18
19						19
20 CHARGEABLE DRUGS RECLASS	X					20
21 CHARGEABLE DRUGS RECLASS	X					21
22 CHARGEABLE DRUGS RECLASS	X	OTHER ADMINISTRATIVE AND GENE	6.06		5	22
23 CHARGEABLE DRUGS RECLASS	X	CENTRAL SERVICES & SUPPLY	15		28	23
24 CHARGEABLE DRUGS RECLASS	X	ADULTS & PEDIATRICS	25		75420	24
25 CHARGEABLE DRUGS RECLASS	X	INTENSIVE CARE UNIT	26		17453	25
26 CHARGEABLE DRUGS RECLASS	X	SUBPROVIDER I	31		61	26
27 CHARGEABLE DRUGS RECLASS	X	ACUTE REHAB UNIT	31.01		674	27
28 CHARGEABLE DRUGS RECLASS	X	NURSERY	33		1816	28
29 CHARGEABLE DRUGS RECLASS	X	SKILLED NURSING FACILITY	34		4117	29
30 CHARGEABLE DRUGS RECLASS	X	OPERATING ROOM	37		31705	30
31 CHARGEABLE DRUGS RECLASS	X	RECOVERY ROOM	38		1077	31
32 CHARGEABLE DRUGS RECLASS	X	DELIVERY ROOM & LABOR ROOM	39		1227	32
33 CHARGEABLE DRUGS RECLASS	X	RADIOLOGY-DIAGNOSTIC	41		36649	33
34 CHARGEABLE DRUGS RECLASS	X	LABORATORY	44		340	34
35 CHARGEABLE DRUGS RECLASS	X	RESPIRATORY THERAPY	49		835	35
36 SUBTOTAL					1497294	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 CHARGEABLE DRUGS RECLASS	X				1
2 CHARGEABLE DRUGS RECLASS	X				2
3 CHARGEABLE DRUGS RECLASS	X				3
4 CHARGEABLE DRUGS RECLASS	X				4
5 CHARGEABLE DRUGS RECLASS	X				5
6 CHARGEABLE DRUGS RECLASS	X				6
7 CHARGEABLE DRUGS RECLASS	X				7
8 CHARGEABLE DRUGS RECLASS	X				8
9 CHARGEABLE DRUGS RECLASS	X				9
10					10
11 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y	MEDICAL SUPPLIES CHARGED TO P	55		2132477 11
12 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y	IMPL. DEV. CHARGED TO PATIENT	55.30		2092201 12
13 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				13
14 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				14
15 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				15
16 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				16
17 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				17
18 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				18
19 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				19
20 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				20
21 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				21
22 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				22
23 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				23
24 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				24
25 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				25
26 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				26
27 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				27
28 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				28
29 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				29
30 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				30
31 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				31
32 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				32
33 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				33
34 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				34
35 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				35
36 SUBTOTAL					5889193 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	CHARGEABLE DRUGS RECLASS	X	PHYSICAL THERAPY	50		22	1
2	CHARGEABLE DRUGS RECLASS	X	ELECTROCARDIOLOGY	53		1833	2
3	CHARGEABLE DRUGS RECLASS	X	RENAL DIALYSIS	57		13211	3
4	CHARGEABLE DRUGS RECLASS	X	SPECIAL PROCEDURES	59		5085	4
5	CHARGEABLE DRUGS RECLASS	X	EMERGENCY	61		60389	5
6	CHARGEABLE DRUGS RECLASS	X	HOME HEALTH AGENCY	71		1142	6
7	CHARGEABLE DRUGS RECLASS	X	HOSPICE	93		82084	7
8	CHARGEABLE DRUGS RECLASS	X	ENT	100.04		459	8
9	CHARGEABLE DRUGS RECLASS	X	WYNDREST NURSING HOME	100.16		2998	9
10							10
11	CHARGEABLE SUPPLIES AND IMPLANTS	Y					11
12	CHARGEABLE SUPPLIES AND IMPLANTS	Y					12
13	CHARGEABLE SUPPLIES AND IMPLANTS	Y	EMPLOYEE BENEFITS	5		391	13
14	CHARGEABLE SUPPLIES AND IMPLANTS	Y	INFORMATION SYSTEMS	6.02		4	14
15	CHARGEABLE SUPPLIES AND IMPLANTS	Y	PURCHASING, RECEIVING AND STO	6.03		31	15
16	CHARGEABLE SUPPLIES AND IMPLANTS	Y	ADMITTING	6.04		6646	16
17	CHARGEABLE SUPPLIES AND IMPLANTS	Y	OTHER ADMINISTRATIVE AND GENE	6.06		10	17
18	CHARGEABLE SUPPLIES AND IMPLANTS	Y	MAINTENANCE & REPAIRS	7		302	18
19	CHARGEABLE SUPPLIES AND IMPLANTS	Y	LAUNDRY & LINEN SERVICE	9		1416	19
20	CHARGEABLE SUPPLIES AND IMPLANTS	Y	HOUSEKEEPING	10		22764	20
21	CHARGEABLE SUPPLIES AND IMPLANTS	Y	DIETARY	11		2368	21
22	CHARGEABLE SUPPLIES AND IMPLANTS	Y	NURSING ADMINISTRATION	14		619	22
23	CHARGEABLE SUPPLIES AND IMPLANTS	Y	CENTRAL SERVICES & SUPPLY	15		6787	23
24	CHARGEABLE SUPPLIES AND IMPLANTS	Y	MEDICAL RECORDS & LIBRARY	17		10	24
25	CHARGEABLE SUPPLIES AND IMPLANTS	Y	ADULTS & PEDIATRICS	25		213942	25
26	CHARGEABLE SUPPLIES AND IMPLANTS	Y	INTENSIVE CARE UNIT	26		62641	26
27	CHARGEABLE SUPPLIES AND IMPLANTS	Y	SUBPROVIDER I	31		2818	27
28	CHARGEABLE SUPPLIES AND IMPLANTS	Y	ACUTE REHAB UNIT	31.01		7480	28
29	CHARGEABLE SUPPLIES AND IMPLANTS	Y	NURSERY	33		8787	29
30	CHARGEABLE SUPPLIES AND IMPLANTS	Y	SKILLED NURSING FACILITY	34		42451	30
31	CHARGEABLE SUPPLIES AND IMPLANTS	Y	OPERATING ROOM	37		1779298	31
32	CHARGEABLE SUPPLIES AND IMPLANTS	Y	RECOVERY ROOM	38		2243	32
33	CHARGEABLE SUPPLIES AND IMPLANTS	Y	DELIVERY ROOM & LABOR ROOM	39		28832	33
34	CHARGEABLE SUPPLIES AND IMPLANTS	Y	RADIOLOGY-DIAGNOSTIC	41		47624	34
35	CHARGEABLE SUPPLIES AND IMPLANTS	Y	LABORATORY	44		35503	35
36	SUBTOTAL					3937484	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				1
2 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				2
3 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				3
4 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				4
5 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				5
6 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				6
7 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				7
8 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				8
9 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				9
10 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				10
11 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				11
12 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				12
13 CHARGEABLE SUPPLIES AND IMPLANTS REC	Y				13
14					14
15					15
16 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		9602 16
17 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		331393 17
18 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		11310 18
19 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		759 19
20 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		24199 20
21 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		10090 21
22 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		15529 22
23 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		431 23
24 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		2635 24
25 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		40119 25
26 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		5868 26
27 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		69619 27
28 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		2583 28
29 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		94 29
30 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		385349 30
31 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		40207 31
32 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		1614 32
33 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		13186 33
34 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		42287 34
35 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		308369 35
36 SUBTOTAL					7204436 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
		1	6	7	8	9	10
1	CHARGEABLE SUPPLIES AND IMPLANTS	Y	RESPIRATORY THERAPY	49		8785	1
2	CHARGEABLE SUPPLIES AND IMPLANTS	Y	PHYSICAL THERAPY	50		278	2
3	CHARGEABLE SUPPLIES AND IMPLANTS	Y	SPEECH PATHOLOGY	52		11	3
4	CHARGEABLE SUPPLIES AND IMPLANTS	Y	ELECTROCARDIOLOGY	53		9934	4
5	CHARGEABLE SUPPLIES AND IMPLANTS	Y	DRUGS CHARGED TO PATIENTS	56		59557	5
6	CHARGEABLE SUPPLIES AND IMPLANTS	Y	RENAL DIALYSIS	57		177050	6
7	CHARGEABLE SUPPLIES AND IMPLANTS	Y	SPECIAL PROCEDURES	59		1506101	7
8	CHARGEABLE SUPPLIES AND IMPLANTS	Y	EMERGENCY	61		89336	8
9	CHARGEABLE SUPPLIES AND IMPLANTS	Y	HOME HEALTH AGENCY	71		41634	9
10	CHARGEABLE SUPPLIES AND IMPLANTS	Y	HOSPICE	93		2763	10
11	CHARGEABLE SUPPLIES AND IMPLANTS	Y	ENT	100.04		831	11
12	CHARGEABLE SUPPLIES AND IMPLANTS	Y	OTHER	100.12		14	12
13	CHARGEABLE SUPPLIES AND IMPLANTS	Y	WYNDREST NURSING HOME	100.16		55415	13
14							14
15							15
16	RECLASS EQPT DEPREC TO CAPITAL LI AA		EMPLOYEE BENEFITS	5		9602	9 16
17	RECLASS EQPT DEPREC TO CAPITAL LI AA		INFORMATION SYSTEMS	6.02		331393	9 17
18	RECLASS EQPT DEPREC TO CAPITAL LI AA		PURCHASING, RECEIVING AND STO	6.03		11310	9 18
19	RECLASS EQPT DEPREC TO CAPITAL LI AA		ADMITTING	6.04		759	9 19
20	RECLASS EQPT DEPREC TO CAPITAL LI AA		OTHER ADMINISTRATIVE AND GENE	6.06		24199	9 20
21	RECLASS EQPT DEPREC TO CAPITAL LI AA		MAINTENANCE & REPAIRS	7		10090	9 21
22	RECLASS EQPT DEPREC TO CAPITAL LI AA		OPERATION OF PLANT	8		15529	9 22
23	RECLASS EQPT DEPREC TO CAPITAL LI AA		LAUNDRY & LINEN SERVICE	9		431	9 23
24	RECLASS EQPT DEPREC TO CAPITAL LI AA		HOUSEKEEPING	10		2635	9 24
25	RECLASS EQPT DEPREC TO CAPITAL LI AA		DIETARY	11		40119	9 25
26	RECLASS EQPT DEPREC TO CAPITAL LI AA		NURSING ADMINISTRATION	14		5868	9 26
27	RECLASS EQPT DEPREC TO CAPITAL LI AA		CENTRAL SERVICES & SUPPLY	15		69619	9 27
28	RECLASS EQPT DEPREC TO CAPITAL LI AA		MEDICAL RECORDS & LIBRARY	17		2583	9 28
29	RECLASS EQPT DEPREC TO CAPITAL LI AA		SOCIAL SERVICE	18		94	9 29
30	RECLASS EQPT DEPREC TO CAPITAL LI AA		ADULTS & PEDIATRICS	25		385349	9 30
31	RECLASS EQPT DEPREC TO CAPITAL LI AA		INTENSIVE CARE UNIT	26		40207	9 31
32	RECLASS EQPT DEPREC TO CAPITAL LI AA		SUBPROVIDER I	31		1614	9 32
33	RECLASS EQPT DEPREC TO CAPITAL LI AA		ACUTE REHAB UNIT	31.01		13186	9 33
34	RECLASS EQPT DEPREC TO CAPITAL LI AA		SKILLED NURSING FACILITY	34		42287	9 34
35	RECLASS EQPT DEPREC TO CAPITAL LI AA		OPERATING ROOM	37		308369	9 35
36	SUBTOTAL					7204436	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		91872 1
2 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		31870 2
3 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		811887 3
4 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		152991 4
5 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		10436 5
6 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		11684 6
7 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		679 7
8 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		347 8
9 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		337291 9
10 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		305 10
11 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		138517 11
12 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		25558 12
13 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		47177 13
14 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		106909 14
15 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		369 15
16 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		22705 16
17 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		2629 17
18 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		297 18
19 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		733 19
20 RECLASS EQPT DEPREC TO CAPITAL LINE	AA	NEW CAP REL COSTS-MVBLE EQUIP	4		51186 20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS					9049878 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			Wkst A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 RECLASS EQPT DEPREC TO CAPITAL LI AA DELIVERY ROOM & LABOR ROOM			39		91872	9 1
2 RECLASS EQPT DEPREC TO CAPITAL LI AA OPERATING ROOM			37		31870	9 2
3 RECLASS EQPT DEPREC TO CAPITAL LI AA RADIOLOGY-DIAGNOSTIC			41		811887	9 3
4 RECLASS EQPT DEPREC TO CAPITAL LI AA LABORATORY			44		152991	9 4
5 RECLASS EQPT DEPREC TO CAPITAL LI AA RESPIRATORY THERAPY			49		10436	9 5
6 RECLASS EQPT DEPREC TO CAPITAL LI AA PHYSICAL THERAPY			50		11684	9 6
7 RECLASS EQPT DEPREC TO CAPITAL LI AA PHYSICAL THERAPY			50		679	9 7
8 RECLASS EQPT DEPREC TO CAPITAL LI AA SPEECH PATHOLOGY			52		347	9 8
9 RECLASS EQPT DEPREC TO CAPITAL LI AA ELECTROCARDIOLOGY			53		337291	9 9
10 RECLASS EQPT DEPREC TO CAPITAL LI AA ELECTROCARDIOLOGY			53		305	9 10
11 RECLASS EQPT DEPREC TO CAPITAL LI AA DRUGS CHARGED TO PATIENTS			56		138517	9 11
12 RECLASS EQPT DEPREC TO CAPITAL LI AA RENAL DIALYSIS			57		25558	9 12
13 RECLASS EQPT DEPREC TO CAPITAL LI AA EMERGENCY			61		47177	9 13
14 RECLASS EQPT DEPREC TO CAPITAL LI AA HOME HEALTH AGENCY			71		106909	9 14
15 RECLASS EQPT DEPREC TO CAPITAL LI AA HOSPICE			93		369	9 15
16 RECLASS EQPT DEPREC TO CAPITAL LI AA ENT			100.04		22705	9 16
17 RECLASS EQPT DEPREC TO CAPITAL LI AA GASTRO CLINIC			100.05		2629	9 17
18 RECLASS EQPT DEPREC TO CAPITAL LI AA SENIOR SERVICES			100.09		297	9 18
19 RECLASS EQPT DEPREC TO CAPITAL LI AA OTHER			100.12		733	9 19
20 RECLASS EQPT DEPREC TO CAPITAL LI AA WYNDREST NURSING HOME			100.16		51186	9 20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS					9049878	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	512212					512212		1
2 LAND IMPROVEMENTS	2053804					2053804	948161	2
3 BUILDINGS AND FIXTURES	65460834	3086231		3086231	133984	68413081	21011696	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	39042703	1549044		1549044	666780	39924967	20533900	6
7 SUBTOTAL	107069553	4635275		4635275	800764	110904064	42493757	7
8 RECONCILING ITEMS								8
9 TOTAL	107069553	4635275		4635275	800764	110904064	42493757	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	52216712		52216712	.481980				3
3.01 NEW CAP SOUTH 1970 BUILDING	9878636		9878636	.091183				3.01
3.02 NEW CAP BLUFF BUILDING	2909380		2909380	.026855				3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY	3408353		3408353	.031460				3.03
4 NEW CAP REL COSTS-MVBLE EQUIP	39924967		39924967	.368522				4
5 TOTAL	108338048		108338048	1.000000				5

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT						
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3999107		-544233				3454874 3
3.01 NEW CAP SOUTH 1970 BUILDING	334401						334401 3.01
3.02 NEW CAP BLUFF BUILDING	70568						70568 3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY B	307311						307311 3.03
4 NEW CAP REL COSTS-MVBLE EQUIP	3160685		-71632				3089053 4
5 TOTAL	7872072		-615865				7256207 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
	1 OLD CAP REL COSTS-BLDG & FIXT						
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	4852923						4852923 3
3.01 NEW CAP SOUTH 1970 BUILDING							3.01
3.02 NEW CAP BLUFF BUILDING							3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY B							3.03
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	4852923						4852923 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES		-544233	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT		-260110	NEW CAP REL COSTS-MVBLE EQUIP	4	11 4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2080626			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1584287			14
15 LAUNDRY AND LINEN SERVICE	B	-56461	LAUNDRY & LINEN SERVICE	9	15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-398447	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-216779	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1117	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-12053	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 IC OTHER REVENUE	B	-150	DRUGS CHARGED TO PATIENTS	56	37
38 LOBBYING AMERICAN HOSP ASSOC	A	-2785	OTHER ADMINISTRATIVE AND GENERA	6.06	38
38.20 LOBBYING CATHOLIC HOSPITAL ASSOCI	A	-758	OTHER ADMINISTRATIVE AND GENERA	6.06	38.20
39 ALC IN OFF-SITE MEETINGS	A	-1411	OTHER ADMINISTRATIVE AND GENERA	6.06	39
40					40
41					41
41.01 EXTERNAL PERSONNEL SRVC	B	-289	EMPLOYEE BENEFITS	5	41.01
42 RADIOLOGY REVENUE	B	-2888	RADIOLOGY-DIAGNOSTIC	41	42
43 MOBILE ULTRASOUND REV	B	-21230	RADIOLOGY-DIAGNOSTIC	41	43
44 CLINICAL LAB REVENUE	B	-13574	LABORATORY	44	44
45 OTHER NON OPERATING GAIN LOSS	B	2725	OTHER ADMINISTRATIVE AND GENERA	6.06	45
46					46
47 OTHER REVENUE COPIES	B	-19	PURCHASING, RECEIVING AND STORE	6.03	47
48					48
49					49
49.01 CONFERENCES REVENUE	B	-236623	HOME HEALTH AGENCY	71	49.01
49.03 IC OTHER REVENUE	B	-383750	OTHER ADMINISTRATIVE AND GENERA	6.06	49.03
49.05 IC OTHER REVENUE	B	31987	CASHIERING/ACCOUNTS RECEIVABLE	6.05	49.05
49.07 MED RECORD REVENUE	B	-30965	MEDICAL RECORDS & LIBRARY	17	49.07
49.10 WELLNESS REVENUE	B	-14880	EMPLOYEE BENEFITS	5	49.10
49.11 EMPLOYEE WELLNESS	B	-25745	EMPLOYEE BENEFITS	5	49.11
49.13 CHILD CARE REVENUE	B	-233278	EMPLOYEE BENEFITS	5	49.13
49.31 IC GRANT REVENUE	B	-174	RENAL DIALYSIS	57	49.31
49.32 IC GRANT REVENUE	B	-3358	HOME HEALTH AGENCY	71	49.32
49.33 IC GRANT REVENUE	B	-14421	HOSPICE	93	49.33
49.34 IC GRANT REVENUE	B	-720	HOME HEALTH AGENCY	71	49.34
49.35 IC GRANT REVENUE	B	-515	SOCIAL SERVICE	18	49.35
49.36 IC GRANT REVENUE	B	-16	PURCHASING, RECEIVING AND STORE	6.03	49.36
49.37 IC GRANT REVENUE	B	-1500	EMPLOYEE BENEFITS	5	49.37
49.40 IC RENT REVENUE	B	-83187	RADIOLOGY-DIAGNOSTIC	41	49.40

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/20/2010 12:23

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.41 NON OPERATING REVENUE	B	-2106	EMERGENCY	61	49.41
50 TOTAL		-6193743			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	3	NEW CAP REL COSTS-BLDG & FIXT	717173	769377	-52204	11 1
2	3	NEW CAP REL COSTS-BLDG & FIXT		-170917	170917	11 2
3	3	NEW CAP REL COSTS-BLDG & FIXT		-83187	83187	11 3
4	3	NEW CAP REL COSTS-BLDG & FIXT		201650	-201650	11 4
4.01	3	NEW CAP REL COSTS-BLDG & FIXT		250	-250	11 4.01
4.06	6.06	OTHER ADMINISTRATIVE AND GENERA	4486950	5037314	-550364	11 4.06
4.07	4	NEW CAP REL COSTS-MVBLE EQUIP	93379		93379	11 4.07
4.10	6.06	OTHER ADMINISTRATIVE AND GENERA	109066		109066	12 4.10
4.11	6.06	OTHER ADMINISTRATIVE AND GENERA	72806	266833	-194027	12 4.11
4.12	5	EMPLOYEE BENEFITS	2214795	2504318	-289523	11 4.12
4.13	5	EMPLOYEE BENEFITS	76316	509441	-433125	11 4.13
4.15	6.06	OTHER ADMINISTRATIVE AND GENERA	8018		8018	11 4.15
4.17	6.06	OTHER ADMINISTRATIVE AND GENERA	2886595	3191856	-305261	11 4.17
4.18	6.06	OTHER ADMINISTRATIVE AND GENERA		188915	-188915	11 4.18
4.19	4	NEW CAP REL COSTS-MVBLE EQUIP	95099		95099	11 4.19
4.22	5	EMPLOYEE BENEFITS	218843	147477	71366	11 4.22
5		TOTALS	10979040	12563327	-1584287	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- 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	
1	B TRINITY HEALTH	100.00				1
2						2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	6.06	OTHER ADMINISTRATIVE AND	MED AFFAIRS+ADMIN-S	15408	15408	159800	116	8912	446
2	6.06	OTHER ADMINISTRATIVE AND	HOSPITALISTS	216000	216000	159800			
3	25	ADULTS & PEDIATRICS	ONCOL-U OF I	850	850	142500	8	548	27
4	31	SUBPROVIDER I	PSYCH-PP	65520	65520	138700	468	31208	1560
5	31.01	ACUTE REHAB UNIT	REHAB-M.A.C.	2200	2200	142500	20	1370	69
6	34	SKILLED NURSING FACILITY	MLC-SOUTH RCIM	3600	3600	142500	30	2055	103
7	37	OPERATING ROOM	PCPC	7115	7115	182900	40	3517	176
8	41	RADIOLOGY-DIAGNOSTIC	DR.H	25000	25000	217600	200	20923	1046
9	44	LABORATORY	WCL	208000	208000	208000	2080	208000	10400
10	57	RENAL DIALYSIS	DIM	30000	30000	142500	240	16442	822
11	61	EMERGENCY	ER GROUP	1754908	1754908	159800			
12	61	EMERGENCY	ER ADMIN	76960	76960	159800	416	31960	1598
101		TOTAL		2405561	1970908	434653	3618	324935	16247

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6.06 OTHER ADMINISTRATIVE AND	MED AFFAIRS+ADMIN-S				8912	6496	6496
2	6.06 OTHER ADMINISTRATIVE AND	HOSPITALISTS						216000
3	25 ADULTS & PEDIATRICS	ONCOL-U OF I				548	302	302
4	31 SUBPROVIDER I	PSYCH-PP				31208	34312	34312
5	31.01 ACUTE REHAB UNIT	REHAB-M.A.C.				1370	830	830
6	34 SKILLED NURSING FACILITY	MLC-SOUTH RCIM				2055	1545	1545
7	37 OPERATING ROOM	PCPC				3517	3598	3598
8	41 RADIOLOGY-DIAGNOSTIC	DR.H				20923	4077	4077
9	44 LABORATORY	WCL				208000		
10	57 RENAL DIALYSIS	DIM				16442	13558	13558
11	61 EMERGENCY	ER GROUP						1754908
12	61 EMERGENCY	ER ADMIN				31960	45000	45000
101	TOTAL					324935	109718	2080626

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP SO	NEW CAP BL	NEW CAP RE	NEW CAP	EMPLOYEE	SUBTOTAL
	FOR COST	BLDGS &	UTH 1970 B	UFF BUILDI	L COSTS-RA	MOVABLE	BENEFITS	
	ALLOCATION	FIXTURES	UILDING	NG	D ONCOLOGY	EQUIPMENT		
	0	3	3.01	3.02	3.03	4	5	5A
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3454874	3454874						3
3.01 NEW CAP SOUTH 1970 BUILDING	334401		334401					3.01
3.02 NEW CAP BLUFF BUILDING	70568			70568				3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY	307311				307311			3.03
4 NEW CAP REL COSTS-MVBLE EQUIP	3089053					3089053		4
5 EMPLOYEE BENEFITS	44506	22315	29438			9384	105643	5
6.02 INFORMATION SYSTEMS	4121849	105019				323883	1799	4552550 6.02
6.03 PURCHASING, RECEIVING AND STORE	597167	92394				11054	1040	701655 6.03
6.04 ADMITTING	489769	26387				742	949	517847 6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	877312	31007					756	909075 6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	10933497	339527	6776	36148		23651	10848	11350447 6.06
7 MAINTENANCE & REPAIRS	1859304	47371	3092			9861	1165	1920793 7
8 OPERATION OF PLANT	1716989					15177		1732166 8
9 LAUNDRY & LINEN SERVICE	450617	19732	9210			421	246	480226 9
10 HOUSEKEEPING	973976	23235	5069			2575	1652	1006507 10
11 DIETARY	1926411	144189	22140			39210	3618	2135568 11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	1371426	22433				5735	2875	1402469 14
15 CENTRAL SERVICES & SUPPLY	171096	56787				68041	359	296283 15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY	1367120	80022				2524	2835	1452501 17
18 SOCIAL SERVICE	499513	39737				92	1225	540567 18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	6928430	937833				376616	17120	8259999 25
26 INTENSIVE CARE UNIT	1099261	98286				39296	2606	1239449 26
31 SUBPROVIDER I	1033666	101555				1577	2419	1139217 31
31.01 ACUTE REHAB UNIT	884124		37716			12887	1511	936238 31.01
33 NURSERY	536513	21846					1238	559597 33
34 SKILLED NURSING FACILITY	2872656		113549			41329	6264	3033798 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2584776	291294				332528	4123	3212721 37
38 RECOVERY ROOM	206444						510	206954 38
39 DELIVERY ROOM & LABOR ROOM	331988	65145				89790	794	487717 39
41 RADIOLOGY-DIAGNOSTIC	2997964	245802			307311	793487	4486	4349050 41
44 LABORATORY	2963382	106350				149524	3615	3222871 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1058538	44337				10199	2361	1115435 49
50 PHYSICAL THERAPY	1218466	26074	33484			12083	2354	1292461 50
52 SPEECH PATHOLOGY	142683		1046			339	303	144371 52
53 ELECTROCARDIOLOGY	135038	39189				329945	1015	505187 53
55 MEDICAL SUPPLIES CHARGED TO PAT	2132477							2132477 55
55.30 IMPL. DEV. CHARGED TO PATIENT	2092201							2092201 55.30
56 DRUGS CHARGED TO PATIENTS	4507106	48115				135378	3281	4693880 56
57 RENAL DIALYSIS	772469	4072	15722			24979	1767	819009 57
59 SPECIAL PROCEDURES	1165551	122089					1261	1288901 59
59.02 PARTIAL HOSPITALIZATION								59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	4309536	186627				46108	4099	4546370 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	2755466		27011	8975		104486	4768	2900706 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	630432			18		361	908	631719 93
95 SUBTOTALS	78015926	3388769	304253	45141	307311	3013262	96170	77808982 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		25389	3655					29044 96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP SO	NEW CAP BL	NEW CAP RE	NEW CAP	EMPLOYEE	SUBTOTAL
	FOR COST	BLDGS &	UTH 1970 B	UFF BUILDI	L COSTS-RA	MOVABLE		
	ALLOCATION	FIXTURES	UILDING	NG	D ONCOLOGY	EQUIPMENT		
	0	3	3.01	3.02	3.03	4	5	5A
98 PHYSICIANS' PRIVATE OFFICES	1734	40716	20153	17046				79649 98
100 OTHER NON-REIMBURSABLE								100
100.01RESPITE			4330					4330 100.01
100.02LIFELINE								100.02
100.03OUTREACH								100.03
100.04ENT	606498					22190	1159	629847 100.04
100.05GASTRO CLINIC	1130814					2569	2433	1135816 100.05
100.09SENIOR SERVICES	53668		2010			290	71	56039 100.09
100.11GUEST MEALS								100.11
100.12OTHER	9284			8381		716	20	18401 100.12
100.13RURAL OUTREACH	18391						31	18422 100.13
100.16WYNDREST NURSING HOME	2943307					50026	5759	2999092 100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	82779622	3454874	334401	70568	307311	3089053	105643	82779622 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	INFO SERV 6.02	PURCHASING RECEIVING & STORES 6.03	ADMITTING & REG 6.04	CASHIERING /ACCOUNTS RECEIVABLE 6.05	SUBTOTAL	OTHER ADMINISTRATIVE AND GENER 6.06	MAIN-TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP SOUTH 1970 BUILDING									3.01
3.02 NEW CAP BLUFF BUILDING									3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY									3.03
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.02 INFORMATION SYSTEMS	4552550								6.02
6.03 PURCHASING, RECEIVING AND STORE	40834	742489							6.03
6.04 ADMITTING	30137	1105	549089						6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	52905	37		962017					6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	660534	5106			12016087	12016087			6.06
7 MAINTENANCE & REPAIRS	111784	12005			2044582	347182	2391764		7
8 OPERATION OF PLANT	100807	2191			1835164	311622		2146786	8
9 LAUNDRY & LINEN SERVICE	27948	3527			511701	86890	16910	15178	9
10 HOUSEKEEPING	58576	10682			1075765	182671	19913	17873	10
11 DIETARY	124284	62869			2322721	394412	123570	110913	11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	81619	1331			1485419	252233	19225	17256	14
15 CENTRAL SERVICES & SUPPLY	17243	160			313686	53266	48666	43682	15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	84531	764			1537796	261127	68579	61555	17
18 SOCIAL SERVICE	31459	217			572243	97170	34055	30567	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	480707	18694	63580	111385	8934365	1517122	803725	721403	25
26 INTENSIVE CARE UNIT	72132	4837	11036	19334	1346788	228693	84231	75603	26
31 SUBPROVIDER I	66299	869	6563	11497	1224445	207918	87032	78118	31
31.01 ACUTE REHAB UNIT	54486	481	3907	6845	1001957	170138			31.01
33 NURSERY	32567	1418	5082	8903	607567	103169	18722	16804	33
34 SKILLED NURSING FACILITY	176558	5565	16368	28674	3260963	553731			34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	186971	132205	61705	108102	3701704	628572	249639	224070	37
38 RECOVERY ROOM	12044	150	8497	14886	242531	41183			38
39 DELIVERY ROOM & LABOR ROOM	28384	1041	5633	9868	532643	90446	55830	50111	39
41 RADIOLOGY-DIAGNOSTIC	253102	21456	80819	141654	4846081	822894	210653	189076	41
44 LABORATORY	187561	76346	75295	131910	3693983	627260	91142	81807	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	64915	6825	8737	15307	1211219	205672	37997	34105	49
50 PHYSICAL THERAPY	75217	1033	11912	20868	1401491	237982	22345	20057	50
52 SPEECH PATHOLOGY	8402	42	868	1520	155203	26354			52
53 ELECTROCARDIOLOGY	29400	1170	10860	19026	565643	96050	33585	30145	53
55 MEDICAL SUPPLIES CHARGED TO PAT	124104		5169	9056	2270806	385596			55
55.30 IMPL. DEV. CHARGED TO PATIENT	121760		26273	46028	2286262	388221			55.30
56 DRUGS CHARGED TO PATIENTS	273170	163878	73309	128431	5332668	905519	41235	37011	56
57 RENAL DIALYSIS	47664	2825	9623	16858	895979	152143	3489	3132	57
59 SPECIAL PROCEDURES	75010	133581	40129	70303	1607924	273035	104630	93913	59
59.02 PARTIAL HOSPITALIZATION									59.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	264585	11955	23724	41562	4888196	830045	159940	143558	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	168812	35212			3104730	527202			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	36764	407			668890	113582			93
95 SUBTOTALS	4263275	719984	549089	962017	77497202	11119100	2335113	2095937	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1690				30734	5219	21758	19530	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	INFO SERV	PURCHASING RECEIVING & STORES	ADMITTING & REG	CASHIERING /ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMI NISTRATIVE AND GENER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	6.02	6.03	6.04	6.05		6.06	7	8	
98 PHYSICIANS' PRIVATE OFFICES	4635				84284	14312	34893	31319	98
100 OTHER NON-REIMBURSABLE									100
100.01RESPITE	252				4582	778			100.01
100.02LIFELINE									100.02
100.03OUTREACH									100.03
100.04ENT	36655	1911			668413	113501			100.04
100.05GASTRO CLINIC	66101	1587			1203504	204362			100.05
100.09SENIOR SERVICES	3261	43			59343	10077			100.09
100.11GUEST MEALS									100.11
100.12OTHER	1071				19472	3306			100.12
100.13RURAL OUTREACH	1072	91			19585	3326			100.13
100.16WYNDREST NURSING HOME	174538	18873			3192503	542106			100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4552550	742489	549089	962017	82779622	12016087	2391764	2146786	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES SUPPLY 15	MEDICAL & RECORDS & LIBRARY 17	SOCIAL SERVICE 18	
98 PHYSICIANS' PRIVATE OFFICES		8393							98
100 OTHER NON-REIMBURSABLE	81430								100
100.01RESPITE		5246							100.01
100.02LIFELINE									100.02
100.03OUTREACH									100.03
100.04ENT						1484			100.04
100.05GASTRO CLINIC						1233			100.05
100.09SENIOR SERVICES				1446		33			100.09
100.11GUEST MEALS			38321						100.11
100.12OTHER									100.12
100.13RURAL OUTREACH						70			100.13
100.16WYNDREST NURSING HOME	83276		723471			14659			100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	630679	1296229	2966135	877245	1812635	499777	1982494	754040	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
3.01 NEW CAP SOUTH 1970 BUILDING				3.01
3.02 NEW CAP BLUFF BUILDING				3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY				3.03
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.02 INFORMATION SYSTEMS				6.02
6.03 PURCHASING, RECEIVING AND STORE				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE				6.05
6.06 OTHER ADMINISTRATIVE AND GENERA				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	14473814		14473814	25
26 INTENSIVE CARE UNIT	1933677		1933677	26
31 SUBPROVIDER I	1901074		1901074	31
31.01 ACUTE REHAB UNIT	1239462		1239462	31.01
33 NURSERY	839940		839940	33
34 SKILLED NURSING FACILITY	4913732		4913732	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	5594901		5594901	37
38 RECOVERY ROOM	341425		341425	38
39 DELIVERY ROOM & LABOR ROOM	833834		833834	39
41 RADIOLOGY-DIAGNOSTIC	6528060		6528060	41
44 LABORATORY	4901866		4901866	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	1565011		1565011	49
50 PHYSICAL THERAPY	1783735		1783735	50
52 SPEECH PATHOLOGY	193283		193283	52
53 ELECTROCARDIOLOGY	801091		801091	53
55 MEDICAL SUPPLIES CHARGED TO PAT	2675065		2675065	55
55.30 IMPL. DEV. CHARGED TO PATIENT	2769341		2769341	55.30
56 DRUGS CHARGED TO PATIENTS	6753469		6753469	56
57 RENAL DIALYSIS	1991452		1991452	57
59 SPECIAL PROCEDURES	2407102		2407102	59
59.02 PARTIAL HOSPITALIZATION				59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	6558099		6558099	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	3740953		3740953	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
93 HOSPICE	793267		793267	93
95 SUBTOTALS	75533653		75533653	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	77241		77241	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES	173201		173201	98
100 OTHER NON-REIMBURSABLE	81430		81430	100
100.01RESPITE	10606		10606	100.01
100.02LIFELINE				100.02
100.03OUTREACH				100.03
100.04ENT	783398		783398	100.04
100.05GASTRO CLINIC	1409099		1409099	100.05
100.09SENIOR SERVICES	70899		70899	100.09
100.11GUEST MEALS	38321		38321	100.11
100.12OTHER	22778		22778	100.12
100.13RURAL OUTREACH	22981		22981	100.13
100.16WYNDREST NURSING HOME	4556015		4556015	100.16
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	82779622		82779622	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP SO	NEW CAP BL	NEW CAP RE	NEW CAP	CAP REL	EMPLOYEE
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	UTH 1970 B UILDING 3.01	UFF BUILDI 3.02	L COSTS-RA ONCOLOGY 3.03	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAP SOUTH 1970 BUILDING								3.01
3.02 NEW CAP BLUFF BUILDING								3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY								3.03
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		22315	29438			9384	61137	61137 5
6.02 INFORMATION SYSTEMS		105019				323883	428902	1041 6.02
6.03 PURCHASING, RECEIVING AND STORE		92394				11054	103448	602 6.03
6.04 ADMITTING		26387				742	27129	549 6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		31007					31007	437 6.05
6.06 OTHER ADMINISTRATIVE AND GENERA		339527	6776	36148		23651	406102	6277 6.06
7 MAINTENANCE & REPAIRS		47371	3092			9861	60324	674 7
8 OPERATION OF PLANT						15177	15177	8
9 LAUNDRY & LINEN SERVICE		19732	9210			421	29363	142 9
10 HOUSEKEEPING		23235	5069			2575	30879	956 10
11 DIETARY		144189	22140			39210	205539	2093 11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		22433				5735	28168	1663 14
15 CENTRAL SERVICES & SUPPLY		56787				68041	124828	208 15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY		80022				2524	82546	1640 17
18 SOCIAL SERVICE		39737				92	39829	709 18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		937833				376616	1314449	9917 25
26 INTENSIVE CARE UNIT		98286				39296	137582	1508 26
31 SUBPROVIDER I		101555				1577	103132	1400 31
31.01 ACUTE REHAB UNIT			37716			12887	50603	874 31.01
33 NURSERY		21846					21846	717 33
34 SKILLED NURSING FACILITY			113549			41329	154878	3625 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		291294				332528	623822	2386 37
38 RECOVERY ROOM								295 38
39 DELIVERY ROOM & LABOR ROOM		65145				89790	154935	459 39
41 RADIOLOGY-DIAGNOSTIC		245802			307311	793487	1346600	2595 41
44 LABORATORY		106350				149524	255874	2092 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY		44337				10199	54536	1366 49
50 PHYSICAL THERAPY		26074	33484			12083	71641	1362 50
52 SPEECH PATHOLOGY			1046			339	1385	175 52
53 ELECTROCARDIOLOGY		39189				329945	369134	587 53
55 MEDICAL SUPPLIES CHARGED TO PAT								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		48115				135378	183493	1898 56
57 RENAL DIALYSIS		4072	15722			24979	44773	1022 57
59 SPECIAL PROCEDURES		122089					122089	730 59
59.02 PARTIAL HOSPITALIZATION								59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		186627				46108	232735	2372 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			27011	8975		104486	140472	2759 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE				18		361	379	525 93
95 SUBTOTALS		3388769	304253	45141	307311	3013262	7058736	55655 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		25389	3655				29044	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP SO	NEW CAP BL	NEW CAP RE	NEW CAP	CAP REL	EMPLOYEE
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	UTH 1970 B UILDING 3.01	UFF NG 3.02	L D ONCOLOGY 3.03	RA MOVABLE 4	COST TO BE ALLOC 4A	BENEFITS 5
98 PHYSICIANS' PRIVATE OFFICES		40716	20153	17046			77915	98
100 OTHER NON-REIMBURSABLE								100
100.01RESPITE			4330				4330	100.01
100.02LIFELINE								100.02
100.03OUTREACH								100.03
100.04ENT						22190	22190	671 100.04
100.05GASTRO CLINIC						2569	2569	1408 100.05
100.09SENIOR SERVICES			2010			290	2300	41 100.09
100.11GUEST MEALS								100.11
100.12OTHER				8381		716	9097	12 100.12
100.13RURAL OUTREACH								18 100.13
100.16WYNDREST NURSING HOME						50026	50026	3332 100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		3454874	334401	70568	307311	3089053	7256207	61137 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	INFO SERV	PURCHASING RECEIVING & STORES	ADMITTING & REG	CASHIERING /ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENER	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6.04	6.05	6.06	7	8	9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAP SOUTH 1970 BUILDING									3.01
3.02 NEW CAP BLUFF BUILDING									3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY									3.03
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.02 INFORMATION SYSTEMS	429943								6.02
6.03 PURCHASING, RECEIVING AND STORE	3856	107906							6.03
6.04 ADMITTING	2846	161	30685						6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	4996	5		36445					6.05
6.06 OTHER ADMINISTRATIVE AND GENERA	62390	742							6.06
7 MAINTENANCE & REPAIRS	10557	1745			475511		87040		7
8 OPERATION OF PLANT	9520	318			12332		37347		8
9 LAUNDRY & LINEN SERVICE	2639	513			3439	615	264	36975	9
10 HOUSEKEEPING	5532	1552			7229	725	311		10
11 DIETARY	11737	9136			15609	4497	1930	2	11
12 CAFETERIA									12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	7708	193			9982	700	300		14
15 CENTRAL SERVICES & SUPPLY	1628	23			2108	1771	760	784	15
16 PHARMACY									16
17 MEDICAL RECORDS & LIBRARY	7983	111			10334	2496	1071		17
18 SOCIAL SERVICE	2971	31			3845	1239	532		18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	45397	2717	3559	4212	60016	29248	12551	9127	25
26 INTENSIVE CARE UNIT	6812	703	618	731	9050	3065	1315	1562	26
31 SUBPROVIDER I	6261	126	367	435	8228	3167	1359	667	31
31.01 ACUTE REHAB UNIT	5146	70	219	259	6733			2	31.01
33 NURSERY	3076	206	284	337	4083	681	292	195	33
34 SKILLED NURSING FACILITY	16674	809	916	1084	21914			7022	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	17657	19213	3454	4088	24875	9085	3898	2670	37
38 RECOVERY ROOM	1137	22	476	563	1630				38
39 DELIVERY ROOM & LABOR ROOM	2680	151	315	373	3579	2032	872	656	39
41 RADIOLOGY-DIAGNOSTIC	23902	3118	4472	5424	32566	7666	3289	1566	41
44 LABORATORY	17713	11095	4215	4988	24824	3317	1423	20	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	6130	992	489	579	8139	1383	593	8	49
50 PHYSICAL THERAPY	7103	150	667	789	9418	813	349	170	50
52 SPEECH PATHOLOGY	793	6	49	57	1043				52
53 ELECTROCARDIOLOGY	2777	170	608	719	3801	1222	524	205	53
55 MEDICAL SUPPLIES CHARGED TO PAT	11720		289	342	15260				55
55.30 IMPL. DEV. CHARGED TO PATIENT	11499		1471	1741	15364				55.30
56 DRUGS CHARGED TO PATIENTS	25798	23820	4104	4857	35836	1501	644		56
57 RENAL DIALYSIS	4501	411	539	637	6021	127	54	272	57
59 SPECIAL PROCEDURES	7084	19413	2246	2658	10805	3808	1634		59
59.02 PARTIAL HOSPITALIZATION									59.02
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	24987	1737	1328	1572	32849	5820	2497	2391	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	15942	5117			20864				71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	3472	59			4495				93
95 SUBTOTALS	402624	104635	30685	36445	440011	84978	36462	27319	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	160					207	792	340	96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	INFO SERV	PURCHASING RECEIVING & STORES	ADMITTING & REG	CASHIERING /ACCOUNTS RECEIVABLE	OTHER ADMI NISTRATIVE AND GENER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6.04	6.05	6.06	7	8	9	
98 PHYSICIANS' PRIVATE OFFICES	438				566	1270	545		98
100 OTHER NON-REIMBURSABLE								4774	100
100.01RESPITE	24				31				100.01
100.02LIFELINE									100.02
100.03OUTREACH									100.03
100.04ENT	3462	278			4492				100.04
100.05GASTRO CLINIC	6242	231			8088				100.05
100.09SENIOR SERVICES	308	6			399				100.09
100.11GUEST MEALS									100.11
100.12OTHER	101				131				100.12
100.13RURAL OUTREACH	101	13			132				100.13
100.16WYNDREST NURSING HOME	16483	2743			21454			4882	100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	429943	107906	30685	36445	475511	87040	37347	36975	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	10	11	12	14	15	17	18	25
98 PHYSICIANS' PRIVATE OFFICES	306							81040 98
100 OTHER NON-REIMBURSABLE								4774 100
100.01RESPITE	191							4576 100.01
100.02LIFELINE								100.02
100.03OUTREACH								100.03
100.04ENT					396			31489 100.04
100.05GASTRO CLINIC					329			18867 100.05
100.09SENIOR SERVICES			121		9			3184 100.09
100.11GUEST MEALS		3244						3244 100.11
100.12OTHER								9341 100.12
100.13RURAL OUTREACH					19			283 100.13
100.16WYNDREST NURSING HOME		61239			3914			164073 100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	47184	251070	73435	51550	133455	110209	50544	7256207 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS		
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
3.01 NEW CAP SOUTH 1970 BUILDING			3.01
3.02 NEW CAP BLUFF BUILDING			3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY			3.03
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.02 INFORMATION SYSTEMS			6.02
6.03 PURCHASING, RECEIVING AND STORE			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE			6.05
6.06 OTHER ADMINISTRATIVE AND GENERA			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	1609975		25
26 INTENSIVE CARE UNIT	172441		26
31 SUBPROVIDER I	139058		31
31.01 ACUTE REHAB UNIT	69248		31.01
33 NURSERY	35723		33
34 SKILLED NURSING FACILITY	283106		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	766656		37
38 RECOVERY ROOM	6884		38
39 DELIVERY ROOM & LABOR ROOM	170536		39
41 RADIOLOGY-DIAGNOSTIC	1458917		41
44 LABORATORY	361447		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	80128		49
50 PHYSICAL THERAPY	98499		50
52 SPEECH PATHOLOGY	4131		52
53 ELECTROCARDIOLOGY	383996		53
55 MEDICAL SUPPLIES CHARGED TO PAT	28649		55
55.30 IMPL. DEV. CHARGED TO PATIENT	35349		55.30
56 DRUGS CHARGED TO PATIENTS	333915		56
57 RENAL DIALYSIS	116943		57
59 SPECIAL PROCEDURES	209209		59
59.02 PARTIAL HOSPITALIZATION			59.02
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	331747		61
62 OBSERVATION BEDS (NON-DISTINCT)			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY	198347		71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE	9889		93
95 SUBTOTALS	6904793		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	30543		96

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/20/2010 12:23

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
98 PHYSICIANS' PRIVATE OFFICES		81040	98
100 OTHER NON-REIMBURSABLE		4774	100
100.01RESPITE		4576	100.01
100.02LIFELINE			100.02
100.03OUTREACH			100.03
100.04ENT		31489	100.04
100.05GASTRO CLINIC		18867	100.05
100.09SENIOR SERVICES		3184	100.09
100.11GUEST MEALS		3244	100.11
100.12OTHER		9341	100.12
100.13RURAL OUTREACH		283	100.13
100.16WYNDREST NURSING HOME		164073	100.16
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL		7256207	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP SO UTH 1970 B UILDING SQUARE FEET	NEW CAP BL UFF BUILDI NG SQUARE FEET	NEW CAP RE L COSTS-RA D ONCOLOGY SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION
		3	3.01	3.02	3.03	4	5	6A.02
93	HOSPICE			13		369	297433	93
95	SUBTOTALS	173118	93390	32714	9780	3083135	31508796	-4552550 95
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	1297	1122					96
98	PHYSICIANS' PRIVATE OFFICES	2080	6186	12353				98
100	OTHER NON-REIMBURSABLE							100
100.01	RESPIRE		1329					100.01
100.02	LIFELINE							100.02
100.03	OUTREACH							100.03
100.04	ENT					22705	379741	100.04
100.05	GASTRO CLINIC					2629	797237	100.05
100.09	SENIOR SERVICES		617			297	23111	100.09
100.11	GUEST MEALS							100.11
100.12	OTHER			6074		733	6688	100.12
100.13	RURAL OUTREACH						10050	100.13
100.16	WYNDREST NURSING HOME					51186	1886950	100.16
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	3454874	334401	70568	307311	3089053	105643	103
104	UNIT COST MULT-WS B PT I		3.257872		31.422393		.003052	104
104	UNIT COST MULT-WS B PT I	19.574911		1.379871		.977337		104
105	COST TO BE ALLOC PER B PT II							105
106	UNIT COST MULT-WS B PT II							106
106	UNIT COST MULT-WS B PT II							106
107	COST TO BE ALLOC PER B PT III						61137	107
108	UNIT COST MULT-WS B PT III						.001766	108
108	UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	INFO	PURCHASING	ADMITTING	CASHIERING	RECON-	OTHER ADMI	MAIN-	OPERATION	
	SERV ACCUM COST	RECEIVING & STORES GROSS REVENUE	& REG GROSS REVENUE	/ACCOUNTS RECEIVABLE GROSS REVENUE	CILIATION	NISTRATIVE AND GENER ACCUM COST	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	
	6.02	6.03	6.04	6.05		6.06	7	8	
93 HOSPICE	631719	5200				668890			93
95 SUBTOTALS	73256432	9190283	181873463	181873463	-12016087	65481115	139196	139196	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	29044					30734	1297	1297	96
98 PHYSICIANS' PRIVATE OFFICES	79649					84284	2080	2080	98
100 OTHER NON-REIMBURSABLE									100
100.01 RESPITE	4330					4582			100.01
100.02 LIFELINE									100.02
100.03 OUTREACH									100.03
100.04 ENT	629847	24390				668413			100.04
100.05 GASTRO CLINIC	1135816	20257				1203504			100.05
100.09 SENIOR SERVICES	56039	547				59343			100.09
100.11 GUEST MEALS									100.11
100.12 OTHER	18401					19472			100.12
100.13 RURAL OUTREACH	18422	1158				19585			100.13
100.16 WYNDREST NURSING HOME	2999092	240910				3192503			100.16
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	4552550	742489	549089	962017		12016087	2391764	2146786	103
104 UNIT COST MULT-WS B PT I	.058197		.003019				16.775715		104
104 UNIT COST MULT-WS B PT I		.078342		.005289		.169806		15.057451	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	429943	107906	30685	36445		475511	87040	37347	107
108 UNIT COST MULT-WS B PT III	.005496		.000169				.610494		108
108 UNIT COST MULT-WS B PT III		.011385		.000200		.006720		.261950	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT
	POUNDS OF LAUNDRY 9	HOURS OF SERVICE 10	MEALS SERVED 11	MEALS SERVED 12	NRSING HRS 14	REQUISITION 15	17	18
93 HOSPICE		4		1264		5200		93
95 SUBTOTALS	770681	152815	272027	105982	438616	7926438	181873463	724826 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
98 PHYSICIANS' PRIVATE OFFICES		1000						98
100 OTHER NON-REIMBURSABLE	134678							100
100.01 RESPITE		625						100.01
100.02 LIFELINE								100.02
100.03 OUTREACH								100.03
100.04 ENT						24390		100.04
100.05 GASTRO CLINIC						20257		100.05
100.09 SENIOR SERVICES				175		547		100.09
100.11 GUEST MEALS			4729					100.11
100.12 OTHER						5		100.12
100.13 RURAL OUTREACH						1158		100.13
100.16 WYNDREST NURSING HOME	137732		89280			240910		100.16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	630679	1296229	2966135	877245	1812635	499777	1982494	754040 103
104 UNIT COST MULT-WS B PT I	.604625		8.103397		4.132624		.010900	104
104 UNIT COST MULT-WS B PT I		8.393091		8.263657		.060847		1.040305 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	36975	47184	251070	73435	51550	133455	110209	50544 107
108 UNIT COST MULT-WS B PT III	.035448		.685916		.117529		.000606	108
108 UNIT COST MULT-WS B PT III		.305517		.691758		.016248		.069733 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT	1
2	OLD CAP REL COSTS-MVBLE EQUIP	2
3	NEW CAP REL COSTS-BLDG & FIXT	3
3.01	NEW CAP SOUTH 1970 BUILDING	3.01
3.02	NEW CAP BLUFF BUILDING	3.02
3.03	NEW CAP REL COSTS-RAD ONCOLOG	3.03
4	NEW CAP REL COSTS-MVBLE EQUIP	4
5	EMPLOYEE BENEFITS	5
6.02	INFORMATION SYSTEMS	6.02
6.03	PURCHASING, RECEIVING AND STO	6.03
6.04	ADMITTING	6.04
6.05	CASHIERING/ACCOUNTS RECEIVABL	6.05
6.06	OTHER ADMINISTRATIVE AND GENE	6.06
7	MAINTENANCE & REPAIRS	7
8	OPERATION OF PLANT	8
9	LAUNDRY & LINEN SERVICE	9
10	HOUSEKEEPING	10
11	DIETARY	11
12	CAFETERIA	12
13	MAINTENANCE OF PERSONNEL	13
14	NURSING ADMINISTRATION	14
15	CENTRAL SERVICES & SUPPLY	15
16	PHARMACY	16
17	MEDICAL RECORDS & LIBRARY	17
18	SOCIAL SERVICE	18
20	NONPHYSICIAN ANESTHETISTS	20
21	NURSING SCHOOL	21
22	I&R SERVICES-SALARY & FRINGES	22
23	I&R SERVICES-OTHER PRGM COSTS	23
24	PARAMED ED PRGM-(SPECIFY)	24
INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
31	SUBPROVIDER I	31
31.01	ACUTE REHAB UNIT	31.01
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	37
38	RECOVERY ROOM	38
39	DELIVERY ROOM & LABOR ROOM	39
41	RADIOLOGY-DIAGNOSTIC	41
44	LABORATORY	44
46.30	BLOOD CLOTTING FACTORS ADMIN	46.30
49	RESPIRATORY THERAPY	49
50	PHYSICAL THERAPY	50
52	SPEECH PATHOLOGY	52
53	ELECTROCARDIOLOGY	53
55	MEDICAL SUPPLIES CHARGED TO P	55
55.30	IMPL. DEV. CHARGED TO PATIENT	55.30
56	DRUGS CHARGED TO PATIENTS	56
57	RENAL DIALYSIS	57
59	SPECIAL PROCEDURES	59
59.02	PARTIAL HOSPITALIZATION	59.02
59.97	CARDIAC REHABILITATION	59.97
59.98	HYPERBARIC OXYGEN THERAPY	59.98
59.99	LITHOTRIPSY	59.99
OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY	61
62	OBSERVATION BEDS (NON-DISTINC	62
63.50	RHC	63.50
63.60	FQHC	63.60
OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC	69.10
69.20	OUTPATIENT PHYSICAL THERAPY	69.20
69.30	OUTPATIENT OCCUPATIONAL THERA	69.30
69.40	OUTPATIENT SPEECH PATHOLOGY	69.40
71	HOME HEALTH AGENCY	71
SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION	85.01
85.02	INTESTINAL ACQUISITION	85.02
85.03	ISLET CELL ACQUISITION	85.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

93	HOSPICE	93
95	SUBTOTALS	95
	NONREIMBURSABLE COST CENTERS	
96	GIFT, FLOWER, COFFEE SHOP & C	96
98	PHYSICIANS' PRIVATE OFFICES	98
100	OTHER NON-REIMBURSABLE	100
100.01	RESPIRE	100.01
100.02	LIFELINE	100.02
100.03	OUTREACH	100.03
100.04	ENT	100.04
100.05	GASTRO CLINIC	100.05
100.09	SENIOR SERVICES	100.09
100.11	GUEST MEALS	100.11
100.12	OTHER	100.12
100.13	RURAL OUTREACH	100.13
100.16	WYNDREST NURSING HOME	100.16
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	103
104	UNIT COST MULT-WS B PT I	104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	107
108	UNIT COST MULT-WS B PT III	108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	14473814		14473814	302	14474116	25
26 INTENSIVE CARE UNIT	1933677		1933677		1933677	26
31 SUBPROVIDER I	1901074		1901074	34312	1935386	31
31.01 ACUTE REHAB UNIT	1239462		1239462	830	1240292	31.01
33 NURSERY	839940		839940		839940	33
34 SKILLED NURSING FACILITY	4913732		4913732	1545	4915277	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5594901		5594901	3598	5598499	37
38 RECOVERY ROOM	341425		341425		341425	38
39 DELIVERY ROOM & LABOR ROOM	833834		833834		833834	39
41 RADIOLOGY-DIAGNOSTIC	6528060		6528060	4077	6532137	41
44 LABORATORY	4901866		4901866		4901866	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1565011		1565011		1565011	49
50 PHYSICAL THERAPY	1783735		1783735		1783735	50
52 SPEECH PATHOLOGY	193283		193283		193283	52
53 ELECTROCARDIOLOGY	801091		801091		801091	53
55 MEDICAL SUPPLIES CHARGED TO	2675065		2675065		2675065	55
55.30 IMPL. DEV. CHARGED TO PATIE	2769341		2769341		2769341	55.30
56 DRUGS CHARGED TO PATIENTS	6753469		6753469		6753469	56
57 RENAL DIALYSIS	1991452		1991452	13558	2005010	57
59 SPECIAL PROCEDURES	2407102		2407102		2407102	59
59.02 PARTIAL HOSPITALIZATION						59.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	6558099		6558099	45000	6603099	61
62 OBSERVATION BEDS (NON-DISTI	655811		655811		655811	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	71655244		71655244	103222	71758466	101
102 LESS OBSERVATION BEDS	655811		655811		655811	102
103 TOTAL	70999433		70999433	103222	71102655	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	20386005		20386005			25
26 INTENSIVE CARE UNIT	3655417		3655417			26
31 SUBPROVIDER I	2173781		2173781			31
31.01 ACUTE REHAB UNIT	1294126		1294126			31.01
33 NURSERY	1683389		1683389			33
34 SKILLED NURSING FACILITY	5421534		5421534			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9466521	10972452	20438973	.273737	.273737	.273913 37
38 RECOVERY ROOM	1110417	1704198	2814615	.121304	.121304	.121304 38
39 DELIVERY ROOM & LABOR ROOM	1573166	292521	1865687	.446931	.446931	.446931 39
41 RADIOLOGY-DIAGNOSTIC	11502329	15263671	26766000	.243894	.243894	.244046 41
44 LABORATORY	14860605	10079904	24940509	.196542	.196542	.196542 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2690759	203349	2894108	.540758	.540758	.540758 49
50 PHYSICAL THERAPY	3318042	627582	3945624	.452079	.452079	.452079 50
52 SPEECH PATHOLOGY	224283	63124	287407	.672506	.672506	.672506 52
53 ELECTROCARDIOLOGY	1520634	2076569	3597203	.222698	.222698	.222698 53
55 MEDICAL SUPPLIES CHARGED TO	702539	1009698	1712237	1.562322	1.562322	1.562322 55
55.30 IMPL. DEV. CHARGED TO PATIE	4974450	3728150	8702600	.318220	.318220	.318220 55.30
56 DRUGS CHARGED TO PATIENTS	16138323	8144271	24282594	.278120	.278120	.278120 56
57 RENAL DIALYSIS	93436	3093916	3187352	.624798	.624798	.629052 57
59 SPECIAL PROCEDURES	4326782	8965462	13292244	.181091	.181091	.181091 59
59.02 PARTIAL HOSPITALIZATION						59.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	2798092	5060146	7858238	.834551	.834551	.840277 61
62 OBSERVATION BEDS (NON-DISTI	55300	618520	673820	.973273	.973273	.973273 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	109969930	71903533	181873463			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	109969930	71903533	181873463			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1609975		1609975
26 INTENSIVE CARE UNIT				172441		172441
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				139058		139058
31.01 ACUTE REHAB UNIT				69248		69248
33 NURSERY				35723		35723
101 TOTAL				2026445		2026445

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	17697	9563			90.97	869946
26 INTENSIVE CARE UNIT	1655	1088			104.19	113359
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2166	606			64.20	38905
31.01 ACUTE REHAB UNIT	1297	881			53.39	47037
33 NURSERY	1280				27.91	
101 TOTAL	24095	12138				1069247

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		766656	20438973	4857934			.037510	182221 37
38 RECOVERY ROOM		6884	2814615	518674			.002446	1269 38
39 DELIVERY ROOM & LABOR ROOM		170536	1865687	7638			.091407	698 39
41 RADIOLOGY-DIAGNOSTIC		1458917	26766000	5700100			.054506	310690 41
44 LABORATORY		361447	24940509	8673797			.014492	125701 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		80128	2894108	1509099			.027687	41782 49
50 PHYSICAL THERAPY		98499	3945624	820623			.024964	20486 50
52 SPEECH PATHOLOGY		4131	287407	56156			.014373	807 52
53 ELECTROCARDIOLOGY		383996	3597203	981392			.106748	104762 53
55 MEDICAL SUPPLIES CHARGED TO P		28649	1712237	346330			.016732	5795 55
55.30 IMPL. DEV. CHARGED TO PATIENT		35349	8702600	2742741			.004062	11141 55.30
56 DRUGS CHARGED TO PATIENTS		333915	24282594	7850082			.013751	107946 56
57 RENAL DIALYSIS		116943	3187352	73696			.036690	2704 57
59 SPECIAL PROCEDURES		209209	13292244	3364341			.015739	52951 59
59.02 PARTIAL HOSPITALIZATION								59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		331747	7858238	1388921			.042216	58635 61
62 OBSERVATION BEDS (NON-DISTINC		72630	673820	25900			.107788	2792 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4459636	147259211	38917424				1030380 101

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/20/2010 12:23

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					17697		9563	25
26 INTENSIVE CARE UNIT					1655		1088	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					2166		606	31
31.01 ACUTE REHAB UNIT					1297		881	31.01
33 NURSERY					1280			33
34 SKILLED NURSING FACILITY					23839		4550	34
35 NURSING FACILITY								35
101 TOTAL					47934		16688	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 SPECIAL PROCEDURES							59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		20438973			4857934		2880390 37
38 RECOVERY ROOM		2814615			518674		281207 38
39 DELIVERY ROOM & LABOR ROOM		1865687			7638		1504 39
41 RADIOLOGY-DIAGNOSTIC		26766000			5700100		2886758 41
44 LABORATORY		24940509			8673797		336415 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2894108			1509099		28437 49
50 PHYSICAL THERAPY		3945624			820623		50
52 SPEECH PATHOLOGY		287407			56156		52
53 ELECTROCARDIOLOGY		3597203			981392		682485 53
55 MEDICAL SUPPLIES CHARGED TO P		1712237			346330		291407 55
55.30 IMPL. DEV. CHARGED TO PATIENT		8702600			2742741		1028955 55.30
56 DRUGS CHARGED TO PATIENTS		24282594			7850082		1354686 56
57 RENAL DIALYSIS		3187352			73696		57
59 SPECIAL PROCEDURES		13292244			3364341		1219467 59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		7858238			1388921		489656 61
62 OBSERVATION BEDS (NON-DISTINC		673820			25900		110781 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		147259211			38917424		11592148 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	2481921				37
38 RECOVERY ROOM	188600				38
39 DELIVERY ROOM & LABOR ROOM	968				39
41 RADIOLOGY-DIAGNOSTIC	2181424				41
44 LABORATORY	304473				44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY	551044				53
55 MEDICAL SUPPLIES CHARGED TO P	298173				55
55.30 IMPL. DEV. CHARGED TO PATIENT	1038277				55.30
56 DRUGS CHARGED TO PATIENTS	969248				56
57 RENAL DIALYSIS					57
59 SPECIAL PROCEDURES	1024786				59
59.02 PARTIAL HOSPITALIZATION					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	432048				61
62 OBSERVATION BEDS (NON-DISTINC	72881				62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	9543843				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0080) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.273737	.273737	.273737				37
38 RECOVERY ROOM	.121304	.121304	.121304				38
39 DELIVERY ROOM & LABOR ROOM	.446931	.446931	.446931				39
41 RADIOLOGY-DIAGNOSTIC	.243894	.243894	.243894				41
44 LABORATORY	.196542	.196542	.196542				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.540758	.540758	.540758				49
50 PHYSICAL THERAPY	.452079	.452079	.452079				50
52 SPEECH PATHOLOGY	.672506	.672506	.672506				52
53 ELECTROCARDIOLOGY	.222698	.222698	.222698				53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.562322	1.562322	1.562322				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.318220	.318220	.318220				55.30
56 DRUGS CHARGED TO PATIENTS	.278120	.278120	.278120				56
57 RENAL DIALYSIS	.624798	.624798	.624798				57
59 SPECIAL PROCEDURES	.181091	.181091	.181091				59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.834551	.834551	.834551				61
62 OBSERVATION BEDS (NON-DISTINCT	.973273	.973273	.973273				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.278120	1
2 PROGRAM VACCINE CHARGES		47875	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		13315	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0080) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2880390		2481921				37
38 RECOVERY ROOM		281207		188600				38
39 DELIVERY ROOM & LABOR ROOM		1504		968				39
41 RADIOLOGY-DIAGNOSTIC		2886758		2181424				41
44 LABORATORY		336415	102	304473				44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		28437	2					49
50 PHYSICAL THERAPY								50
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		682485		551044				53
55 MEDICAL SUPPLIES CHARGED TO PA		291407		298173				55
55.30 IMPL. DEV. CHARGED TO PATIENT		1028955		1038277				55.30
56 DRUGS CHARGED TO PATIENTS		1354686		969248				56
57 RENAL DIALYSIS								57
59 SPECIAL PROCEDURES		1219467		1024786				59
59.02 PARTIAL HOSPITALIZATION								59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		489656		432048				61
62 OBSERVATION BEDS (NON-DISTINCT		110781		72881				62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		11592148	104	9543843				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		11592148	104	9543843				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0080) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		788469		679394			37
38 RECOVERY ROOM		34112		22878			38
39 DELIVERY ROOM & LABOR ROOM		672		433			39
41 RADIOLOGY-DIAGNOSTIC		704063		532036			41
44 LABORATORY		66120	20	59842			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		15378	1				49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		151988		122716			53
55 MEDICAL SUPPLIES CHARGED TO PAT		455272		465842			55
55.30 IMPL. DEV. CHARGED TO PATIENT		327434		330401			55.30
56 DRUGS CHARGED TO PATIENTS		376765		269567			56
57 RENAL DIALYSIS							57
59 SPECIAL PROCEDURES		220834		185580			59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		408643		360566			61
62 OBSERVATION BEDS (NON-DISTINCT		107820		70933			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		3657570	21	3100188			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		3657570	21	3100188			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S080) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		766656	20438973	1			.037510	37
38 RECOVERY ROOM		6884	2814615				.022446	38
39 DELIVERY ROOM & LABOR ROOM		170536	1865687				.091407	39
41 RADIOLOGY-DIAGNOSTIC		1458917	26766000	15333			.054506	836 41
44 LABORATORY		361447	24940509	63624			.014492	922 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		80128	2894108	6114			.027687	169 49
50 PHYSICAL THERAPY		98499	3945624	2016			.024964	50 50
52 SPEECH PATHOLOGY		4131	287407				.014373	52
53 ELECTROCARDIOLOGY		383996	3597203	4892			.106748	522 53
55 MEDICAL SUPPLIES CHARGED TO P		28649	1712237				.016732	55
55.30 IMPL. DEV. CHARGED TO PATIENT		35349	8702600				.004062	55.30
56 DRUGS CHARGED TO PATIENTS		333915	24282594	103544			.013751	1424 56
57 RENAL DIALYSIS		116943	3187352				.036690	57
59 SPECIAL PROCEDURES		209209	13292244	3023			.015739	48 59
59.02 PARTIAL HOSPITALIZATION								59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		331747	7858238	20299			.042216	857 61
62 OBSERVATION BEDS (NON-DISTINC		72630	673820				.107788	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4459636	147259211	218846				4828 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S080) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		20438973				1	37
38 RECOVERY ROOM		2814615					38
39 DELIVERY ROOM & LABOR ROOM		1865687					39
41 RADIOLOGY-DIAGNOSTIC		26766000			15333		41
44 LABORATORY		24940509			63624		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2894108			6114		49
50 PHYSICAL THERAPY		3945624			2016		50
52 SPEECH PATHOLOGY		287407					52
53 ELECTROCARDIOLOGY		3597203			4892		53
55 MEDICAL SUPPLIES CHARGED TO P		1712237					55
55.30 IMPL. DEV. CHARGED TO PATIENT		8702600					55.30
56 DRUGS CHARGED TO PATIENTS		24282594			103544		56
57 RENAL DIALYSIS		3187352					57
59 SPECIAL PROCEDURES		13292244			3023		59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		7858238			20299		61
62 OBSERVATION BEDS (NON-DISTINC		673820					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		147259211			218846		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S080) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 SPECIAL PROCEDURES					59
59.02 PARTIAL HOSPITALIZATION					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (16-T080)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		766656	20438973	223			.037510	8 37
38 RECOVERY ROOM		6884	2814615				.022446	38
39 DELIVERY ROOM & LABOR ROOM		170536	1865687				.091407	39
41 RADIOLOGY-DIAGNOSTIC		1458917	26766000	10892			.054506	594 41
44 LABORATORY		361447	24940509	77543			.014492	1124 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		80128	2894108	6937			.027687	192 49
50 PHYSICAL THERAPY		98499	3945624	380467			.024964	9498 50
52 SPEECH PATHOLOGY		4131	287407	82098			.014373	1180 52
53 ELECTROCARDIOLOGY		383996	3597203	650			.106748	69 53
55 MEDICAL SUPPLIES CHARGED TO P		28649	1712237				.016732	55
55.30 IMPL. DEV. CHARGED TO PATIENT		35349	8702600				.004062	55.30
56 DRUGS CHARGED TO PATIENTS		333915	24282594	166265			.013751	2286 56
57 RENAL DIALYSIS		116943	3187352				.036690	57
59 SPECIAL PROCEDURES		209209	13292244	368			.015739	6 59
59.02 PARTIAL HOSPITALIZATION								59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		331747	7858238	3			.042216	61
62 OBSERVATION BEDS (NON-DISTINC		72630	673820				.107788	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4459636	147259211	725446				14957 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (16-T080) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 SPECIAL PROCEDURES							59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (16-T080) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		20438973			223		37
38 RECOVERY ROOM		2814615					38
39 DELIVERY ROOM & LABOR ROOM		1865687					39
41 RADIOLOGY-DIAGNOSTIC		26766000			10892		41
44 LABORATORY		24940509			77543		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2894108			6937		49
50 PHYSICAL THERAPY		3945624			380467		50
52 SPEECH PATHOLOGY		287407			82098		52
53 ELECTROCARDIOLOGY		3597203			650		53
55 MEDICAL SUPPLIES CHARGED TO P		1712237					55
55.30 IMPL. DEV. CHARGED TO PATIENT		8702600					55.30
56 DRUGS CHARGED TO PATIENTS		24282594			166265		56
57 RENAL DIALYSIS		3187352					57
59 SPECIAL PROCEDURES		13292244			368		59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		7858238			3		61
62 OBSERVATION BEDS (NON-DISTINC		673820					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		147259211			725446		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	SUB II (16-T080)	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 SPECIAL PROCEDURES					59
59.02 PARTIAL HOSPITALIZATION					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (16-5119) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 SPECIAL PROCEDURES							59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (16-5119) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		20438973			580		37
38 RECOVERY ROOM		2814615					38
39 DELIVERY ROOM & LABOR ROOM		1865687					39
41 RADIOLOGY-DIAGNOSTIC		26766000			50397		41
44 LABORATORY		24940509			267596		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2894108			10413		49
50 PHYSICAL THERAPY		3945624			1077401		50
52 SPEECH PATHOLOGY		287407			25464		52
53 ELECTROCARDIOLOGY		3597203			1500		53
55 MEDICAL SUPPLIES CHARGED TO P		1712237			581		55
55.30 IMPL. DEV. CHARGED TO PATIENT		8702600					55.30
56 DRUGS CHARGED TO PATIENTS		24282594			1116715		56
57 RENAL DIALYSIS		3187352					57
59 SPECIAL PROCEDURES		13292244			773		59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		7858238			12		61
62 OBSERVATION BEDS (NON-DISTINC		673820					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		147259211			2551432		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (16-5119)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 SPECIAL PROCEDURES					59
59.02 PARTIAL HOSPITALIZATION					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1609975		1609975
26 INTENSIVE CARE UNIT				172441		172441
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				139058		139058
31.01 ACUTE REHAB UNIT				69248		69248
33 NURSERY				35723		35723
101 TOTAL				2026445		2026445

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	17697	2628			90.97	239069
26 INTENSIVE CARE UNIT	1655				104.19	
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	2166	798			64.20	51232
31.01 ACUTE REHAB UNIT	1297	24			53.39	1281
33 NURSERY	1280	791			27.91	22077
101 TOTAL	24095	4241				313659

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		766656	20438973				.037510	37
38 RECOVERY ROOM		6884	2814615				.022446	38
39 DELIVERY ROOM & LABOR ROOM		170536	1865687				.091407	39
41 RADIOLOGY-DIAGNOSTIC		1458917	26766000				.054506	41
44 LABORATORY		361447	24940509				.014492	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		80128	2894108				.027687	49
50 PHYSICAL THERAPY		98499	3945624				.024964	50
52 SPEECH PATHOLOGY		4131	287407				.014373	52
53 ELECTROCARDIOLOGY		383996	3597203				.106748	53
55 MEDICAL SUPPLIES CHARGED TO P		28649	1712237				.016732	55
55.30 IMPL. DEV. CHARGED TO PATIENT		35349	8702600				.004062	55.30
56 DRUGS CHARGED TO PATIENTS		333915	24282594				.013751	56
57 RENAL DIALYSIS		116943	3187352				.036690	57
59 SPECIAL PROCEDURES		209209	13292244				.015739	59
59.02 PARTIAL HOSPITALIZATION								59.02
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		331747	7858238				.042216	61
62 OBSERVATION BEDS (NON-DISTINC		72052	673820				.106931	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4459058	147259211					101

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/20/2010 12:23

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					17697		2628	25
26 INTENSIVE CARE UNIT					1655			26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					2166		798	31
31.01 ACUTE REHAB UNIT					1297		24	31.01
33 NURSERY					1280		791	33
34 SKILLED NURSING FACILITY					23839			34
35 NURSING FACILITY								35
101 TOTAL					47934		4241	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 SPECIAL PROCEDURES							59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		20438973					37
38 RECOVERY ROOM		2814615					38
39 DELIVERY ROOM & LABOR ROOM		1865687					39
41 RADIOLOGY-DIAGNOSTIC		26766000					41
44 LABORATORY		24940509					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2894108					49
50 PHYSICAL THERAPY		3945624					50
52 SPEECH PATHOLOGY		287407					52
53 ELECTROCARDIOLOGY		3597203					53
55 MEDICAL SUPPLIES CHARGED TO P		1712237					55
55.30 IMPL. DEV. CHARGED TO PATIENT		8702600					55.30
56 DRUGS CHARGED TO PATIENTS		24282594					56
57 RENAL DIALYSIS		3187352					57
59 SPECIAL PROCEDURES		13292244					59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		7858238					61
62 OBSERVATION BEDS (NON-DISTINC		673820					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		147259211					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (16-0080)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 SPECIAL PROCEDURES					59
59.02 PARTIAL HOSPITALIZATION					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (16-0080)	(PPS) (16-S080)	(PPS) (16-T080)			(PPS) (16-5119)	
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17697	2166	1297			23839	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17697	2166	1297			23839	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17697	2166	1297			23839	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9563	606	881			4550	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (16-0080)	SUB I (PPS) (16-S080)	SUB II (PPS) (16-T080)	SUB III	SUB IV	SNF (PPS) (16-5119)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14474116	1935386	1240292			4915277	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14474116	1935386	1240292			4915277	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13950046	604506	871670			1274420	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13950046	604506	871670			1274420	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.037568	3.201599	1.422892			3.856874	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	788.27	279.09	672.07			53.46	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14474116	1935386	1240292			4915277	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (16-0080)	SUB I (PPS) (16-S080)	SUB II (PPS) (16-T080)	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	817.89	893.53	956.28				38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7821482	541479	842483				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7821482	541479	842483				41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	1933677	1655	1168.38	1088	1271197		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (16-0080)	SUB I (PPS) (16-S080)	SUB II (PPS) (16-T080)	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	11381232	67955	295379				48
49	TOTAL PROGRAM INPATIENT COSTS	20473911	609434	1137862				49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	983305	38905	47037				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1030380	4828	14957				51
52	TOTAL PROGRAM EXCLUDABLE COST	2013685	43733	61994				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	18460226	565701	1075868				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (16-0080)	SUB I (PPS) (16-S080)	SUB II (PPS) (16-T080)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (16-5119)	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	4915277	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	206.19	67
68 PROGRAM ROUTINE SERVICE COST	938165	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	938165	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	283106	71
72 PER DIEM CAPITAL RELATED COSTS	11.88	72
73 PROGRAM CAPITAL RELATED COSTS	54054	73
74 INPATIENT ROUTINE SERVICE COST	884111	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	884111	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	938165	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	886844	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	1825009	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS) (PPS)
 (16-0080)(16-S080)(16-T080)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	792	9			83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	817.89	893.53			84
85 OBSERVATION BED COST	647769	8042			85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		14474116		647769		86
87 NEW CAPITAL-RELATED COST	1609975	14474116	.111231	647769	72052	87
88 NON PHYSICIAN ANESTHETIST		14474116		647769		88
89 MEDICAL EDUCATION		14474116		647769		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (16-0080)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	17697					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	17697					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17697					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2628					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	1280					15
16 TITLE V OR XIX NURSERY DAYS	791					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (16-0080)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14473814						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14473814						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13950046						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13950046						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.037546						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	788.27						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	14473814						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (16-0080)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	817.87						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2149362						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2149362						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)	839940	1280	656.20	791	519054		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	1933677	1655	1168.38				43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (16-0080)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	2668416						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	261146						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	261146						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (16-0080)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		194	2			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/20/2010 12:23

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/20/2010 12:23

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (16-0080)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	792	9	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	817.89	893.53	84
85 OBSERVATION BED COST	647769	8042	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (16-0080)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		11853418		25
26 INTENSIVE CARE UNIT		2362705		26
31 SUBPROVIDER I				31
31.01 ACUTE REHAB UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.273913	4857934	1330651	37
38 RECOVERY ROOM	.121304	518674	62917	38
39 DELIVERY ROOM & LABOR ROOM	.446931	7638	3414	39
41 RADIOLOGY-DIAGNOSTIC	.244046	5700100	1391087	41
44 LABORATORY	.196542	8673797	1704765	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.540758	1509099	816057	49
50 PHYSICAL THERAPY	.452079	820623	370986	50
52 SPEECH PATHOLOGY	.672506	56156	37765	52
53 ELECTROCARDIOLOGY	.222698	981392	218554	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.562322	346330	541079	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.318220	2742741	872795	55.30
56 DRUGS CHARGED TO PATIENTS	.278120	7850082	2183265	56
57 RENAL DIALYSIS	.629052	73696	46359	57
59 SPECIAL PROCEDURES	.181091	3364341	609252	59
59.02 PARTIAL HOSPITALIZATION				59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.840277	1388921	1167078	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.973273	25900	25208	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		38917424	11381232	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		38917424		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (16-S080)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		605975		31
31.01 ACUTE REHAB UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.273913	1		37
38 RECOVERY ROOM	.121304			38
39 DELIVERY ROOM & LABOR ROOM	.446931			39
41 RADIOLOGY-DIAGNOSTIC	.244046	15333	3742	41
44 LABORATORY	.196542	63624	12505	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.540758	6114	3306	49
50 PHYSICAL THERAPY	.452079	2016	911	50
52 SPEECH PATHOLOGY	.672506			52
53 ELECTROCARDIOLOGY	.222698	4892	1089	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.562322			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.318220			55.30
56 DRUGS CHARGED TO PATIENTS	.278120	103544	28798	56
57 RENAL DIALYSIS	.629052			57
59 SPECIAL PROCEDURES	.181091	3023	547	59
59.02 PARTIAL HOSPITALIZATION				59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.840277	20299	17057	61
62 OBSERVATION BEDS (NON-DISTINCT	.973273			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		218846	67955	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		218846		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (16-T080)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 ACUTE REHAB UNIT		872397		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.273913	223	61	37
38 RECOVERY ROOM	.121304			38
39 DELIVERY ROOM & LABOR ROOM	.446931			39
41 RADIOLOGY-DIAGNOSTIC	.244046	10892	2658	41
44 LABORATORY	.196542	77543	15240	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.540758	6937	3751	49
50 PHYSICAL THERAPY	.452079	380467	172001	50
52 SPEECH PATHOLOGY	.672506	82098	55211	52
53 ELECTROCARDIOLOGY	.222698	650	145	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.562322			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.318220			55.30
56 DRUGS CHARGED TO PATIENTS	.278120	166265	46242	56
57 RENAL DIALYSIS	.629052			57
59 SPECIAL PROCEDURES	.181091	368	67	59
59.02 PARTIAL HOSPITALIZATION				59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.840277	3	3	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.973273			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		725446	295379	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		725446		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (16-5119)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 ACUTE REHAB UNIT				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.273737	580	159	37
38 RECOVERY ROOM	.121304			38
39 DELIVERY ROOM & LABOR ROOM	.446931			39
41 RADIOLOGY-DIAGNOSTIC	.243894	50397	12292	41
44 LABORATORY	.196542	267596	52594	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.540758	10413	5631	49
50 PHYSICAL THERAPY	.452079	1077401	487070	50
52 SPEECH PATHOLOGY	.672506	25464	17125	52
53 ELECTROCARDIOLOGY	.222698	1500	334	53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.562322	581	908	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.318220			55.30
56 DRUGS CHARGED TO PATIENTS	.278120	1116715	310581	56
57 RENAL DIALYSIS	.624798			57
59 SPECIAL PROCEDURES	.181091	773	140	59
59.02 PARTIAL HOSPITALIZATION				59.02
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.834551	12	10	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.973273			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2551432	886844	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2551432		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (16-0080)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
31.01 ACUTE REHAB UNIT			31.01
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.273737		37
38 RECOVERY ROOM	.121304		38
39 DELIVERY ROOM & LABOR ROOM	.446931		39
41 RADIOLOGY-DIAGNOSTIC	.243894		41
44 LABORATORY	.196542		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.540758		49
50 PHYSICAL THERAPY	.452079		50
52 SPEECH PATHOLOGY	.672506		52
53 ELECTROCARDIOLOGY	.222698		53
55 MEDICAL SUPPLIES CHARGED TO PAT	1.562322		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.318220		55.30
56 DRUGS CHARGED TO PATIENTS	.278120		56
57 RENAL DIALYSIS	.624798		57
59 SPECIAL PROCEDURES	.181091		59
59.02 PARTIAL HOSPITALIZATION			59.02
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.834551		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.973273		62
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		HOSPITAL (16-0080)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT							
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	3875897					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3973448					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	7139108					1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	70128					2.01
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	129.99					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE						3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (16-0080)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0388					4
4.01	0.1704					4.01
4.02	0.2092					4.02
4.03	0.0504					4.03
4.04	755418					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	15813999					6
7	20032439					7
7.01						7.01
8	20032439					8
9	1226035					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	21258474					16
17	11954					17
18	21246520					18
19	1982548					19
20	7831					20
21	86458					21
21.01	60521					21.01
21.02						21.02
22	19316662					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (16-0080)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	19316662				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	17919455				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	1397207				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (16-0080) 1	HOSPITAL (16-0080) 1.01	HOSPITAL (16-0080) 1.02	
1 MEDICAL AND OTHER SERVICES	13336			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	3657570	3100188		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS		2387575		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	3000006	0.859		1.03
1.04 LINE 1.01 TIMES LINE 1.03		2663061		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04		89.66		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT		234163		1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	13336			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	47979			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	47979			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	47979			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	34643			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	13336			17
17.01 TOTAL PPS PAYMENTS	5621744			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (16-0080) 1	HOSPITAL (16-0080) 1.01	HOSPITAL (16-0080) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	15		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1317257		18.01
19 SUBTOTAL	4317808		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4317808		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	4317808		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	26250		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	18375		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	4336183		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	4336183		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4086667		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	249516		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (16-S080)	SUB I (16-S080)	SUB I (16-S080)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (16-S080)	SUB I (16-S080)	SUB I (16-S080)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (16-T080)	SUB II (16-T080)	SUB II (16-T080)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (16-T080) 1	SUB II (16-T080) 1.01	SUB II (16-T080) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18				18
18.01				18.01
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
27.01				27.01
27.02				27.02
28				28
29				29
30				30
30.99				30.99
31				31
32				32
33				33
34				34
34.01				34.01
35				35
36				36
TO BE COMPLETED BY CONTRACTOR				
50				50
51				51
52				52
53				53
54				54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (16-5119)	SNF (16-5119)	SNF (16-5119)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (16-5119)	SNF (16-5119)	SNF (16-5119)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (16-0080)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		17830655		4086667
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.		88800		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		NONE
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		17919455		4086667
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (16-S080)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		436685		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		436685		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH	PROGRAM .01			5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (16-T080)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		971067		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05				3.05
				3.50
PROVIDER .51				3.51
TO .52		NONE		3.52
PROGRAM .53				3.53
				3.54
SUBTOTAL .99				3.99
4 TOTAL INTERIM PAYMENTS		971067		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PROGRAM .01				5.01
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. TO .02				5.02
PROVIDER .03				5.03
PROVIDER .50				5.50
TO .51				5.51
PROGRAM .52				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. PROGRAM TO .01				6.01
PROVIDER TO .02				6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (16-5119)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1683873		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				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE 3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		NONE 3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1683873		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (16-S080) (16-T080)

1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		962648		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0081		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		15874		1.04
1.05	OUTLIER PAYMENTS		11430		1.05
1.06	TOTAL PPS PAYMENTS		989952		1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)				
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	488973			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	1685			1.09
1.10	NET IPF PPS ECT PAYMENTS				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)				1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	5.909589			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	490658			1.19
1.20	STOP LESS PAYMENT FLOOR				1.20
1.21	ADJUSTED NET PAYMENT FLOOR				1.21
1.22	STOP LOSS ADJUSTMENT				1.22
1.23	TOTAL IPF PPS PAYMENTS	490658			1.23
	INPATIENT REHABILITATION FACILITY (IRF)				
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)				1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)				1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		3.553425		1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.41
1.42	MEDICAL EDUCATION ADJUSTMENT				1.42
2	ORGAN ACQUISITION				2
3	COST OF TEACHING PHYSICIANS				3
4	SUBTOTAL	490658	989952		4
5	PRIMARY PAYER PAYMENTS	1033			5
6	SUBTOTAL	489625	989952		6
7	DEDUCTIBLES	52940	1068		7
8	SUBTOTAL	436685	988884		8
9	COINSURANCE		8867		9
10	SUBTOTAL	436685	980017		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	3204			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	2243			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				11.02
12	SUBTOTAL	438928	980017		12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (16-S080)	SUB II (16-T080)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		438928	980017			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		436685	971067			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		2243	8950			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (16-5119) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

SNF I
 (16-5119)
 (PPS)
 2

34	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	1833307	35
36	COINSURANCE	149434	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS		38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	1683873	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	1683873	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1683873	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	1683873	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM		58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX					
		HOSPITAL (16-0080) (OTHER)	SUB I (16-S080)	SUB II (16-T080)	SUB III	SUB IV	NF I (PPS)	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	2668416						1
2	MEDICAL AND OTHER SERVICES							2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	2668416						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	2668416						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES							10
11	ANCILLARY SERVICE CHARGES							11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES							16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES							20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	2668416						22
23	COST OF COVERED SERVICES	2668416						23
	PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL	2668416						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)							31
32	LESSER OF LINES 30 OR 31	2668416						32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (16-0080) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	2668416					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

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	2560998			1
2 TEMPORARY INVESTMENTS	23289281			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	14984515			4
5 OTHER RECEIVABLES	7262			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4559310			6
7 INVENTORY	1247069			7
8 PREPAID EXPENSES	121474			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	37651289			11
FIXED ASSETS				
12 LAND	512212			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS				13
13.01 ACCUMULATED DEPRECIATION				13.01
14 BUILDINGS	70466884			14
14.01 ACCUMULATED DEPRECIATION	-48005691			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT				16
16.01 ACCUMULATED DEPRECIATION				16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	39924967			18
18.01 ACCUMULATED DEPRECIATION	-32323105			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	30575267			21
OTHER ASSETS				
22 INVESTMENTS	37588052			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	6432972			25
26 TOTAL OTHER ASSETS	44021024			26
27 TOTAL ASSETS	112247580			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4643223			28
29 SALARIES, WAGES & FEES PAYABLE	6634470			29
30 PAYROLL TAXES PAYABLE	438170			30
31 NOTES & LOANS PAYABLE (SHORT TERM)	374787			31
32 DEFERRED INCOME	3161522			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES				35
36 TOTAL CURRENT LIABILITIES	15252172			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	19325242			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	1260470			41
42 TOTAL LONG TERM LIABILITIES	20585712			42
43 TOTAL LIABILITIES	35837884			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	76409696			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	76409696			51
52 TOTAL LIABILITIES AND FUND BALANCES	112247580			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	67809988			1
2 NET INCOME (LOSS)	8888240			2
3 TOTAL	76698228			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	76698228			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ALL OTHER-NET	288530			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	288530			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	76409698			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	22475831		22475831	1
2 SUBPROVIDER I	2195457		2195457	2
2.01 SUBPROVIDER II	1294126		1294126	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY	5435235		5435235	6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	31400649		31400649	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	3693229		3693229	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	3693229		3693229	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	35093878		35093878	16
17 ANCILLARY SERVICES	79297543	69047275	148344818	17
18 OUTPATIENT SERVICES	2828700	6493262	9321962	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		5365077	5365077	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 PHYSICIAN PRACTICE REVENUE		8675736	8675736	24
25 TOTAL PATIENT REVENUES	117220121	89581350	206801471	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		88973365	26
27 ADD (SPECIFY)	25453		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		25453	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		88998818	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	206801471	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	115306083	2
3	NET PATIENT REVENUES	91495388	3
4	LESS - TOTAL OPERATING EXPENSES	88998818	4
5	NET INCOME FROM SERVICE TO PATIENTS	2496570	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	408822	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	58785	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	216779	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	30965	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	12053	21
22	RENTAL OF HOSPITAL SPACE	144179	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER		24
24.01	OTHER OPERATING REVENUE	330511	24.01
24.02	EDUCATION REVENUE		24.02
24.03	GAIN/LOSS OF DISPOSAL OF ASSETS	10808	24.03
24.04	CLINICAL LAB REVENUE	13574	24.04
24.06	PRACTICE MGMT SERV REV	182100	24.06
24.07	IC OTHER REVENUE	170917	24.07
24.08	IC GRANT REVENUE	20704	24.08
24.09	GRANT REVENUES		24.09
24.10	UNUSUAL ITEMS		24.10
24.11	RADIOLOGY SERVICE REV	2888	24.11
24.12	GAIN ON INVESTMENTS	4545673	24.12
24.13	RESTRICTED NET ASSETS RELEASED		24.13
24.14	EQUITY GAINS (LOSSES) IN UNCONSOLID		24.14
24.15	MOBILE ULTRASOUND REVENUE	10615	24.15
24.16	CONSULTING REVENUE		24.16
24.17	IC MANAGEMENT FEES		24.17
24.18	CHILDCARE REVENUE	233278	24.18
24.19	OTHER REVENUE COPIES	1135	24.19
24.20	CE AND CPR REVENUE	6709	24.20
24.21	EXTERNAL PERSONNEL SRVC	289	24.21
24.22	UNUSUAL ITEM		24.22
24.23	GRANT REVENUE A133		24.23
24.24	IC RENT REVENUE	83187	24.24
24.25	EMPLOYEE WELLNESS REVENUE	25745	24.25
24.26	WELLNESS REVENUE	14880	24.26
24.27	TAXES EXCLUDED FROM A	-2725	24.27
24.28	IC DERIVATIVES	-139282	24.28
24.29	OTHER	9081	24.29
25	TOTAL OTHER INCOME	6391670	25
26	TOTAL	8888240	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8888240	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7154

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	166219	40857	3645			210721 5
6 SKILLED NURSING CARE	754504	185456	56998			996958 6
7 PHYSICAL THERAPY	161893	39793	12776			214462 7
8 OCCUPATIONAL THERAPY	123009	15085	6000			144094 8
9 SPEECH PATHOLOGY	4192	514				4706 9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	157959	38826	15613			212398 11
12 SUPPLIES					403599	403599 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS	220697	69914	5420	236265	426847	959143 23
23.50 TELEMEDICINE						23.50
24 TOTAL	1588473	390445	100452	236265	830446	3146081 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7154

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		210721		210721	5
6 SKILLED NURSING CARE		996958		996958	6
7 PHYSICAL THERAPY		214462		214462	7
8 OCCUPATIONAL THERAPY		144094		144094	8
9 SPEECH PATHOLOGY		4706		4706	9
10 MEDICAL SOCIAL SERVICES					10
11 HOME HEALTH AIDE		212398		212398	11
12 SUPPLIES	-42776	360823		360823	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS	-107138	852005	-240701	611304	23
23.50 TELEMEDICINE					23.50
24 TOTAL	-149914	2996167	-240701	2755466	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 16-7154

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	210721					210721	210721	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	996958					996958	82554	1079512
7 PHYSICAL THERAPY	214462					214462	17759	232221
8 OCCUPATIONAL THERAPY	144094					144094	11932	156026
9 SPEECH PATHOLOGY	4706					4706	390	5096
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE	212398					212398	17588	229986
12 SUPPLIES	360823					360823	29878	390701
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS	611304					611304	50620	661924
23.50 TELEMEDICINE								23.50
24 TOTAL	2755466					2755466		2755466

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-210721	2544745	5
6 SKILLED NURSING CARE						996958	6
7 PHYSICAL THERAPY						214462	7
8 OCCUPATIONAL THERAPY						144094	8
9 SPEECH PATHOLOGY						4706	9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						212398	11
12 SUPPLIES						360823	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS						611304	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-210721	2544745	24
25 COST TO BE ALLOC (PER W/S H)						210721	25
26 UNIT COST MULTIPLIER						.082806	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 16-7154

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		297381		297381			1
2 SKILLED NURSING CARE		1339161		1339161	115649	1454810	2
3 PHYSICAL THERAPY		287463		287463	24825	312288	3
4 OCCUPATIONAL THERAPY		193142		193142	16679	209821	4
5 SPEECH PATHOLOGY		6309		6309	545	6854	5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE		285293		285293	24637	309930	7
8 SUPPLIES		510991		510991	44128	555119	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS		821213		821213	70918	892131	19
19.50 TELEMEDICINE							19.50
20 TOTALS		3740953		3740953	297381	3740953	20
21 UNIT COST MULTIPLIER					.086358		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP SO UTH 1970 B UILDING SQUARE FEET	NEW CAP BL UFF BUILDI NG SQUARE FEET	NEW CAP RE L COSTS-RA D ONCOLOGY SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	
	1	2	3	3.01	3.02	3.03	4	5	
1 ADMINISTRATIVE AND GENERAL				8291	6504		106909	166219	1
2 SKILLED NURSING CARE								754504	2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE								157959	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS								483734	19
19.50 TELEMEDICINE									19.50
20 TOTALS				8291	6504		106909	1562416	20
21 TOTAL COST TO BE ALLOCATED				27011	8975		104486	4768	21
22 UNIT COST MULTIPLIER					1.379920		.977336		22
22 UNIT COST MULTIPLIER				3.257870				.003052	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-5
 PART II

HHA COST CENTER	RECON- CILIATION 6A.02	INFO SERV ACCUM COST 6.02	PURCHASING RECEIVING & STORES GROSS REVENUE 6.03	ADMITTING & REG GROSS REVENUE 6.04	CASHIERING /ACCOUNTS RECEIVABLE GROSS REVENUE 6.05	RECON- CILIATION	OTHER ADMI NISTRATIVE AND GENER ACCUM COST 6.06	MAIN- TENANCE & REPAIRS SQUARE FEET 7
1 ADMINISTRATIVE AND GENERAL		140979	449462				184396	1
2 SKILLED NURSING CARE		1081815					1144771	2
3 PHYSICAL THERAPY		232221					245736	3
4 OCCUPATIONAL THERAPY		156026					165106	4
5 SPEECH PATHOLOGY		5096					5393	5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE		230468					243881	7
8 SUPPLIES		390701					413439	8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS		663400					702008	19
19.50 TELEMEDICINE								19.50
20 TOTALS		2900706	449462				3104730	20
21 TOTAL COST TO BE ALLOCATED		168812	35212				527202	21
22 UNIT COST MULTIPLIER			.078343				.169806	22
22 UNIT COST MULTIPLIER		.058197						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUISTION	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL			2386		7460				1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES								449462	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			2386		7460			449462	20
21 TOTAL COST TO BE ALLOCATED			20026		61647			27348	21
22 UNIT COST MULTIPLIER			8.393127		8.263673				22
22 UNIT COST MULTIPLIER								.060846	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7154

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		1		2	3	4	5	
1	SKILLED NURSING CARE	2	1454810		1454810	12985	112.04	1
2	PHYSICAL THERAPY	3	312288	146694	458982	3279	139.98	2
3	OCCUPATIONAL THERAPY	4	209821		209821	1069	196.28	3
4	SPEECH PATHOLOGY	5	6854	2819	9673	32	302.28	4
5	MEDICAL SOCIAL SERV	6				129		5
6	HOME HEALTH AIDE SERV	7	309930		309930	3515	88.17	6
7	TOTAL		2293703	149513	2443216	21009		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		1		2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	555119	32685	587804	2322301	.253113	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4			17
18	PER BENEFICIARY COST LIMITATION			18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7154

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I		
		1	2	3	4		
1	PHYSICAL THERAPY	50	.452079	324487	146694	COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51		123009		COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.672506	4192	2819	COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	1.562322	20921	32685	COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.318220			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS	56	.278120			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY	2	139.98	2.01	3	3.01	4	653
2	OCCUPATIONAL THERAPY	3	196.28					238
3	SPEECH PATHOLOGY	4	302.28					1
4	TOTAL							892

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7154

WORKSHEET H-6
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		1454810		1454810	12985	112.04	1
2	PHYSICAL THERAPY		312288		312288	3279	95.24	2
3	OCCUPATIONAL THERAPY		209821		209821	1069	196.28	3
4	SPEECH PATHOLOGY		6854		6854	32	214.19	4
5	MEDICAL SOCIAL SERV					129		5
6	HOME HEALTH AIDE SERV		309930		309930	3515	88.17	6
7	TOTAL		2293703		2293703	21009		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		555119		555119			15
16	COST OF DRUGS							16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4			17
18	PER BENEFICIARY COST LIMITATION			18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7154

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4		
1	PHYSICAL THERAPY 50	.452079			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.672506			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	1.562322			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30	.318220			COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.278120			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5			
1	PHYSICAL THERAPY 2	95.24	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	196.28						2
3	SPEECH PATHOLOGY 4	214.19						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 16-7154

WORKSHEET H-7
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
3 TOTAL CHARGES			3
CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			4
5 AMOUNT 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(B)			5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			6
7 TOTAL CUSTOMARY CHARGES			7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			8
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			9
10 PRIMARY PAYOR PAYMENTS			10

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS			10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES			10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES			10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL			12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL			14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST			16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD			18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL			22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL			24
25 TOTAL INTERIM PAYMENTS			25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 16-7154

WORKSHEET H-7
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
3 TOTAL CHARGES			3
CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			4
5 AMOUNT 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(B)			5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			6
7 TOTAL CUSTOMARY CHARGES			7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			8
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			9
10 PRIMARY PAYOR PAYMENTS			10

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS			10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES			10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES			10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL			12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL			14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST			16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD			18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL			22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL			24
25 TOTAL INTERIM PAYMENTS			25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 16-7154

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				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				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE 3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROGRAM .50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		NONE 3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS				4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 16-2313

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	305384	HRS OF SERVICE	10877.37	5.23	1
2 LICENSED PRACTICAL NURSES	45974	HRS OF SERVICE	2571.72	1.24	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	130963	HRS OF SERVICE	9889.67	4.75	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	126641	ACCUMULATED COST			8
9 SUBTOTAL	608962				9
10 EMPLOYEE BENEFITS	140384	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	8919	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	14204	ACCUMULATED COST			16
17 SUBTOTAL	772469				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	19794	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	24979	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	1767	SALARY			22
23 ADMINISTRATIVE AND GENERAL	229113	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	36710	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	2194	REQUISITIONS			26
27 PHARMACY		REQUISITIONS			27
28 OTHER ALLOCATED COSTS	904426	ACCUMULATED COST			28
29 SUBTOTAL	1991452				29
30 LABORATORY	5640	CHARGES	28698		30
31 RESPIRATORY THERAPY		CHARGES			31
32 SPECIAL PROCEDURES	282	CHARGES	1556		32
32.02 PARTIAL HOSPITALIZATION		CHARGES			32.02
32.97 CARDIAC REHABILITATION		CHARGES			32.97
32.98 HYPERBARIC OXYGEN THERAPY		CHARGES			32.98
32.99 LITHOTRIPSY		CHARGES			32.99
33 TOTAL COSTS	1997374				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 16-2313

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- DIRECT PATIENT					ROUTINE					TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL SUPPLIES	ANCILLARY SERVICES	SUB-TOTAL	OVERHEAD			
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	56504	24979	305384	176937	142151		11113	5922	722990	1274384	1997374	1
2 MAINTENANCE												
3 HEMODIALYSIS	56504	24979	305384	176937	142151		11113	5922	722990	1274384	1997374	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD												6
8 CCPD												7
9 HOME												
10 HEMODIALYSIS												8
11 INTERMITTENT PERITONEAL												9
12 CAPD												10
13 CCPD												11
14 OTHER BILLABLE SERVICES												
15 INPATIENT DIALYSIS												12
16 METHOD II HOME PATIENT												13
17 EPO (INCL IN RENAL DEPT)												14
18.01 ARANESP (INCL IN RENAL DEPT)												14.01
19 OTHER												15
20 TOTAL	56504	24979	305384	176937	142151		11113	5922	722990	1274384	1997374	16
21 MEDICAL EDUC PGM COSTS												17
22 TOTAL RENAL COSTS											1997374	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 16-2313

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)		
	1	2	3	4	5	6	7	8	9	10		
1	TOTAL RENAL DEPT COSTS	56504	24979	305384	176937	142151		11113	5922	722990	1274384	1
	MAINTENANCE											
2	HEMODIALYSIS	4826	100.00	10877.37	12461.39	578962		9402	100			2
3	INTERMITTENT PERITONEAL TRAINING											3
4	HEMODIALYSIS											4
5	INTERMITTENT PERITONEAL											5
6	CAPD											6
7	CCPD											7
	HOME											
8	HEMODIALYSIS											8
9	INTERMITTENT PERITONEAL											9
10	CAPD											10
11	CCPD											11
	OTHER BILLABLE SERVICES											
12	INPT DIAL TRMNTS											13
13	METHOD II HOME PATIENT											14
14	EPO											14.01
14.01	ARANESP											15
15	OTHER											16
16	TOTAL STATISTICAL BASIS	4826	100.00	10877.37	12461.39	578962		9402	100		722990	17
17	UNIT COST MULTIPLIER	11.708247		28.075169		.245527		1.181983				
		249.790000			14.198817			59.220000			1.762658	

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 16-2313
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	9402	1997374	212.44	7288	1548263	152.67	1112659	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
		PATIENT WEEKS			PATIENT WEEKS			
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	9402	1997374		7288	1548263		1112659	11

PROVIDER NO. 16-0080 MERCY MEDICAL CENTER
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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 16-2313

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	1548263 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1112659 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	547 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	222419 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01 5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	222966 6
7	PROGRAM PAYMENT	889690 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	3 8
9	REIMBURSABLE BAD DEBTS	9 9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (16-0080)	HOSPITAL (16-0080)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2		1219958			2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01		6077			3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6		1226035			6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAP SOUTH 1970 BUILDING					3.01
3.02 NEW CAP BLUFF BUILDING					3.02
3.03 NEW CAP REL COSTS-RAD ONCOLOGY					3.03
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.02 INFORMATION SYSTEMS					6.02
6.03 PURCHASING, RECEIVING AND STOR					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 OTHER ADMINISTRATIVE AND GENER					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 ACUTE REHAB UNIT					31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 SPECIAL PROCEDURES					59
59.02 PARTIAL HOSPITALIZATION					59.02
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES						98
100 OTHER NON-REIMBURSABLE						100
100.01 RESPITE						100.01
100.02 LIFELINE						100.02
100.03 OUTREACH						100.03
100.04 ENT						100.04
100.05 GASTRO CLINIC						100.05
100.09 SENIOR SERVICES						100.09
100.11 GUEST MEALS						100.11
100.12 OTHER						100.12
100.13 RURAL OUTREACH						100.13
100.16 WYNDREST NURSING HOME						100.16
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	54.04		14.85				68.89 25
26 INTENSIVE CARE UNIT	65.74						65.74 26
33 NURSERY			61.80				61.80 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	23.77	14.09					37.86 37
38 RECOVERY ROOM	18.43	9.99					28.42 38
39 DELIVERY ROOM & LABOR ROOM	0.41	0.08					0.49 39
41 RADIOLOGY-DIAGNOSTIC	21.30	10.79					32.09 41
44 LABORATORY	34.78	1.35					36.13 44
49 RESPIRATORY THERAPY	52.14	0.98					53.12 49
50 PHYSICAL THERAPY	20.80						20.80 50
52 SPEECH PATHOLOGY	19.54						19.54 52
53 ELECTROCARDIOLOGY	27.28	18.97					46.25 53
55 MEDICAL SUPPLIES CHARGED TO PAT	20.23	17.02					37.25 55
55.30 IMPL. DEV. CHARGED TO PATIENT	31.52	11.82					43.34 55.30
56 DRUGS CHARGED TO PATIENTS	32.33	5.58					37.91 56
57 RENAL DIALYSIS	2.31						2.31 57
59 SPECIAL PROCEDURES	25.31	9.17					34.48 59
61 EMERGENCY	17.67	6.23					23.90 61
62 OBSERVATION BEDS (NON-DISTINCT	3.84	16.44					20.28 62
101 TOTAL CHARGES	21.40	6.37					27.77 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I		27.98					27.98 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC		0.06					0.06 41
44 LABORATORY		0.26					0.26 44
49 RESPIRATORY THERAPY		0.21					0.21 49
50 PHYSICAL THERAPY		0.05					0.05 50
53 ELECTROCARDIOLOGY		0.14					0.14 53
56 DRUGS CHARGED TO PATIENTS		0.43					0.43 56
59 SPECIAL PROCEDURES		0.02					0.02 59
61 EMERGENCY		0.26					0.26 61
101 TOTAL CHARGES		0.12					0.12 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 ACUTE REHAB UNIT	67.93						67.93 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.04						0.04 41
44 LABORATORY	0.31						0.31 44
49 RESPIRATORY THERAPY	0.24						0.24 49
50 PHYSICAL THERAPY	9.64						9.64 50
52 SPEECH PATHOLOGY	28.57						28.57 52
53 ELECTROCARDIOLOGY	0.02						0.02 53
56 DRUGS CHARGED TO PATIENTS	0.68						0.68 56
101 TOTAL CHARGES	0.40						0.40 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		19.09					19.09	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
41 RADIOLOGY-DIAGNOSTIC		0.19					0.19	41
44 LABORATORY		1.07					1.07	44
49 RESPIRATORY THERAPY		0.36					0.36	49
50 PHYSICAL THERAPY		27.31					27.31	50
52 SPEECH PATHOLOGY		8.86					8.86	52
53 ELECTROCARDIOLOGY		0.04					0.04	53
55 MEDICAL SUPPLIES CHARGED TO PAT		0.03					0.03	55
56 DRUGS CHARGED TO PATIENTS		4.60					4.60	56
59 SPECIAL PROCEDURES		0.01					0.01	59
101 TOTAL CHARGES		1.40					1.40	101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	3454874	4.17	-3454874	-9.97		3
3.01	NEW CAP SOUTH 1970 BUILDING	334401	.40	-334401	-.96		3.01
3.02	NEW CAP BLUFF BUILDING	70568	.09	-70568	-.20		3.02
3.03	NEW CAP REL COSTS-RAD ONCOLOGY	307311	.37	-307311	-.89		3.03
4	NEW CAP REL COSTS-MVBLE EQUIP	3089053	3.73	-3089053	-8.91		4
5	EMPLOYEE BENEFITS	44506	.05	-44506	-.13		5
6.02	INFORMATION SYSTEMS	4121849	4.98	-4121849	-11.89		6.02
6.03	PURCHASING, RECEIVING AND STORE	597167	.72	-597167	-1.72		6.03
6.04	ADMITTING	489769	.59	-489769	-1.41		6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	877312	1.06	-877312	-2.53		6.05
6.06	OTHER ADMINISTRATIVE AND GENERA	10933497	13.21	-10933497	-31.55		6.06
7	MAINTENANCE & REPAIRS	1859304	2.25	-1859304	-5.36		7
8	OPERATION OF PLANT	1716989	2.07	-1716989	-4.95		8
9	LAUNDRY & LINEN SERVICE	450617	.54	-450617	-1.30		9
10	HOUSEKEEPING	973976	1.18	-973976	-2.81		10
11	DIETARY	1926411	2.33	-1926411	-5.56		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1371426	1.66	-1371426	-3.96		14
15	CENTRAL SERVICES & SUPPLY	171096	.21	-171096	-.49		15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY	1367120	1.65	-1367120	-3.94		17
18	SOCIAL SERVICE	499513	.60	-499513	-1.44		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	6928430	8.37	7545384	21.77	14473814	17.48
26	INTENSIVE CARE UNIT	1099261	1.33	834416	2.41	1933677	2.34
31	SUBPROVIDER I	1033666	1.25	867408	2.50	1901074	2.30
31.01	ACUTE REHAB UNIT	884124	1.07	355338	1.03	1239462	1.50
33	NURSERY	536513	.65	303427	.88	839940	1.01
34	SKILLED NURSING FACILITY	2872656	3.47	2041076	5.89	4913732	5.94
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	2584776	3.12	3010125	8.69	5594901	6.76
38	RECOVERY ROOM	206444	.25	134981	.39	341425	.41
39	DELIVERY ROOM & LABOR ROOM	331988	.40	501846	1.45	833834	1.01
41	RADIOLOGY-DIAGNOSTIC	2997964	3.62	3530096	10.19	6528060	7.89
44	LABORATORY	2963382	3.58	1938484	5.59	4901866	5.92
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1058538	1.28	506473	1.46	1565011	1.89
50	PHYSICAL THERAPY	1218466	1.47	565269	1.63	1783735	2.15

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
52 SPEECH PATHOLOGY	142683	.17	50600	.15	193283	.23	52
53 ELECTROCARDIOLOGY	135038	.16	666053	1.92	801091	.97	53
55 MEDICAL SUPPLIES CHARGED TO PAT	2132477	2.58	542588	1.57	2675065	3.23	55
55.30 IMPL. DEV. CHARGED TO PATIENT	2092201	2.53	677140	1.95	2769341	3.35	55.30
56 DRUGS CHARGED TO PATIENTS	4507106	5.44	2246363	6.48	6753469	8.16	56
57 RENAL DIALYSIS	772469	.93	1218983	3.52	1991452	2.41	57
59 SPECIAL PROCEDURES	1165551	1.41	1241551	3.58	2407102	2.91	59
59.02 PARTIAL HOSPITALIZATION							59.02
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
61 EMERGENCY	4309536	5.21	2248563	6.49	6558099	7.92	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	2755466	3.33	985487	2.84	3740953	4.52	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	630432	.76	162835	.47	793267	.96	93
NONREIMBURSABLE COST CENTERS							
GIFT, FLOWER, COFFEE SHOP & CAN			77241	.22	77241	.09	96
98 PHYSICIANS' PRIVATE OFFICES	1734		171467	.49	173201	.21	98
100 OTHER NON-REIMBURSABLE			81430	.23	81430	.10	100
100.01 RESPITE			10606	.03	10606	.01	100.01
100.02 LIFELINE							100.02
100.03 OUTREACH							100.03
100.04 ENT	606498	.73	176900	.51	783398	.95	100.04
100.05 GASTRO CLINIC	1130814	1.37	278285	.80	1409099	1.70	100.05
100.09 SENIOR SERVICES	53668	.06	17231	.05	70899	.09	100.09
100.11 GUEST MEALS			38321	.11	38321	.05	100.11
100.12 OTHER	9284	.01	13494	.04	22778	.03	100.12
100.13 RURAL OUTREACH	18391	.02	4590	.01	22981	.03	100.13
100.16 WYNDREST NURSING HOME	2943307	3.56	1612708	4.65	4556015	5.50	100.16
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	82779622	100.00	0	.00	82779622	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	766656	20438973	.037510	4857934	182221	37
38 RECOVERY ROOM	6884	2814615	.002446	518674	1269	38
39 DELIVERY ROOM & LABOR ROOM	170536	1865687	.091407	7638	698	39
41 RADIOLOGY-DIAGNOSTIC	1458917	26766000	.054506	5700100	310690	41
44 LABORATORY	361447	24940509	.014492	8673797	125701	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	80128	2894108	.027687	1509099	41782	49
50 PHYSICAL THERAPY	98499	3945624	.024964	820623	20486	50
52 SPEECH PATHOLOGY	4131	287407	.014373	56156	807	52
53 ELECTROCARDIOLOGY	383996	3597203	.106748	981392	104762	53
55 MEDICAL SUPPLIES CHARGED TO PAT	28649	1712237	.016732	346330	5795	55
55.30 IMPL. DEV. CHARGED TO PATIENT	35349	8702600	.004062	2742741	11141	55.30
56 DRUGS CHARGED TO PATIENTS	333915	24282594	.013751	7850082	107946	56
57 RENAL DIALYSIS	116943	3187352	.036690	73696	2704	57
59 SPECIAL PROCEDURES	209209	13292244	.015739	3364341	52951	59
59.02 PARTIAL HOSPITALIZATION						59.02
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	331747	7858238	.042216	1388921	58635	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	72630	673820	.107788	25900	2792	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4459636	147259211		38917424	1030380	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1609975		1609975	17697	90.97	9563	869946 25
26	INTENSIVE CARE UNIT	172441		172441	1655	104.19	1088	113359 26
101	TOTAL	1782416		1782416			10651	983305 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							983305	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1030380	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2013685	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2596	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							10651	
PER DISCHARGE CAPITAL COSTS							775.69	
PER DIEM CAPITAL COSTS							189.06	

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)	18460226
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	53133547
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.347

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1137862
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	1605085
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.709

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	609434
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	824821
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.739

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2013685
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.038

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	6757758
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	21135991
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.320