

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MERCY MEDICAL CENTER (16-0080) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		802,918	53,725	242,748	1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		10,206			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		813,124	53,725	242,748	200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1410 N. FOURTH ST
 2 CITY: CLINTON

STATE: IA

P.O. BOX:
 ZIP CODE: 52832

COUNTY: CLINTON

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	MERCY MEDICAL CENTER	16-0080	19340	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF	MERCY MEDICAL CENTER-MENTAL H	16-S080	16	4	07/01/1991	N	P	N	4
5	SUBPROVIDER - IRF	MERCY MEDICAL CENTER-REHABILI	16-T080	16	5	07/01/2006	N	P	N	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF	MERCY LIVING CENTER-SOUTH	16-5119	16		04/01/1983	N	P	N	9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	MERCY HOME CARE AND HOSPICE	16-7154	16		07/01/1998	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	MERCY HOSPICE	16-1527	16		07/01/1998				14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS	MERCY RENAL DIALYSIS	16-2313	16		07/01/1991				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010				TO: 06/30/2011				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,801	130	422	94		6 24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.		51				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2		26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2		27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.				1		35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING: 07/01/2010	ENDING: 06/30/2011	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				BEGINNING:	ENDING:	38

	V 1	XVIII 2	XIX 3	
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL			
46	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
47	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
48	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
49	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

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

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

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

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

TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
INPATIENT PSYCHIATRIC FACILITY PPS					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N 71
INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N 76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V XIX 1 2 Y Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL	RESPI- RATORY	N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1	118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	20,000,000	99,999,999, 119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	Y	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	902022 140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: TRINITY HEALTH	CONTRACTOR'S NAME: NGS LLC	CONTRACTOR'S NUMBER: 000452	141
142	STREET: 27870 CABOT DR	P.O. BOX:		142
143	CITY: NOVI	STATE: MI	ZIP CODE: 48337-2920	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	2				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	Y		3	
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
4	5				
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES		Y/N	Y/N		
6	7				
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.			11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N	15	
PS&R REPORT DATA		PART A		PART B	
16	17	Y/N	DATE	Y/N	DATE
1	2	3	4		
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/13/2011	Y	12/13/2011
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	34,358,065		34,358,065	1,550,315.46	22.16
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A		103,760		103,760	1,042.00	99.58
4.01	PHYSICIANS-PART A - DIRECT TEACHING						
5	PHYSICIAN-PART B						
6	NON-PHYSICIAN-PART B						
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						
8	HOME OFFICE PERSONNEL						
9	SNF	44	2,359,138		2,359,138	132,865.22	17.76
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		6,278,524	115,849	6,394,373	284,549.00	22.47
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)		359,325		359,325	9,918.28	36.23
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						
13	CONTRACT LABOR: PHYSICIAN-PART A		471,611		471,611	4,387.00	107.50
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		5,479,243		5,479,243	97,894.00	55.97
15	HOME OFFICE: PHYSICIAN-PART A						
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		8,376,488		8,376,488		
18	WAGE-RELATED COSTS (OTHER)						
19	EXCLUDED AREAS		1,715,939		1,715,939		
20	NON-PHYSICIAN ANESTHETIST PART A						
21	NON-PHYSICIAN ANESTHETIST PART B						
22	PHYSICIAN PART A		20,752		20,752		
23	PHYSICIAN PART B						
24	WAGE-RELATED COSTS (RHC/FQHC)						
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		516,389	-115,849	400,540	23,475.00	17.06
27	ADMINISTRATIVE & GENERAL		2,952,924		2,952,924	137,237.00	21.52
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						
29	MAINTENANCE & REPAIRS		362,239		362,239	21,182.45	17.10
30	OPERATION OF PLANT						
31	LAUNDRY & LINEN SERVICE		86,698		86,698	7,488.92	11.58
32	HOUSEKEEPING		477,316		477,316	38,957.66	12.25
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						
34	DIETARY		1,241,522	-701,460	540,062	37,161.08	14.53
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						
36	CAFETERIA			701,460	701,460	48,262.19	14.53
37	MAINTENANCE OF PERSONNEL						
38	NURSING ADMINISTRATION		1,107,697		1,107,697	40,684.57	27.23
39	CENTRAL SERVICES AND SUPPLY		117,459		117,459	8,420.23	13.95
40	PHARMACY		1,133,327		1,133,327	39,254.85	28.87
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		829,137		829,137	44,526.90	18.62
42	SOCIAL SERVICE		338,249		338,249	12,212.81	27.70
43	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	34,358,065		34,358,065	1,550,315.4	22.16	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	8,637,662	115,849	8,753,511	417,414.22	20.97	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	25,720,403	-115,849	25,604,554	1,132,901.2	22.60	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	6,310,179		6,310,179	112,199.28	56.24	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	8,397,240		8,397,240		32.80%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	40,427,822	-115,849	40,311,973	1,245,100.5	32.38	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	9,162,957	-115,849	9,047,108	458,863.66	19.72	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	3,006,722	3
4 PRIOR YEAR PENSION SERVICE COST		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	3,747,628	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	183,719	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	42,540	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	155,290	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	499,329	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,455,120	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	22,830	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	10,113,178	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		
2	HOSPITAL		9,256,505 1
3	SUBPROVIDER - IPF		7,594,494 2
4	SUBPROVIDER - IRF		217,293 3
5	SUBPROVIDER - (OTHER)		144,312 4
6	SWING BEDS - SNF		
7	SWING BEDS - NF		
8	HOSPITAL-BASED SNF		660,973 8
9	HOSPITAL-BASED NF		
10	HOSPITAL-BASED OLTC		
11	HOSPITAL-BASED HHA		435,327 11
12	SEPARATELY CERTIFIED ASC		
13	HOSPITAL-BASED HOSPICE		62,332 13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		
16	HOSPITAL-BASED (CMHC)		
17	RENAL DIALYSIS		141,774 17
18	OTHER		

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 16-2313

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- 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	58						1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP							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 (SEE INSTRUCTIONS)	69.54						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
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						248,855	13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						210,619	15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX	28		28 3
4	RUL	229		229 4
5	RVX	198		198 5
6	RVL	553		553 6
7	RHX	7		7 7
8	RHL			8
9	RMX	133		133 9
10	RML	376		376 10
11	RLX			11
12	RUC	56		56 12
13	RUB	491		491 13
14	RUA	657		657 14
15	RVC	360		360 15
16	RVB	911		911 16
17	RVA	1,007		1,007 17
18	RHC	215		215 18
19	RHB	254		254 19
20	RHA	199		199 20
21	RMC	78		78 21
22	RMB	62		62 22
23	RMA	166		166 23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	1		1 28
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1	4		4 32
33	HC2			33
34	HC1	3		3 34
35	HB2			35
36	HB1	2		2 36
37	LE2			37
38	LE1	4		4 38
39	LD2			39
40	LD1			40
41	LC2			41
42	LC1	2		2 42
43	LB2			43
44	LB1	12		12 44
45	CE2			45
46	CE1	8		8 46
47	CD2			47
48	CD1	3		3 48
49	CC2			49
50	CC1	24		24 50
51	CB2			51
52	CB1	11		11 52
53	CA2			53
54	CA1	44		44 54
55	SE3	3		3 55
56	SE2	43		43 56
57	SE1	1		1 57
58	SSC			58
59	SSB			59
60	SSA	2		2 60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1	6		6 66
67	BA2			67
68	BA1	4		4 68

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1		24		24 70
71	PD2				71
72	PD1		4		4 72
73	PC2				73
74	PC1		6		6 74
75	PB2				75
76	PB1		6		6 76
77	PA2				77
78	PA1		9		9 78
199	AAA				199
200	TOTAL		6,206		6,206 200

CBSA
 CBSA AT ON/AFTER
 BEGINNING OF THE COST
 OF COST REPORTING
 REPORTING PERIOD (IF
 PERIOD 1 APPLICABLE)
 2

SNF SERVICES

201 ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE). 201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 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. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

ASSOCIATED
 WITH
 DIRECT
 PATIENT
 CARE AND
 RELATED
 EXPENSES PERCENTAGE EXPENSES?
 1 2 3

202	STAFFING				202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (SPECIFY)				206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)		6,091,230		207

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.361394	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		5,701,881	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID			5
6	MEDICAID CHARGES		23,100,787	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		8,348,486	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		2,646,605	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)		105,106	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)		272,453	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)		98,463	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE			17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)		2,646,605	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	7,259,630	1,016,662	8,276,292	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,623,587	367,416	2,991,003	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	34,525	103,494	138,019	22
23	COST OF CHARITY CARE	2,589,062	263,922	2,852,984	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			466,197	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			172,665	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			293,532	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			106,081	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			2,959,065	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			5,605,670	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		3,825,733	3,825,733	225,008	1
1.01	00101				288,599	1.01
1.02	00102				70,419	1.02
1.03	00103				166,340	1.03
2	00200				2,627,997	2
3	00300		750,366	750,366	-750,366	3
4	00400	516,389	359,953	876,342	-325,276	4
5.02	00550	715,439	3,889,802	4,605,241	-81,453	5.02
5.03	00560	361,435	224,509	585,944	-3,696	5.03
5.04	00570	270,766	341,283	612,049	-1,752	5.04
5.05	00580	166,963	832,143	999,106	-329	5.05
5.06	00590	1,438,321	6,777,104	8,215,425	-153,066	5.06
6	00600	362,239	1,805,506	2,167,745	-5,953	6
7	00700		1,587,860	1,587,860		7
8	00800	86,698	73,774	160,472	308,908	8
9	00900	477,316	372,589	849,905	-799	9
10	01000	1,241,522	1,090,179	2,331,701	-1,198,998	10
11	01100				1,315,320	11
12	01200					12
13	01300	1,107,697	589,039	1,696,736	-76,479	13
14	01400	117,459	133,664	251,123	-7,769	14
15	01500	1,133,327	3,573,791	4,707,118	-3,573,791	15
16	01600	829,137	367,350	1,196,487	-821	16
17	01700	338,249	89,964	428,213	-14,171	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	5,935,166	2,308,772	8,243,938	-1,271,319	30
31	03100	954,362	439,172	1,393,534	-57,570	31
40	04000	775,560	300,724	1,076,284	-265,571	40
41	04100	515,077	461,433	976,510	-25,816	41
43	04300	402,429	145,039	547,468	-24,572	43
44	04400	2,359,138	1,165,679	3,524,817	-453,373	44
ANCILLARY SERVICE COST CENTERS						
50	05000	1,427,078	3,438,424	4,865,502	-1,485,150	50
51	05100	173,601	46,928	220,529	-1,455	51
52	05200	251,177	205,875	457,052	-8,948	52
54	05400	1,567,951	2,673,994	4,241,945	-115,355	54
59	05900	453,106	2,156,854	2,609,960	-1,470,586	59
60	06000	1,122,104	1,848,376	2,970,480	-20,443	60
62.30	06250					62.30
65	06500	788,240	318,361	1,106,601	-1,400	65
66	06600	869,073	560,807	1,429,880	-39,945	66
68	06800	126,359	52,624	178,983	-1,872	68
69	06900	354,793	160,851	515,644	-62,969	69
71	07100				591,018	71
72	07200				2,208,070	72
73	07300				3,580,906	73
74	07400	544,472	431,721	976,193	233,989	74
76	03950					76
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	1,587,535	4,556,303	6,143,838	-149,350	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,682,037	1,618,312	3,300,349	-6,039	101
SPECIAL PURPOSE COST CENTERS						
116	11600	248,217	399,818	648,035	-49,951	116
118						118
NONREIMBURSABLE COST CENTERS						
190	19000					190
194	07950					194
194.01	07958					194.01
194.02	07959					194.02
194.03	07960					194.03
194.04	07951	375,873	232,293	608,166	-729	194.04
194.05	07952	776,513	295,664	1,072,177	-876	194.05

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
01/27/2012 07:41

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
194.09 07953 NRCC-SENIOR SERVICES	24,250	34,009	58,259	-1,831	194.09
194.12 07954 NRCC-FREE CLINIC	3,143	2,687	5,830	-2,292	194.12
194.13 07955 NRCC-TENDER CARE	19,225	10,958	30,183	163,717	194.13
194.16 07956 NRCC-MLC NORTH	1,816,114	1,292,865	3,108,979	-68,160	194.16
194.19 07957 NRCC-MLC NORTH SOC SERV	42,515	11,968	54,483		194.19
200 TOTAL (SUM OF LINES 118-199)	34,358,065	51,855,120	86,213,185		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	4,050,741		3,865,675	1
1.01	00101	288,599	-185,066	288,599	1.01
1.02	00102	70,419		70,419	1.02
1.03	00103	166,340		166,340	1.03
2	00200	2,627,997	832,057	3,460,054	2
3	00300				3
4	00400	551,066	-351,118	199,948	4
5.02	00550	4,523,788	-373,605	4,150,183	5.02
5.03	00560	582,248	-67	582,181	5.03
5.04	00570	610,297		610,297	5.04
5.05	00580	998,777		998,777	5.05
5.06	00590	8,062,359	-1,622,409	6,439,950	5.06
6	00600	2,161,792		2,161,792	6
7	00700	1,587,860		1,587,860	7
8	00800	469,380	-50,871	418,509	8
9	00900	849,106		849,106	9
10	01000	1,132,703		1,132,703	10
11	01100	1,315,320	-431,865	883,455	11
12	01200				12
13	01300	1,620,257	-10,753	1,609,504	13
14	01400	243,354	-295	243,059	14
15	01500	1,133,327		1,133,327	15
16	01600	1,195,666	-750	1,194,916	16
17	01700	414,042		414,042	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	6,972,619	-3,960	6,968,659	30
31	03100	1,335,964		1,335,964	31
40	04000	810,713	-33,457	777,256	40
41	04100	950,694	-32,373	918,321	41
43	04300	522,896		522,896	43
44	04400	3,071,444		3,071,444	44
ANCILLARY SERVICE COST CENTERS					
50	05000	3,380,352	-96	3,380,256	50
51	05100	219,074		219,074	51
52	05200	448,104		448,104	52
54	05400	4,126,590	-46,556	4,080,034	54
59	05900	1,139,374		1,139,374	59
60	06000	2,950,037	-17,326	2,932,711	60
62.30	06250				62.30
65	06500	1,105,201		1,105,201	65
66	06600	1,389,935	-14,073	1,375,862	66
68	06800	177,111	-29,987	147,124	68
69	06900	452,675		452,675	69
71	07100	591,018		591,018	71
72	07200	2,208,070		2,208,070	72
73	07300	3,580,906	-219,467	3,361,439	73
74	07400	1,210,182	-8,957	1,201,225	74
76	03950				76
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	5,994,488	-2,595,621	3,398,867	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	3,294,310	-338,011	2,956,299	101
SPECIAL PURPOSE COST CENTERS					
116	11600	598,084	-20,733	577,351	116
118		81,185,279	-5,555,359	75,629,920	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
194	07950				194
194.01	07958				194.01
194.02	07959				194.02
194.03	07960				194.03
194.04	07951	607,437		607,437	194.04
194.05	07952	1,071,301		1,071,301	194.05

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
194.09 07953 NRCC-SENIOR SERVICES	56,428		56,428	194.09
194.12 07954 NRCC-FREE CLINIC	3,538		3,538	194.12
194.13 07955 NRCC-TENDERCARE	193,900		193,900	194.13
194.16 07956 NRCC-MLC NORTH	3,040,819		3,040,819	194.16
194.19 07957 NRCC-MLC NORTH SOC SERV	54,483		54,483	194.19
200 TOTAL (SUM OF LINES 118-199)	86,213,185	-5,555,359	80,657,826	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	LAUNDRY & LINEN SERVICE	8		329,903
2 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
3 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
4 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
5 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
6 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
7 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
8 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
9 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
10 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
11 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
12 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
13 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
14 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
15 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
16 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
17 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
18 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
19 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
500 TOTAL RECLASSIFICATIONS					329,903
CODE LETTER - A					500
1 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-1970 BLDG	1.01		288,599
2 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLUFF BLDG	1.02		70,419
3 BUILDING DEPRECIATION RECLASS	B	RAD ONCOL BLDG	1.03		166,340
500 TOTAL RECLASSIFICATIONS					525,358
CODE LETTER - B					500
1 RECLASS INTEREST	C	CAP REL COSTS-BLDG & FIXT	1		750,366
2 RECLASS INTEREST	C				
500 TOTAL RECLASSIFICATIONS					750,366
CODE LETTER - C					500
1 DIETARY EXPENSE ACCRUAL REVERSAL REC	D	DIETARY	10		144,804
2 DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-FREE CLINIC	194.12		344
3 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
4 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
5 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
6 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
7 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
8 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
9 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
10 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
11 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
12 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
13 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
14 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
15 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
16 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
17 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
18 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
19 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
20 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
21 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
22 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
23 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
24 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
25 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
26 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
27 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
28 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
29 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
500 TOTAL RECLASSIFICATIONS					145,148
CODE LETTER - D					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 PRINTING TRANSFER EXP ACCRUAL REVERS	E	A&G-PURCHASING, STORES	5.03		11,833	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 PRINTING TRANSFER EXP ACCRUAL REVERS	E					19
20 PRINTING TRANSFER EXP ACCRUAL REVERS	E					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
500 TOTAL RECLASSIFICATIONS					11,833	500
CODE LETTER - E						
1 CAFETERIA RECLASS	F	CAFETERIA	11	701,460		1
2 RECLASS CAFETERIA	F					2
3 RECLASS CAFETERIA	F	CAFETERIA	11		613,860	3
4 RECLASS CAFETERIA	F					4
500 TOTAL RECLASSIFICATIONS				701,460	613,860	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 EQUIPMENT DEPR RECLASS	G	CAP REL COSTS-MVBLE EQUIP	2		2,627,997	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
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32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
500 TOTAL RECLASSIFICATIONS					2,627,997	500
CODE LETTER - G						
1 CHILDCARE SALARY RECLASS	H	NRCC-TENDERCARE	194.13	115,849		1
2 CHILDCARE SALARY RECLASS	H					2
3 CHILDCARE OTHER EXP RECLASS	H					3
4 CHILDCARE OTHER EXP RECLASS	H	NRCC-TENDERCARE	194.13		48,780	4
500 TOTAL RECLASSIFICATIONS				115,849	48,780	500
CODE LETTER - H						
1 PHARMACY RECLASS	I					1
2 RECLASS PHARMACY	I	DRUGS CHARGED TO PATIENTS	73		3,573,791	2
500 TOTAL RECLASSIFICATIONS					3,573,791	500
CODE LETTER - I						
1 EPOETIN COST TO ESRD	J	RENAL DIALYSIS	74		248,855	1
500 TOTAL RECLASSIFICATIONS					248,855	500
CODE LETTER - J						
1 IMPLANTS	L	IMPL. DEV. CHARGED TO PATIENT	72		2,208,070	1
2 IMPLANTS FROM OR	L					2
3 IMPLANTS FROM CARDIOL	L					3
500 TOTAL RECLASSIFICATIONS					2,208,070	500
CODE LETTER - L						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 MED/SURG SUPPLY	M	MEDICAL SUPPLIES CHRGED TO PA	71		591,018	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
500 TOTAL RECLASSIFICATIONS					591,018	500
CODE LETTER - M						
1 CHARGEABLE DRUGS RECLASS	X	DRUGS CHARGED TO PATIENTS	73		286,036	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 CHARGEABLE DRUGS RECLASS	X					10
11 CHARGEABLE DRUGS RECLASS	X					11
12 CHARGEABLE DRUGS RECLASS	X					12
13 CHARGEABLE DRUGS RECLASS	X					13
14 CHARGEABLE DRUGS RECLASS	X					14
15 CHARGEABLE DRUGS RECLASS	X					15
16 CHARGEABLE DRUGS RECLASS	X					16
17 CHARGEABLE DRUGS RECLASS	X					17
18 CHARGEABLE DRUGS RECLASS	X					18
19 CHARGEABLE DRUGS RECLASS	X					19
20 CHARGEABLE DRUGS RECLASS	X					20
21 CHARGEABLE DRUGS RECLASS	X					21
22 CHARGEABLE DRUGS RECLASS	X					22
23 CHARGEABLE DRUGS RECLASS	X					23
24 CHARGEABLE DRUGS RECLASS	X					24
500 TOTAL RECLASSIFICATIONS					286,036	500
CODE LETTER - X						
GRAND TOTAL (INCREASES)				817,309	11,961,015	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A						1
2 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		CENTRAL SERVICES & SUPPLY	14		7,283	2
3 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		ADULTS & PEDIATRICS	30		98,288	3
4 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		INTENSIVE CARE UNIT	31		21,042	4
5 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		SUBPROVIDER - IPF	40		5,472	5
6 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		NURSERY	43		1,784	6
7 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		SKILLED NURSING FACILITY	44		65,925	7
8 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		OPERATING ROOM	50		29,768	8
9 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		RADIOLOGY-DIAGNOSTIC	54		15,443	9
10 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		LABORATORY	60		23	10
11 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		RESPIRATORY THERAPY	65		17	11
12 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		PHYSICAL THERAPY	66		1,837	12
13 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		ELECTROCARDIOLOGY	69		3,131	13
14 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		DRUGS CHARGED TO PATIENTS	73		113	14
15 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		RENAL DIALYSIS	74		2,457	15
16 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		CARDIAC CATHETERIZATION	59		796	16
17 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		EMERGENCY	91		35,809	17
18 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		NRCC-MERCY SPEC CLIN ENT	194.04		5	18
19 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A		NRCC-MLC NORTH	194.16		40,710	19
500 TOTAL RECLASSIFICATIONS					329,903	500
CODE LETTER - A						
1 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLDG & FIXT	1		288,599	9 1
2 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLDG & FIXT	1		70,419	9 2
3 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLDG & FIXT	1		166,340	9 3
500 TOTAL RECLASSIFICATIONS					525,358	500
CODE LETTER - B						
1 RECLASS INTEREST	C					11 1
2 RECLASS INTEREST	C	OTHER CAPITAL RELATED COSTS	3		750,366	11 2
500 TOTAL RECLASSIFICATIONS					750,366	500
CODE LETTER - C						
1 DIETARY EXPENSE ACCRUAL REVERSAL REC D						1
2 DIETARY EXPENSE ACCRUAL REVERSAL REC D						2
3 DIETARY EXPENSE ACCRUAL REVERSAL REC D		EMPLOYEE BENEFITS	4		16,554	3
4 DIETARY EXPENSE ACCRUAL REVERSAL REC D		A&G-ALL OTHER	5.06		42,589	4
5 DIETARY EXPENSE ACCRUAL REVERSAL REC D		MAINTENANCE & REPAIRS	6		9	5
6 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NURSING ADMINISTRATION	13		662	6
7 DIETARY EXPENSE ACCRUAL REVERSAL REC D		MEDICAL RECORDS & LIBRARY	16		85	7
8 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SOCIAL SERVICE	17		335	8
9 DIETARY EXPENSE ACCRUAL REVERSAL REC D		ADULTS & PEDIATRICS	30		39,969	9
10 DIETARY EXPENSE ACCRUAL REVERSAL REC D		INTENSIVE CARE UNIT	31		8,743	10
11 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SUBPROVIDER - IPF	40		8,334	11
12 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SUBPROVIDER - IRF	41		1,456	12
13 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SKILLED NURSING FACILITY	44		16,771	13
14 DIETARY EXPENSE ACCRUAL REVERSAL REC D		OPERATING ROOM	50		1,455	14
15 DIETARY EXPENSE ACCRUAL REVERSAL REC D		RADIOLOGY-DIAGNOSTIC	54		629	15
16 DIETARY EXPENSE ACCRUAL REVERSAL REC D		RESPIRATORY THERAPY	65		47	16
17 DIETARY EXPENSE ACCRUAL REVERSAL REC D		PHYSICAL THERAPY	66		44	17
18 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SPEECH PATHOLOGY	68		2	18
19 DIETARY EXPENSE ACCRUAL REVERSAL REC D		ELECTROCARDIOLOGY	69		446	19
20 DIETARY EXPENSE ACCRUAL REVERSAL REC D		RENAL DIALYSIS	74		66	20
21 DIETARY EXPENSE ACCRUAL REVERSAL REC D		CARDIAC CATHETERIZATION	59		103	21
22 DIETARY EXPENSE ACCRUAL REVERSAL REC D		EMERGENCY	91		4,515	22
23 DIETARY EXPENSE ACCRUAL REVERSAL REC D		HOME HEALTH AGENCY	101		83	23
24 DIETARY EXPENSE ACCRUAL REVERSAL REC D		HOSPICE	116		140	24
25 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-MERCY SPEC CLIN ENT	194.04		278	25
26 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-MERCY SPEC CLIN GASTRO	194.05		278	26
27 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-SENIOR SERVICES	194.09		563	27
28 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-TENDER CARE	194.13		836	28
29 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-MLC NORTH	194.16		156	29
500 TOTAL RECLASSIFICATIONS					145,148	500
CODE LETTER - D						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PRINTING TRANSFER EXP ACCRUAL REVERS E						1
2 PRINTING TRANSFER EXP ACCRUAL REVERS E		EMPLOYEE BENEFITS	4		648	2
3 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-INFO SERVICE	5.02		508	3
4 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-CASHIERS, PFS	5.05		252	4
5 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-ALL OTHER	5.06		2,680	5
6 PRINTING TRANSFER EXP ACCRUAL REVERS E		MAINTENANCE & REPAIRS	6		15	6
7 PRINTING TRANSFER EXP ACCRUAL REVERS E		HOUSEKEEPING	9		6	7
8 PRINTING TRANSFER EXP ACCRUAL REVERS E		DIETARY	10		866	8
9 PRINTING TRANSFER EXP ACCRUAL REVERS E		NURSING ADMINISTRATION	13		1,869	9
10 PRINTING TRANSFER EXP ACCRUAL REVERS E		CENTRAL SERVICES & SUPPLY	14		41	10
11 PRINTING TRANSFER EXP ACCRUAL REVERS E		SOCIAL SERVICE	17		141	11
12 PRINTING TRANSFER EXP ACCRUAL REVERS E		ADULTS & PEDIATRICS	30		333	12
13 PRINTING TRANSFER EXP ACCRUAL REVERS E		INTENSIVE CARE UNIT	31		50	13
14 PRINTING TRANSFER EXP ACCRUAL REVERS E		SUBPROVIDER - IRF	41		43	14
15 PRINTING TRANSFER EXP ACCRUAL REVERS E		NURSERY	43		3	15
16 PRINTING TRANSFER EXP ACCRUAL REVERS E		SKILLED NURSING FACILITY	44		131	16
17 PRINTING TRANSFER EXP ACCRUAL REVERS E		OPERATING ROOM	50		43	17
18 PRINTING TRANSFER EXP ACCRUAL REVERS E						18
19 PRINTING TRANSFER EXP ACCRUAL REVERS E		RADIOLOGY-DIAGNOSTIC LABORATORY	54		18	19
20 PRINTING TRANSFER EXP ACCRUAL REVERS E		RESPIRATORY THERAPY	60		166	20
21 PRINTING TRANSFER EXP ACCRUAL REVERS E		PHYSICAL THERAPY	65		12	21
22 PRINTING TRANSFER EXP ACCRUAL REVERS E		ELECTROCARDIOLOGY	66		2,033	22
23 PRINTING TRANSFER EXP ACCRUAL REVERS E		DRUGS CHARGED TO PATIENTS	69		142	23
24 PRINTING TRANSFER EXP ACCRUAL REVERS E		RENAL DIALYSIS	73		50	24
25 PRINTING TRANSFER EXP ACCRUAL REVERS E		CARDIAC CATHETERIZATION	74		319	25
26 PRINTING TRANSFER EXP ACCRUAL REVERS E		EMERGENCY	59		2	26
27 PRINTING TRANSFER EXP ACCRUAL REVERS E		HOME HEALTH AGENCY	91		22	27
28 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-MERCY SPEC CLIN ENT	101		59	28
29 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-SENIOR SERVICES	194.04		26	29
30 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-FREE CLINIC	194.09		1,159	30
31 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-TENDER CARE	194.12		101	31
32 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-MLC NORTH	194.13		76	32
33 PRINTING TRANSFER EXP ACCRUAL REVERS E			194.16		19	33
500 TOTAL RECLASSIFICATIONS					11,833	500
CODE LETTER - E						
1 CAFETERIA RECLASS	F					1
2 RECLASS CAFETERIA	F	DIETARY	10	701,460		2
3 RECLASS CAFETERIA	F					3
4 RECLASS CAFETERIA	F	DIETARY	10		613,860	4
500 TOTAL RECLASSIFICATIONS				701,460	613,860	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST REF.	A-7
	1	6	7	8	9	10	
1 EQUIPMENT DEPR RECLASS	G	EMPLOYEE BENEFITS	4		143,445	9	1
2		A&G-INFO SERVICE	5.02		80,945	9	2
3		A&G-PURCHASING, STORES	5.03		15,529	9	3
4		A&G-ADMITTING, REGIST	5.04		1,752	9	4
5		A&G-CASHIERS, PFS	5.05		77	9	5
6		A&G-ALL OTHER	5.06		107,797	9	6
7		MAINTENANCE & REPAIRS	6		5,929	9	7
8		LAUNDRY & LINEN SERVICE	8		20,995	9	8
9		HOUSEKEEPING	9		793	9	9
10		DIETARY	10		27,616	9	10
11		NURSING ADMINISTRATION	13		73,948	9	11
12		CENTRAL SERVICES & SUPPLY	14		431	9	12
13		MEDICAL RECORDS & LIBRARY	16		736	9	13
14		SOCIAL SERVICE	17		13,695	9	14
15		ADULTS & PEDIATRICS	30		1,042,807	9	15
16		INTENSIVE CARE UNIT	31		271	9	16
17		SUBPROVIDER - IPF	40		251,736	9	17
18		SUBPROVIDER - IRF	41		23,607	9	18
19		NURSERY	43		21,025	9	19
20		SKILLED NURSING FACILITY	44		367,092	9	20
21		OPERATING ROOM	50		120,265	9	21
22		DELIVERY ROOM & LABOR ROOM	52		7,539	9	22
23		RADIOLOGY-DIAGNOSTIC	54		79,471	9	23
24		CARDIAC CATHETERIZATION	59		13,280	9	24
25		LABORATORY	60		19,370	9	25
26		RESPIRATORY THERAPY	65		369	9	26
27		PHYSICAL THERAPY	66		36,031	9	27
28		SPEECH PATHOLOGY	68		1,870	9	28
29		ELECTROCARDIOLOGY	69		56,980	9	29
30		DRUGS CHARGED TO PATIENTS	73		29,903	9	30
31		RENAL DIALYSIS	74		85	9	31
32		EMERGENCY	91		29,022	9	32
33		HOME HEALTH AGENCY	101		4,661	9	33
34		HOSPICE	116		95	9	34
35		NRCC-MERCY SPEC CLIN ENT	194.04		196	9	35
36		NRCC-MERCY SPEC CLIN GASTRO	194.05		574	9	36
37		NRCC-SENIOR SERVICES	194.09		109	9	37
38		NRCC-FREE CLINIC	194.12		1,090	9	38
39		NRCC-MLC NORTH	194.16		26,427	9	39
40		NRCC-MLC NORTH	194.16		434	9	40
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					2,627,997		500
1 CHILDCARE SALARY RECLASS	H						1
2 CHILDCARE SALARY RECLASS	H	EMPLOYEE BENEFITS	4	115,849			2
3 CHILDCARE OTHER EXP RECLASS	H	EMPLOYEE BENEFITS	4		48,780		3
4 CHILDCARE OTHER EXP RECLASS	H						4
500 TOTAL RECLASSIFICATIONS CODE LETTER - H				115,849	48,780		500
1 PHARMACY RECLASS	I						1
2 RECLASS PHARMACY	I	PHARMACY	15		3,573,791		2
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					3,573,791		500
1 EPOETIN COST TO ESRD	J	DRUGS CHARGED TO PATIENTS	73		248,855		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					248,855		500
1 IMPLANTS	L						1
2 IMPLANTS FROM OR	L	OPERATING ROOM	50		1,075,358		2
3 IMPLANTS FROM CARDIOL	L	CARDIAC CATHETERIZATION	59		1,132,712		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					2,208,070		500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 MED/SURG SUPPLY	M					1
2		ADULTS & PEDIATRICS	30		15,650	2
3		INTENSIVE CARE UNIT	31		6,388	3
4		SUBPROVIDER - IRF	41		91	4
5		NURSERY	43		45	5
6		SKILLED NURSING FACILITY	44		319	6
7		OPERATING ROOM	50		226,624	7
8		RECOVERY ROOM	51		28	8
9		DELIVERY ROOM & LABOR ROOM	52		65	9
10		RADIOLOGY-DIAGNOSTIC	54		3,864	10
11		CARDIAC CATHETERIZATION	59		318,232	11
12		LABORATORY	60		469	12
13		ELECTROCARDIOLOGY	69		577	13
14		EMERGENCY	91		18,666	14
500 TOTAL RECLASSIFICATIONS					591,018	500
CODE LETTER - M						
1 CHARGEABLE DRUGS RECLASS	X					1
2 CHARGEABLE DRUGS RECLASS	X	CENTRAL SERVICES & SUPPLY	14		14	2
3 CHARGEABLE DRUGS RECLASS	X	ADULTS & PEDIATRICS	30		74,272	3
4 CHARGEABLE DRUGS RECLASS	X	INTENSIVE CARE UNIT	31		21,076	4
5 CHARGEABLE DRUGS RECLASS	X	SUBPROVIDER - IPF	40		29	5
6 CHARGEABLE DRUGS RECLASS	X	SUBPROVIDER - IRF	41		619	6
7 CHARGEABLE DRUGS RECLASS	X	NURSERY	43		1,715	7
8 CHARGEABLE DRUGS RECLASS	X	SKILLED NURSING FACILITY	44		3,135	8
9 CHARGEABLE DRUGS RECLASS	X	OPERATING ROOM	50		31,637	9
10 CHARGEABLE DRUGS RECLASS	X	RECOVERY ROOM	51		1,427	10
11 CHARGEABLE DRUGS RECLASS	X	DELIVERY ROOM & LABOR ROOM	52		1,344	11
12 CHARGEABLE DRUGS RECLASS	X	RADIOLOGY-DIAGNOSTIC	54		15,930	12
13 CHARGEABLE DRUGS RECLASS	X	LABORATORY	60		415	13
14 CHARGEABLE DRUGS RECLASS	X	RESPIRATORY THERAPY	65		955	14
15 CHARGEABLE DRUGS RECLASS	X	ELECTROCARDIOLOGY	69		1,693	15
16 CHARGEABLE DRUGS RECLASS	X	RENAL DIALYSIS	74		11,939	16
17 CHARGEABLE DRUGS RECLASS	X	CARDIAC CATHETERIZATION	59		5,461	17
18 CHARGEABLE DRUGS RECLASS	X	EMERGENCY	91		61,316	18
19 CHARGEABLE DRUGS RECLASS	X	HOME HEALTH AGENCY	101		1,236	19
20 CHARGEABLE DRUGS RECLASS	X	HOSPICE	116		49,716	20
21 CHARGEABLE DRUGS RECLASS	X	NRCC-MERCY SPEC CLIN ENT	194.04		224	21
22 CHARGEABLE DRUGS RECLASS	X	NRCC-MERCY SPEC CLIN GASTRO	194.05		24	22
23 CHARGEABLE DRUGS RECLASS	X	NRCC-FREE CLINIC	194.12		1,445	23
24 CHARGEABLE DRUGS RECLASS	X	NRCC-MLC NORTH	194.16		414	24
500 TOTAL RECLASSIFICATIONS					286,036	500
CODE LETTER - X						
GRAND TOTAL (DECREASES)				817,309	11,961,015	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	512,212					512,212		1
2 LAND IMPROVEMENTS	2,053,804	28,260		28,260		2,082,064	998,547	2
3 BUILDINGS AND FIXTURES	68,413,081	3,180,997		3,180,997	1,152,120	70,441,958	23,523,745	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	39,924,967	1,340,216		1,340,216	526,466	40,738,717	24,964,008	6
7 HIT DESIGNATED ASSETS	12,172,678	910,428		910,428		13,083,106		7
8 SUBTOTAL (SUM OF LINES 1-7)	123,076,742	5,459,901		5,459,901	1,678,586	126,858,057	49,486,300	8
9 RECONCILING ITEMS	12,172,678	910,428		910,428		13,083,106		9
10 TOTAL (LINE 7 MINUS LINE 9)	110,904,064	4,549,473		4,549,473	1,678,586	113,774,951	49,486,300	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)	
							(SUM OF COLS. 9-14)	
1 CAP REL COSTS-BLDG & FIXT	3,825,733						3,825,733	1
1.01 CAP REL COSTS-1970 BLDG								1.01
1.02 CAP REL COSTS-BLUFF BLDG								1.02
1.03 RAD ONCOL BLDG								1.03
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	3,825,733						3,825,733	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL	
								(SUM OF COLS. 5-7)	
1 CAP REL COSTS-BLDG & FIXT	54,245,588		54,245,588	0.487905					1
1.01 CAP REL COSTS-1970 BLDG	9,878,636		9,878,636	0.088852					1.01
1.02 CAP REL COSTS-BLUFF BLDG	2,909,380		2,909,380	0.026168					1.02
1.03 RAD ONCOL BLDG	3,408,353		3,408,353	0.030656					1.03
2 CAP REL COSTS-MVBLE EQUIP	40,738,717		40,738,717	0.366419					2
3 TOTAL (SUM OF LINES 1-2)	111,180,674		111,180,674	1.000000					3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)	
							(SUM OF COLS. 9-14)	
1 CAP REL COSTS-BLDG & FIXT	3,300,375		456,609	108,691			3,865,675	1
1.01 CAP REL COSTS-1970 BLDG	288,599						288,599	1.01
1.02 CAP REL COSTS-BLUFF BLDG	70,419						70,419	1.02
1.03 RAD ONCOL BLDG	166,340						166,340	1.03
2 CAP REL COSTS-MVBLE EQUIP	3,460,054		456,609	108,691			3,460,054	2
3 TOTAL	7,285,787		456,609	108,691			7,851,087	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2,109,033			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	221,626			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 NON PATIENT DRUG REVENUE	B	-204,592	DRUGS CHARGED TO PATIENTS	73	33
33.01 CAFETERIA REVENUE	B	-419,052	CAFETERIA	11	33.01
33.03 CATERING REVENUE	B	-5,998	CAFETERIA	11	33.03
33.04 VENDING MACHINE REVENUE	B	-6,815	CAFETERIA	11	33.04
33.05 EXTERNAL PERSONNEL SRVC	B	-727	A&G-ALL OTHER	5.06	33.05
33.08 OTHER OPERATING REVENUE	B	-14,875	DRUGS CHARGED TO PATIENTS	73	33.08
33.09 OTHER OPERATING REVENUE	B	-11,894	PHYSICAL THERAPY	66	33.09
33.10 OTHER OPERATING REVENUE	B	-29,987	SPEECH PATHOLOGY	68	33.10
33.11 OTHER OPERATING REVENUE	B	-2,179	PHYSICAL THERAPY	66	33.11
33.12 OTHER OPERATING REVENUE	B	-195	RADIOLOGY-DIAGNOSTIC	54	33.12
33.13 OTHER OPERATING REVENUE	B	-96	OPERATING ROOM	50	33.13
33.14 OTHER OPERATING REVENUE	B	-3,960	ADULTS & PEDIATRICS	30	33.14
33.15 OTHER OPERATING REVENUE	B	-6,238	HOME HEALTH AGENCY	101	33.15
33.16 OTHER OPERATING REVENUE	B	-178	A&G-ALL OTHER	5.06	33.16
33.17 OTHER OPERATING REVENUE	B	-5,484	A&G-ALL OTHER	5.06	33.17
33.19 OTHER OPERATING REVENUE	B	-93	MEDICAL RECORDS & LIBRARY	16	33.19
33.20 OTHER OPERATING REVENUE	B	-295	CENTRAL SERVICES & SUPPLY	14	33.20
33.27 EXTERNAL LAUNDRY REV	B	-50,871	LAUNDRY & LINEN SERVICE	8	33.27
33.32 OTHER REVENUE COPIES	B	-293	MEDICAL RECORDS & LIBRARY	16	33.32
33.33 OTHER REVENUE COPIES	B	-5	EMPLOYEE BENEFITS	4	33.33
33.34 OTHER REVENUE COPIES	B	-67	A&G-PURCHASING, STORES	5.03	33.34
33.38 DME OTHER INCOME	B	-71,984	HOME HEALTH AGENCY	101	33.38
33.45 RADIOLOGY REVENUE	B	-1,145	RADIOLOGY-DIAGNOSTIC	54	33.45
33.50 CONFERENCES REVENUE	B	-186,281	HOME HEALTH AGENCY	101	33.50
33.57 MOBILE ULTRASOUND REV	B	-10,896	RADIOLOGY-DIAGNOSTIC	54	33.57
33.62 CLINICAL LAB REVENUE	B	-17,326	LABORATORY	60	33.62
33.65 CE AND CPR REVENUE	B	-8,144	NURSING ADMINISTRATION	13	33.65
33.66 CE AND CPR REVENUE	B	-2,009	NURSING ADMINISTRATION	13	33.66
33.67 CE AND CPR REVENUE	B	-2,293	A&G-INFO SERVICE	5.02	33.67

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
33.72 MANAGEMENT REV ADMIN	B	-196,688	A&G-ALL OTHER	5.06	33.72
33.78 IC OTHER REVENUE	B	-600	NURSING ADMINISTRATION	13	33.78
33.79 IC OTHER REVENUE	B	-1,355	A&G-INFO SERVICE	5.02	33.79
33.80 IC OTHER REVENUE	B	-364	MEDICAL RECORDS & LIBRARY	16	33.80
33.84 EMPLOYEE WELLNESS	B	-19,544	EMPLOYEE BENEFITS	4	33.84
33.90 WELLNESS REVENUE	B	-16,643	EMPLOYEE BENEFITS	4	33.90
34 PHYSICIAN RECRUITING EXPENSE	A	-16,000	A&G-ALL OTHER	5.06	34
34.01 PHYSICIAN RECRUITING EXPENSE	A	-3,049	A&G-ALL OTHER	5.06	34.01
34.02 PHYSICIAN RECRUITING EXPENSE	A	-76,065	EMPLOYEE BENEFITS	4	34.02
34.03 PHYSICIAN RECRUITING EXPENSE	A	-18	A&G-ALL OTHER	5.06	34.03
34.04 PHYSICIAN RECRUITING EXPENSE	A	-5,000	EMERGENCY	91	34.04
34.10 BAD DEBT EXPENSE	A	-34,275	RADIOLOGY-DIAGNOSTIC	54	34.10
34.11 BAD DEBT EXPENSE	A	-574,713	EMERGENCY	91	34.11
34.12 BAD DEBT EXPENSE	A	-1,229,249	A&G-ALL OTHER	5.06	34.12
34.13 BAD DEBT EXPENSE	A	-40,213	HOME HEALTH AGENCY	101	34.13
34.14 BAD DEBT EXPENSE	A	-20,733	HOSPICE	116	34.14
34.15 BAD DEBT EXPENSE	A	-33,295	HOME HEALTH AGENCY	101	34.15
34.20 DONATIONS EXPENSE	A	-25,600	A&G-ALL OTHER	5.06	34.20
34.21 DONATIONS EXPENSE	A	-1,589	A&G-ALL OTHER	5.06	34.21
34.25 ADVERTISING EXPENSE	A	-308,987	A&G-ALL OTHER	5.06	34.25
35					35
36					36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50					50
TOTAL (SUM OF LINES 1 THRU 49)		-5,555,359			
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.02	A&G-INFO SERVICE	TIS FEES	3,198,531	3,568,488	-369,957	1
2	2	CAP REL COSTS-MVBLE EQUIP	TIS CAPITAL	102,428		102,428	9 2
3							3
4	5.06	A&G-ALL OTHER	TRINITY HEALTH BILLILNG	4,300,230	4,425,653	-125,423	4
4.01	2	CAP REL COSTS-MVBLE EQUIP	TH CAPITAL	729,629		729,629	9 4.01
4.03	5.06	A&G-ALL OTHER	MALPRACTICE	577,577	339,759	237,818	4.03
4.04	1	CAP REL COSTS-BLDG & FIXT	PROPERTY INSURANCE	108,691		108,691	12 4.04
4.05	5.06	A&G-ALL OTHER	INTEGRATED RISK INSUR	71,058		71,058	4.05
4.07	4	EMPLOYEE BENEFITS	WORK COMP	118,613	499,329	-380,716	4.07
4.08	4	EMPLOYEE BENEFITS	PENSION	2,070,161	2,145,253	-75,092	4.08
4.09	4	EMPLOYEE BENEFITS	EMPLOYEE STOP-LOSS	159,208	246,242	-87,034	4.09
4.10	4	EMPLOYEE BENEFITS	IC RECOVERIES		-303,981	303,981	4.10
4.12	1	CAP REL COSTS-BLDG & FIXT	INTEREST	380,286	744,995	-364,709	11 4.12
4.13	1	CAP REL COSTS-BLDG & FIXT	AMORT BOND ISSUE	8,012		8,012	11 4.13
4.14	1	CAP REL COSTS-BLDG & FIXT	AMORT BOND DISCOUNT	-19,425		-19,425	11 4.14
4.15	1	CAP REL COSTS-BLDG & FIXT	BANK SERV FEE	17,682		17,682	11 4.15
4.16	1	CAP REL COSTS-BLDG & FIXT	BANK TRUSTEE FEE	306		306	11 4.16
4.17	1	CAP REL COSTS-BLDG & FIXT	LETTER OF CREDIT FEE	64,377		64,377	11 4.17
5		TOTALS (SUM OF LINES 1-4)		11,887,364	11,665,738	221,626	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)		RELATED ORGANIZATION(S) AND/OR HOME OFFICE (4)		PERCENT OF OWNERSHIP (5)		TYPE OF BUSINESS (6)	
			NAME (4)						
6	B	100.00	TRINITY HEALTH		HOME OFFICE				6
7									7
8									8
9									9
10									10

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT				
LINE NO.	1	2	3	4	5	6	7	8	9			
1	5.06	A&G-ALL OTHER	A82-A		37,500		37,500	159,800	250	19,207	960	1
2	5.06	A&G-ALL OTHER	A82-B		8,908		8,908	159,800	208	15,980	799	2
3	40	SUBPROVIDER - IPF	A82-C		65,520		65,520	142,500	468	32,063	1,603	3
4	41	SUBPROVIDER - IRF	A82-D		2,200		2,200	142,500	59	4,042	202	4
5	41	SUBPROVIDER - IRF	A82-D2		103,760		103,760	142,500	1,042	71,387	3,569	5
6	44	SKILLED NURSING FACILITY	A82-E		3,600		3,600	142,500	76	5,207	260	6
7	50	OPERATING ROOM	A82-F		7,115		7,115	182,900	245	21,543	1,077	7
8	54	RADIOLOGY-DIAGNOSTIC	A82-G		1,300		1,300	217,600	12	1,255	63	8
9	60	LABORATORY	A82-H		208,000		208,000	208,000	2,080	208,000	10,400	9
10	74	RENAL DIALYSIS	A82-J		30,000		30,000	177,200	247	21,043	1,052	10
11	91	EMERGENCY	A82-J	1,831,868			1,831,868	159,800				11
12	91	EMERGENCY	A82-K		216,000		216,000	159,800				12
200		TOTAL			2,515,771	1,831,868	683,903		5,103	431,687	21,583	200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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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	
10	11	12	13	14	15	16	17	18	
1	5.06 A&G-ALL OTHER		A82-A			19,207	18,293	18,293	1
2	5.06 A&G-ALL OTHER		A82-B			15,980			2
3	40 SUBPROVIDER - IPF		A82-C			32,063	33,457	33,457	3
4	41 SUBPROVIDER - IRF		A82-D			4,042			4
5	41 SUBPROVIDER - IRF		A82-D2			71,387	32,373	32,373	5
6	44 SKILLED NURSING FACILITY		A82-E			5,207			6
7	50 OPERATING ROOM		A82-F			21,543			7
8	54 RADIOLOGY-DIAGNOSTIC		A82-G			1,255	45	45	8
9	60 LABORATORY		A82-H			208,000			9
10	74 RENAL DIALYSIS		A82-J			21,043	8,957	8,957	10
11	91 EMERGENCY		A82-J					1,831,868	11
12	91 EMERGENCY		A82-K			31,960	184,040	184,040	12
200	TOTAL					431,687	277,165	2,109,033	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL 1970 BLDG 1.01	CAP REL BLUFF BLDG 1.02	BLDG RADIATION ONCOLOGY 1.03
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	3,865,675	3,865,675			1
1.01 CAP REL COSTS-1970 BLDG	288,599		288,599		1.01
1.02 CAP REL COSTS-BLUFF BLDG	70,419			70,419	1.02
1.03 RAD ONCOL BLDG	166,340				1.03
2 CAP REL COSTS-MVBLE EQUIP	3,460,054				2
4 EMPLOYEE BENEFITS	199,948	24,969	25,406		4
5.02 A&G-INFO SERVICE	4,150,183	117,507			5.02
5.03 A&G-PURCHASING, STORES	582,181	103,380			5.03
5.04 A&G-ADMITTING, REGIST	610,297	29,525			5.04
5.05 A&G-CASHIERS, PFS	998,777	34,693			5.05
5.06 A&G-ALL OTHER	6,439,950	379,898	5,848	36,071	5.06
6 MAINTENANCE & REPAIRS	2,161,792	53,004	2,668		6
7 OPERATION OF PLANT	1,587,860				7
8 LAUNDRY & LINEN SERVICE	418,509	22,078	7,949		8
9 HOUSEKEEPING	849,106	25,998	4,375		9
10 DIETARY	1,132,703	161,334	19,108		10
11 CAFETERIA	883,455				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,609,504	25,100			13
14 CENTRAL SERVICES & SUPPLY	243,059	63,539			14
15 PHARMACY	1,133,327				15
16 MEDICAL RECORDS & LIBRARY	1,194,916	89,537			16
17 SOCIAL SERVICE	414,042	44,462			17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	6,968,659	1,049,347			30
31 INTENSIVE CARE UNIT	1,335,964	109,972			31
40 SUBPROVIDER - IPF	777,256	113,630			40
41 SUBPROVIDER - IRF	918,321		32,550		41
43 NURSERY	522,896	24,443			43
44 SKILLED NURSING FACILITY	3,071,444		97,994		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	3,380,256	325,931			50
51 RECOVERY ROOM	219,074				51
52 DELIVERY ROOM & LABOR ROOM	448,104	72,891			52
54 RADIOLOGY-DIAGNOSTIC	4,080,034	275,029			54
59 CARDIAC CATHETERIZATION	1,139,374	136,606			59
60 LABORATORY	2,932,711	118,996			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	1,105,201	49,609			65
66 PHYSICAL THERAPY	1,375,862	29,174	28,898		66
68 SPEECH PATHOLOGY	147,124		903		68
69 ELECTROCARDIOLOGY	452,675	43,849			69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	591,018				71
72 IMPL. DEV. CHARGED TO PATIENT	2,208,070				72
73 DRUGS CHARGED TO PATIENTS	3,361,439	53,836			73
74 RENAL DIALYSIS	1,201,225	4,556	13,569		74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	3,398,867	208,818			91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	2,956,299		23,311	8,956	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	577,351			18	116
118 SUBTOTALS (SUM OF LINES 1-117)	75,629,920	3,791,711	262,579	45,045	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,407	3,155		190
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE			3,737		194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03
194.04 NRCC-MERCY SPEC CLIN ENT	607,437				194.04

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL 1970 BLDG 1.01	CAP REL BLUFF BLDG 1.02	BLDG RADIATION ONCOLOGY 1.03	
194.05 NRCC-MERCY SPEC CLIN GASTRO	1,071,301	45,557	17,393	17,010		194.05
194.09 NRCC-SENIOR SERVICES	56,428		1,735			194.09
194.12 NRCC-FREE CLINIC	3,538			8,364		194.12
194.13 NRCC-TENDERCARE	193,900					194.13
194.16 NRCC-MLC NORTH	3,040,819					194.16
194.19 NRCC-MLC NORTH SOC SERV	54,483					194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	80,657,826	3,865,675	288,599	70,419	166,340	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP	3,460,054					2
4 EMPLOYEE BENEFITS	188,862	439,185				4
5.02 A&G-INFO SERVICE	106,575	9,253	4,383,518	4,383,518		5.02
5.03 A&G-PURCHASING, STORES	20,446	4,674	710,681	40,843	751,524	5.03
5.04 A&G-ADMITTING, REGIST	2,307	3,502	645,631	37,104		5.04
5.05 A&G-CASHIERS, PFS	101	2,159	1,035,730	59,523		5.05
5.06 A&G-ALL OTHER	141,927	18,602	7,022,296	403,571		5.06
6 MAINTENANCE & REPAIRS	7,806	4,685	2,229,955	128,156		6
7 OPERATION OF PLANT			1,587,860	91,254		7
8 LAUNDRY & LINEN SERVICE	27,642	1,121	477,299	27,430		8
9 HOUSEKEEPING	1,044	6,173	886,696	50,958		9
10 DIETARY	36,360	6,985	1,356,490	77,957		10
11 CAFETERIA		9,072	892,527	51,294		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	97,361	14,326	1,746,291	100,359		13
14 CENTRAL SERVICES & SUPPLY	567	1,519	308,684	17,740		14
15 PHARMACY		14,657	1,147,984	65,975		15
16 MEDICAL RECORDS & LIBRARY	969	10,723	1,296,145	74,489		16
17 SOCIAL SERVICE	18,031	4,375	480,910	27,638		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,372,970	76,771	9,467,747	544,144	79,930	30
31 INTENSIVE CARE UNIT	357	12,343	1,458,636	83,828	15,143	31
40 SUBPROVIDER - IPF	331,439	10,030	1,232,355	70,823	6,484	40
41 SUBPROVIDER - IRF	31,080	6,661	988,612	56,816	5,042	41
43 NURSERY	27,682	5,205	580,226	33,346	6,267	43
44 SKILLED NURSING FACILITY	483,318	30,511	3,683,267	211,677	22,062	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	158,342	18,456	3,882,985	223,155	82,752	50
51 RECOVERY ROOM		2,245	221,319	12,719	11,238	51
52 DELIVERY ROOM & LABOR ROOM	9,926	3,248	534,169	30,699	6,034	52
54 RADIOLOGY-DIAGNOSTIC	104,633	20,278	4,646,314	267,024	99,415	54
59 CARDIAC CATHETERIZATION	17,485	5,860	1,299,325	74,672	51,513	59
60 LABORATORY	25,503	14,512	3,091,722	177,681	92,815	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	486	10,194	1,165,490	66,981	10,035	65
66 PHYSICAL THERAPY	47,439	11,240	1,492,613	85,780	15,895	66
68 SPEECH PATHOLOGY	2,462	1,634	152,123	8,743	1,183	68
69 ELECTROCARDIOLOGY	75,021	4,589	576,134	33,110	13,390	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			591,018	33,966	6,869	71
72 IMPL. DEV. CHARGED TO PATIENT			2,208,070	126,898	35,252	72
73 DRUGS CHARGED TO PATIENTS	39,371		3,454,646	198,539	87,371	73
74 RENAL DIALYSIS	112	7,042	1,226,504	70,487	33,774	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	38,211	20,532	3,666,428	210,710	46,295	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,137	21,754	3,016,457	173,356	19,019	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	124	3,210	580,703	33,373	3,746	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,422,096	398,141	75,425,560	4,082,818	751,524	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			31,562	1,814		190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			3,737	215		194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	258	4,861	612,556	35,204		194.04

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COST CENTER DESCRIPTION	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	
194.05 NRCC-MERCY SPEC CLIN GASTRO	756	10,043	1,162,060	66,784		194.05
194.09 NRCC-SENIOR SERVICES	144	314	58,621	3,369		194.09
194.12 NRCC-FREE CLINIC	1,435	41	13,378	769		194.12
194.13 NRCC-TENDER CARE		1,747	195,647	11,244		194.13
194.16 NRCC-MLC NORTH	34,794	23,488	3,099,101	178,105		194.16
194.19 NRCC-MLC NORTH SOC SERV	571	550	55,604	3,196		194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,460,054	439,185	80,657,826	4,383,518	751,524	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	A&G ADMITTING REGISTR 5.04	A&G CASHIERS A/R, PFS 5.05	SUBTOTAL (COLS.0-4)	A&G ALL OTHER 5.06	MAIN- TENANCE & REPAIRS 6	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.02 A&G-INFO SERVICE						5.02
5.03 A&G-PURCHASING, STORES						5.03
5.04 A&G-ADMITTING, REGIST	682,735					5.04
5.05 A&G-CASHIERS, PFS		1,095,253				5.05
5.06 A&G-ALL OTHER			7,425,867	7,425,867		5.06
6 MAINTENANCE & REPAIRS			2,358,111	239,117	2,597,228	6
7 OPERATION OF PLANT			1,679,114	170,266		7
8 LAUNDRY & LINEN SERVICE			504,729	51,181	18,363	8
9 HOUSEKEEPING			937,654	95,080	21,623	9
10 DIETARY			1,434,447	145,456	134,185	10
11 CAFETERIA			943,821	95,705		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,846,650	187,254	20,876	13
14 CENTRAL SERVICES & SUPPLY			326,424	33,100	52,847	14
15 PHARMACY			1,213,959	123,098		15
16 MEDICAL RECORDS & LIBRARY			1,370,634	138,985	74,470	16
17 SOCIAL SERVICE			508,548	51,568	36,980	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	72,625	116,496	10,280,942	1,042,506	872,769	30
31 INTENSIVE CARE UNIT	13,759	22,071	1,593,437	161,578	91,467	31
40 SUBPROVIDER - IPF	5,892	9,451	1,325,005	134,358	94,509	40
41 SUBPROVIDER - IRF	4,582	7,349	1,062,401	107,730		41
43 NURSERY	5,694	9,133	634,666	64,356	20,330	43
44 SKILLED NURSING FACILITY	20,046	32,156	3,969,208	402,486		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	75,190	120,610	4,384,692	444,617	271,085	50
51 RECOVERY ROOM	10,211	16,380	271,867	27,568		51
52 DELIVERY ROOM & LABOR ROOM	5,482	8,794	585,178	59,338	60,626	52
54 RADIOLOGY-DIAGNOSTIC	90,219	144,813	5,247,785	532,136	228,749	54
59 CARDIAC CATHETERIZATION	46,805	75,079	1,547,394	156,909	113,618	59
60 LABORATORY	84,333	135,277	3,581,828	363,205	98,972	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,118	14,625	1,266,249	128,400	41,261	65
66 PHYSICAL THERAPY	14,442	23,166	1,631,896	165,478	24,265	66
68 SPEECH PATHOLOGY	1,075	1,724	164,848	16,716		68
69 ELECTROCARDIOLOGY	12,166	19,516	654,316	66,349	36,470	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,242	10,012	648,107	65,719		71
72 IMPL. DEV. CHARGED TO PATIENT	32,030	51,379	2,453,629	248,803		72
73 DRUGS CHARGED TO PATIENTS	79,387	127,342	3,947,285	400,263	44,777	73
74 RENAL DIALYSIS	30,687	49,225	1,410,677	143,045	3,789	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	42,065	67,475	4,032,973	408,952	173,679	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	17,281	27,720	3,253,833	329,945		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	3,404	5,460	626,686	63,547		116
118 SUBTOTALS (SUM OF LINES 1-117)	682,735	1,095,253	75,124,860	6,864,814	2,535,710	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			33,376	3,384	23,627	190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			3,952	401		194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT			647,760	65,684		194.04

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COST CENTER DESCRIPTION	A&G	A&G	SUBTOTAL (COLS.0-4)	A&G	MAIN- TENANCE & REPAIRS	
	ADMITTING REGISTR 5.04	CASHIERS A/R, PFS 5.05		ALL OTHER 5.06		
194.05 NRCC-MERCY SPEC CLIN GASTRO			1,228,844	124,607	37,891	194.05
194.09 NRCC-SENIOR SERVICES			61,990	6,286		194.09
194.12 NRCC-FREE CLINIC			14,147	1,435		194.12
194.13 NRCC-TENDERCARE			206,891	20,979		194.13
194.16 NRCC-MLC NORTH			3,277,206	332,315		194.16
194.19 NRCC-MLC NORTH SOC SERV			58,800	5,962		194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	682,735	1,095,253	80,657,826	7,425,867	2,597,228	202

COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.02 A&G-INFO SERVICE						5.02
5.03 A&G-PURCHASING, STORES						5.03
5.04 A&G-ADMITTING, REGIST						5.04
5.05 A&G-CASHIERS, PFS						5.05
5.06 A&G-ALL OTHER						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,849,380					7
8 LAUNDRY & LINEN SERVICE	13,075	587,348				8
9 HOUSEKEEPING	15,397		1,069,754			9
10 DIETARY	95,548		11,461	1,821,097		10
11 CAFETERIA			13,454		1,052,980	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	14,865		6,478		37,237	13
14 CENTRAL SERVICES & SUPPLY	37,630	12,994	15,448		7,709	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	53,027		9,269		42,928	16
17 SOCIAL SERVICE	26,332		5,315		11,177	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	621,463	174,814	360,881	1,050,133	229,438	30
31 INTENSIVE CARE UNIT	65,130	37,515	59,798	96,930	32,405	31
40 SUBPROVIDER - IPF	67,296	9,670	43,652	101,429	28,868	40
41 SUBPROVIDER - IRF			43,652	71,539	18,519	41
43 NURSERY	14,476	3,176	2,492		12,217	43
44 SKILLED NURSING FACILITY		117,518	93,185	416,960	120,410	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	193,028	53,061	128,465		50,382	50
51 RECOVERY ROOM					5,399	51
52 DELIVERY ROOM & LABOR ROOM	43,169		10,132		8,014	52
54 RADIOLOGY-DIAGNOSTIC	162,883	27,457	55,844		72,295	54
59 CARDIAC CATHETERIZATION	80,903	1,376	9,269			59
60 LABORATORY	70,474	43	24,085		46,067	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	29,380	28	8,770		29,646	65
66 PHYSICAL THERAPY	17,278	3,260	19,833		34,236	66
68 SPEECH PATHOLOGY			4,618		2,864	68
69 ELECTROCARDIOLOGY	25,969	5,611	14,318		15,331	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	31,884	214	8,604		35,929	73
74 RENAL DIALYSIS	2,698	4,373	23,819	84,106	22,168	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	123,670	63,691	70,262		57,350	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			15,853		112,626	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					18,675	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,805,575	514,801	1,058,957	1,821,097	1,051,890	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,824		6,644			190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			4,153			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT		10				194.04

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	7	8	9	10	11	
194.05 NRCC-MERCY SPEC CLIN GASTRO	26,981					194.05
194.09 NRCC-SENIOR SERVICES					1,090	194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDER CARE						194.13
194.16 NRCC-MLC NORTH		72,537				194.16
194.19 NRCC-MLC NORTH SOC SERV						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,849,380	587,348	1,069,754	1,821,097	1,052,980	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.02 A&G-INFO SERVICE						5.02
5.03 A&G-PURCHASING, STORES						5.03
5.04 A&G-ADMITTING, REGIST						5.04
5.05 A&G-CASHIERS, PFS						5.05
5.06 A&G-ALL OTHER						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,113,360					13
14 CENTRAL SERVICES & SUPPLY		486,152				14
15 PHARMACY			1,337,057			15
16 MEDICAL RECORDS & LIBRARY		522		1,689,835		16
17 SOCIAL SERVICE		179			640,099	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	861,248	11,200		179,743		30
31 INTENSIVE CARE UNIT	121,644	3,381		34,053		31
40 SUBPROVIDER - IPF	108,358	1,122		14,582		40
41 SUBPROVIDER - IRF	69,518	685		11,339		41
43 NURSERY	45,852	956		14,092		43
44 SKILLED NURSING FACILITY	451,999	4,778		49,613		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	189,112	94,176		186,089		50
51 RECOVERY ROOM	20,268	144		25,272		51
52 DELIVERY ROOM & LABOR ROOM	30,088	747		13,568	11,767	52
54 RADIOLOGY-DIAGNOSTIC		16,539		223,401		54
59 CARDIAC CATHETERIZATION		101,277		115,840	1	59
60 LABORATORY		56,492		208,719		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		4,996		22,566		65
66 PHYSICAL THERAPY		618		35,743		66
68 SPEECH PATHOLOGY		171		2,659		68
69 ELECTROCARDIOLOGY		989		30,111		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				15,447		71
72 IMPL. DEV. CHARGED TO PATIENT				79,273		72
73 DRUGS CHARGED TO PATIENTS		136,428	1,337,057	196,476		73
74 RENAL DIALYSIS		2,495		75,949	595,331	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	215,273	8,828		104,107	33,000	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		24,730		42,769		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		225		8,424		116
118 SUBTOTALS (SUM OF LINES 1-117)	2,113,360	471,678	1,337,057	1,689,835	640,099	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE						194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT		1,655				194.04

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
194.05 NRCC-MERCY SPEC CLIN GASTRO		1,093				194.05
194.09 NRCC-SENIOR SERVICES		82				194.09
194.12 NRCC-FREE CLINIC		8,255				194.12
194.13 NRCC-TENDER CARE		51				194.13
194.16 NRCC-MLC NORTH		3,001				194.16
194.19 NRCC-MLC NORTH SOC SERV		337				194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,113,360	486,152	1,337,057	1,689,835	640,099	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
1.01 CAP REL COSTS-1970 BLDG				1.01
1.02 CAP REL COSTS-BLUFF BLDG				1.02
1.03 RAD ONCOL BLDG				1.03
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.02 A&G-INFO SERVICE				5.02
5.03 A&G-PURCHASING, STORES				5.03
5.04 A&G-ADMITTING, REGIST				5.04
5.05 A&G-CASHIERS, PFS				5.05
5.06 A&G-ALL OTHER				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	15,685,137		15,685,137	30
31 INTENSIVE CARE UNIT	2,297,338		2,297,338	31
40 SUBPROVIDER - IPF	1,928,849		1,928,849	40
41 SUBPROVIDER - IRF	1,385,383		1,385,383	41
43 NURSERY	812,613		812,613	43
44 SKILLED NURSING FACILITY	5,626,157		5,626,157	44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	5,994,707		5,994,707	50
51 RECOVERY ROOM	350,518		350,518	51
52 DELIVERY ROOM & LABOR ROOM	822,627		822,627	52
54 RADIOLOGY-DIAGNOSTIC	6,567,089		6,567,089	54
59 CARDIAC CATHETERIZATION	2,126,587		2,126,587	59
60 LABORATORY	4,449,885		4,449,885	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	1,531,296		1,531,296	65
66 PHYSICAL THERAPY	1,932,607		1,932,607	66
68 SPEECH PATHOLOGY	191,876		191,876	68
69 ELECTROCARDIOLOGY	849,464		849,464	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	729,273		729,273	71
72 IMPL. DEV. CHARGED TO PATIENT	2,781,705		2,781,705	72
73 DRUGS CHARGED TO PATIENTS	6,138,917		6,138,917	73
74 RENAL DIALYSIS	2,368,450	-248,855	2,119,595	74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	5,291,785		5,291,785	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY	3,779,756		3,779,756	101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE	717,557		717,557	116
118 SUBTOTALS (SUM OF LINES 1-117)	74,359,576	-248,855	74,110,721	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,855		83,855	190
194 OTHER NON-REIMB				194
194.01 NRCC-REPSITE	8,506		8,506	194.01
194.02 NRCC-LIFELINE				194.02
194.03 NRCC-OUTREACH				194.03
194.04 NRCC-MERCY SPEC CLIN ENT	715,109		715,109	194.04

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COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.05 NRCC-MERCY SPEC CLIN GASTRO	1,419,416		1,419,416	194.05
194.09 NRCC-SENIOR SERVICES	69,448		69,448	194.09
194.12 NRCC-FREE CLINIC	23,837		23,837	194.12
194.13 NRCC-TENDER CARE	227,921		227,921	194.13
194.16 NRCC-MLC NORTH	3,685,059		3,685,059	194.16
194.19 NRCC-MLC NORTH SOC SERV	65,099		65,099	194.19
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	80,657,826	-248,855	80,408,971	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP REL 1970 BLDG 1.01	CAP REL BLUFF BLDG 1.02	BLDG RADIATION ONCOLOGY 1.03
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-1970 BLDG					1.01
1.02 CAP REL COSTS-BLUFF BLDG					1.02
1.03 RAD ONCOL BLDG					1.03
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS		24,969	25,406		4
5.02 A&G-INFO SERVICE		117,507			5.02
5.03 A&G-PURCHASING, STORES	5,161	103,380			5.03
5.04 A&G-ADMITTING, REGIST		29,525			5.04
5.05 A&G-CASHIERS, PFS	540	34,693			5.05
5.06 A&G-ALL OTHER	2,750	379,898	5,848	36,071	5.06
6 MAINTENANCE & REPAIRS	509	53,004	2,668		6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE		22,078	7,949		8
9 HOUSEKEEPING		25,998	4,375		9
10 DIETARY		161,334	19,108		10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		25,100			13
14 CENTRAL SERVICES & SUPPLY	12,081	63,539			14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		89,537			16
17 SOCIAL SERVICE		44,462			17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	10,404	1,049,347			30
31 INTENSIVE CARE UNIT	2,322	109,972			31
40 SUBPROVIDER - IPF		113,630			40
41 SUBPROVIDER - IRF	13,848		32,550		41
43 NURSERY		24,443			43
44 SKILLED NURSING FACILITY	11,065		97,994		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		325,931			50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM		72,891			52
54 RADIOLOGY-DIAGNOSTIC		275,029			54
59 CARDIAC CATHETERIZATION		136,606			59
60 LABORATORY	16,100	118,996			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	9,571	49,609			65
66 PHYSICAL THERAPY	16,822	29,174	28,898		66
68 SPEECH PATHOLOGY			903		68
69 ELECTROCARDIOLOGY		43,849			69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS	32,390	53,836			73
74 RENAL DIALYSIS		4,556	13,569		74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY		208,818			91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	11,776		23,311	8,956	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	16,052			18	116
118 SUBTOTALS (SUM OF LINES 1-117)	161,391	3,791,711	262,579	45,045	166,340
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,407	3,155		190
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE			3,737		194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03
194.04 NRCC-MERCY SPEC CLIN ENT	20,207				194.04

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194.05 NRCC-MERCY SPEC CLIN GASTRO	1,125	45,557	17,393	17,010		194.05
194.09 NRCC-SENIOR SERVICES			1,735			194.09
194.12 NRCC-FREE CLINIC				8,364		194.12
194.13 NRCC-TENDER CARE						194.13
194.16 NRCC-MLC NORTH						194.16
194.19 NRCC-MLC NORTH SOC SERV						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	182,723	3,865,675	288,599	70,419	166,340	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	188,862	239,237	239,237			4
5.02 A&G-INFO SERVICE	106,575	224,082	5,040	229,122		5.02
5.03 A&G-PURCHASING, STORES	20,446	128,987	2,546	2,135	133,668	5.03
5.04 A&G-ADMITTING, REGIST	2,307	31,832	1,908	1,939		5.04
5.05 A&G-CASHIERS, PFS	101	35,334	1,176	3,111		5.05
5.06 A&G-ALL OTHER	141,927	566,494	10,133	21,095		5.06
6 MAINTENANCE & REPAIRS	7,806	63,987	2,552	6,699		6
7 OPERATION OF PLANT				4,770		7
8 LAUNDRY & LINEN SERVICE	27,642	57,669	611	1,434		8
9 HOUSEKEEPING	1,044	31,417	3,363	2,664		9
10 DIETARY	36,360	216,802	3,805	4,075		10
11 CAFETERIA			4,942	2,681		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	97,361	122,461	7,804	5,246		13
14 CENTRAL SERVICES & SUPPLY	567	76,187	827	927		14
15 PHARMACY			7,984	3,449		15
16 MEDICAL RECORDS & LIBRARY	969	90,506	5,841	3,894		16
17 SOCIAL SERVICE	18,031	62,493	2,383	1,445		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,372,970	2,432,721	41,817	28,433	14,212	30
31 INTENSIVE CARE UNIT	357	112,651	6,723	4,382	2,692	31
40 SUBPROVIDER - IPF	331,439	445,069	5,464	3,702	1,153	40
41 SUBPROVIDER - IRF	31,080	77,478	3,629	2,970	897	41
43 NURSERY	27,682	52,125	2,835	1,743	1,114	43
44 SKILLED NURSING FACILITY	483,318	592,377	16,620	11,065	3,923	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	158,342	484,273	10,054	11,664	14,714	50
51 RECOVERY ROOM			1,223	665	1,998	51
52 DELIVERY ROOM & LABOR ROOM	9,926	82,817	1,770	1,605	1,073	52
54 RADIOLOGY-DIAGNOSTIC	104,633	546,002	11,046	13,958	17,721	54
59 CARDIAC CATHETERIZATION	17,485	154,091	3,192	3,903	9,159	59
60 LABORATORY	25,503	160,599	7,905	9,288	16,503	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	486	59,666	5,553	3,501	1,784	65
66 PHYSICAL THERAPY	47,439	122,333	6,123	4,484	2,826	66
68 SPEECH PATHOLOGY	2,462	3,365	890	457	210	68
69 ELECTROCARDIOLOGY	75,021	118,870	2,500	1,731	2,381	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,775	1,221	71
72 IMPL. DEV. CHARGED TO PATIENT				6,633	6,268	72
73 DRUGS CHARGED TO PATIENTS	39,371	125,597		10,378	15,535	73
74 RENAL DIALYSIS	112	18,237	3,836	3,684	6,005	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	38,211	247,029	11,184	11,014	8,231	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,137	50,180	11,850	9,061	3,382	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	124	16,194	1,749	1,744	666	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,422,096	7,849,162	216,878	213,404	133,668	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		31,562		95		190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		3,737		11		194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	258	20,465	2,648	1,840		194.04

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COST CENTER DESCRIPTION	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	
194.05 NRCC-MERCY SPEC CLIN GASTRO	756	81,841	5,471	3,491		194.05
194.09 NRCC-SENIOR SERVICES	144	1,879	171	176		194.09
194.12 NRCC-FREE CLINIC	1,435	9,799	22	40		194.12
194.13 NRCC-TENDER CARE			952	588		194.13
194.16 NRCC-MLC NORTH	34,794	34,794	12,795	9,310		194.16
194.19 NRCC-MLC NORTH SOC SERV	571	571	300	167		194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,460,054	8,033,810	239,237	229,122	133,668	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	A&G	A&G	A&G	MAIN-	OPERATION	
	ADMITTING REGISTR	CASHIERS A/R, PFS	ALL OTHER	TENANCE & REPAIRS	OF PLANT	
	5.04	5.05	5.06	6	7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.02 A&G-INFO SERVICE						5.02
5.03 A&G-PURCHASING, STORES						5.03
5.04 A&G-ADMITTING, REGISTR	35,679					5.04
5.05 A&G-CASHIERS, PFS		39,621				5.05
5.06 A&G-ALL OTHER			597,722			5.06
6 MAINTENANCE & REPAIRS			19,247	92,485		6
7 OPERATION OF PLANT			13,705		18,475	7
8 LAUNDRY & LINEN SERVICE			4,120	654	131	8
9 HOUSEKEEPING			7,653	770	154	9
10 DIETARY			11,708	4,778	955	10
11 CAFETERIA			7,703			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			15,072	743	149	13
14 CENTRAL SERVICES & SUPPLY			2,664	1,882	376	14
15 PHARMACY			9,908			15
16 MEDICAL RECORDS & LIBRARY			11,187	2,652	530	16
17 SOCIAL SERVICE			4,151	1,317	263	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,796	4,215	83,915	31,079	6,206	30
31 INTENSIVE CARE UNIT	719	799	13,006	3,257	651	31
40 SUBPROVIDER - IPF	308	342	10,815	3,365	672	40
41 SUBPROVIDER - IRF	239	266	8,671			41
43 NURSERY	298	330	5,180	724	145	43
44 SKILLED NURSING FACILITY	1,048	1,163	32,397			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,930	4,364	35,788	9,653	1,928	50
51 RECOVERY ROOM	534	593	2,219			51
52 DELIVERY ROOM & LABOR ROOM	287	318	4,776	2,159	431	52
54 RADIOLOGY-DIAGNOSTIC	4,710	5,235	42,832	8,146	1,627	54
59 CARDIAC CATHETERIZATION	2,446	2,716	12,630	4,046	808	59
60 LABORATORY	4,408	4,894	29,235	3,524	704	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	477	529	10,335	1,469	294	65
66 PHYSICAL THERAPY	755	838	13,320	864	173	66
68 SPEECH PATHOLOGY	56	62	1,345			68
69 ELECTROCARDIOLOGY	636	706	5,341	1,299	259	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	326	362	5,290			71
72 IMPL. DEV. CHARGED TO PATIENT	1,674	1,859	20,027			72
73 DRUGS CHARGED TO PATIENTS	4,149	4,607	32,218	1,594	319	73
74 RENAL DIALYSIS	1,604	1,781	11,514	135	27	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,198	2,441	32,917	6,185	1,235	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	903	1,003	26,558			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	178	198	5,115			116
118 SUBTOTALS (SUM OF LINES 1-117)	35,679	39,621	552,562	90,295	18,037	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			272	841	168	190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			32			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT			5,287			194.04

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	A&G	A&G	A&G	MAIN-	OPERATION	
	ADMITTING REGISTR	CASHIERS A/R, PFS	ALL OTHER	TENANCE & REPAIRS	OF PLANT	
	5.04	5.05	5.06	6	7	
194.05 NRCC-MERCY SPEC CLIN GASTRO			10,030	1,349	270	194.05
194.09 NRCC-SENIOR SERVICES			506			194.09
194.12 NRCC-FREE CLINIC			115			194.12
194.13 NRCC-TENDER CARE			1,689			194.13
194.16 NRCC-MLC NORTH			26,749			194.16
194.19 NRCC-MLC NORTH SOC SERV			480			194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	35,679	39,621	597,722	92,485	18,475	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINISTRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.02 A&G-INFO SERVICE						5.02
5.03 A&G-PURCHASING, STORES						5.03
5.04 A&G-ADMITTING, REGIST						5.04
5.05 A&G-CASHIERS, PFS						5.05
5.06 A&G-ALL OTHER						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	64,619					8
9 HOUSEKEEPING		46,021				9
10 DIETARY		493	242,616			10
11 CAFETERIA		579		15,905		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		279		562	152,316	13
14 CENTRAL SERVICES & SUPPLY	1,430	665		116		14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		399		648		16
17 SOCIAL SERVICE		229		169		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,233	15,522	139,903	3,466	62,072	30
31 INTENSIVE CARE UNIT	4,127	2,573	12,914	489	8,767	31
40 SUBPROVIDER - IPF	1,064	1,878	13,513	436	7,810	40
41 SUBPROVIDER - IRF		1,878	9,531	280	5,010	41
43 NURSERY	349	107		185	3,305	43
44 SKILLED NURSING FACILITY	12,929	4,009	55,550	1,819	32,577	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,838	5,527		761	13,630	50
51 RECOVERY ROOM				82	1,461	51
52 DELIVERY ROOM & LABOR ROOM		436		121	2,169	52
54 RADIOLOGY-DIAGNOSTIC	3,021	2,402		1,092		54
59 CARDIAC CATHETERIZATION	151	399				59
60 LABORATORY	5	1,036		696		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3	377		448		65
66 PHYSICAL THERAPY	359	853		517		66
68 SPEECH PATHOLOGY		199		43		68
69 ELECTROCARDIOLOGY	617	616		232		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	24	370		543		73
74 RENAL DIALYSIS	481	1,025	11,205	335		74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	7,007	3,023		866	15,515	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		682		1,701		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE				282		116
118 SUBTOTALS (SUM OF LINES 1-117)	56,638	45,556	242,616	15,889	152,316	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		286				190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		179				194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	1					194.04

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
194.05 NRCC-MERCY SPEC CLIN GASTRO						194.05
194.09 NRCC-SENIOR SERVICES				16		194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDERCARE						194.13
194.16 NRCC-MLC NORTH	7,980					194.16
194.19 NRCC-MLC NORTH SOC SERV						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	64,619	46,021	242,616	15,905	152,316	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.02 A&G-INFO SERVICE						5.02
5.03 A&G-PURCHASING, STORES						5.03
5.04 A&G-ADMITTING, REGIST						5.04
5.05 A&G-CASHIERS, PFS						5.05
5.06 A&G-ALL OTHER						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	85,074					14
15 PHARMACY		21,341				15
16 MEDICAL RECORDS & LIBRARY	91		115,748			16
17 SOCIAL SERVICE	31			72,481		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,960		12,314		2,900,864	30
31 INTENSIVE CARE UNIT	592		2,333		176,675	31
40 SUBPROVIDER - IPF	196		999		496,786	40
41 SUBPROVIDER - IRF	120		777		111,746	41
43 NURSERY	167		965		69,572	43
44 SKILLED NURSING FACILITY	836		3,399		769,712	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	16,481		12,749		631,354	50
51 RECOVERY ROOM	25		1,731		10,531	51
52 DELIVERY ROOM & LABOR ROOM	131		930	1,332	100,355	52
54 RADIOLOGY-DIAGNOSTIC	2,894		15,285		675,971	54
59 CARDIAC CATHETERIZATION	17,724		7,936		219,201	59
60 LABORATORY	9,886		14,299		262,982	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	874		1,546		86,856	65
66 PHYSICAL THERAPY	108		2,449		156,002	66
68 SPEECH PATHOLOGY	30		182		6,839	68
69 ELECTROCARDIOLOGY	173		2,063		137,424	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,058		10,032	71
72 IMPL. DEV. CHARGED TO PATIENT			5,431		41,892	72
73 DRUGS CHARGED TO PATIENTS	23,873	21,341	13,460		254,008	73
74 RENAL DIALYSIS	437		5,203	67,412	132,921	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,545		7,132	3,737	361,259	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	4,328		2,930		112,578	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	39		577		26,742	116
118 SUBTOTALS (SUM OF LINES 1-117)	82,541	21,341	115,748	72,481	7,752,302	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					33,224	190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE					3,959	194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	290				30,531	194.04

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194.05 NRCC-MERCY SPEC CLIN GASTRO	191				102,643	194.05
194.09 NRCC-SENIOR SERVICES	14				2,762	194.09
194.12 NRCC-FREE CLINIC	1,445				11,421	194.12
194.13 NRCC-TENDER CARE	9				3,238	194.13
194.16 NRCC-MLC NORTH	525				92,153	194.16
194.19 NRCC-MLC NORTH SOC SERV	59				1,577	194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	85,074	21,341	115,748	72,481	8,033,810	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL	
	25	26		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
1.01 CAP REL COSTS-1970 BLDG				1.01
1.02 CAP REL COSTS-BLUFF BLDG				1.02
1.03 RAD ONCOL BLDG				1.03
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.02 A&G-INFO SERVICE				5.02
5.03 A&G-PURCHASING, STORES				5.03
5.04 A&G-ADMITTING, REGIST				5.04
5.05 A&G-CASHIERS, PFS				5.05
5.06 A&G-ALL OTHER				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		2,900,864		30
31 INTENSIVE CARE UNIT		176,675		31
40 SUBPROVIDER - IPF		496,786		40
41 SUBPROVIDER - IRF		111,746		41
43 NURSERY		69,572		43
44 SKILLED NURSING FACILITY		769,712		44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		631,354		50
51 RECOVERY ROOM		10,531		51
52 DELIVERY ROOM & LABOR ROOM		100,355		52
54 RADIOLOGY-DIAGNOSTIC		675,971		54
59 CARDIAC CATHETERIZATION		219,201		59
60 LABORATORY		262,982		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		86,856		65
66 PHYSICAL THERAPY		156,002		66
68 SPEECH PATHOLOGY		6,839		68
69 ELECTROCARDIOLOGY		137,424		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		10,032		71
72 IMPL. DEV. CHARGED TO PATIENT		41,892		72
73 DRUGS CHARGED TO PATIENTS		254,008		73
74 RENAL DIALYSIS		132,921		74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY		361,259		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY		112,578		101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE		26,742		116
118 SUBTOTALS (SUM OF LINES 1-117)		7,752,302		118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,224		190
194 OTHER NON-REIMB				194
194.01 NRCC-REPSITE		3,959		194.01
194.02 NRCC-LIFELINE				194.02
194.03 NRCC-OUTREACH				194.03
194.04 NRCC-MERCY SPEC CLIN ENT		30,531		194.04

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COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
194.05 NRCC-MERCY SPEC CLIN GASTRO		102,643	194.05
194.09 NRCC-SENIOR SERVICES		2,762	194.09
194.12 NRCC-FREE CLINIC		11,421	194.12
194.13 NRCC-TENDERCARE		3,238	194.13
194.16 NRCC-MLC NORTH		92,153	194.16
194.19 NRCC-MLC NORTH SOC SERV		1,577	194.19
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		8,033,810	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	BLDG RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	
	1	1.01	1.02	1.03	2	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	176,495					1
1.01 CAP REL COSTS-1970 BLDG		102,644				1.01
1.02 CAP REL COSTS-BLUFF BLDG			51,141			1.02
1.03 RAD ONCOL BLDG				9,780		1.03
2 CAP REL COSTS-MVBLE EQUIP					2,627,996	2
4 EMPLOYEE BENEFITS	1,140	9,036			143,445	4
5.02 A&G-INFO SERVICE	5,365				80,946	5.02
5.03 A&G-PURCHASING, STORES	4,720				15,529	5.03
5.04 A&G-ADMITTING, REGIST	1,348				1,752	5.04
5.05 A&G-CASHIERS, PFS	1,584				77	5.05
5.06 A&G-ALL OTHER	17,345	2,080	26,197		107,797	5.06
6 MAINTENANCE & REPAIRS	2,420	949			5,929	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,008	2,827			20,995	8
9 HOUSEKEEPING	1,187	1,556			793	9
10 DIETARY	7,366	6,796			27,616	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,146				73,948	13
14 CENTRAL SERVICES & SUPPLY	2,901				431	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,088				736	16
17 SOCIAL SERVICE	2,030				13,695	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	47,910				1,042,807	30
31 INTENSIVE CARE UNIT	5,021				271	31
40 SUBPROVIDER - IPF	5,188				251,736	40
41 SUBPROVIDER - IRF		11,577			23,606	41
43 NURSERY	1,116				21,025	43
44 SKILLED NURSING FACILITY		34,853			367,092	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,881				120,265	50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM	3,328				7,539	52
54 RADIOLOGY-DIAGNOSTIC	12,557			9,780	79,471	54
59 CARDIAC CATHETERIZATION	6,237				13,280	59
60 LABORATORY	5,433				19,370	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,265				369	65
66 PHYSICAL THERAPY	1,332	10,278			36,031	66
68 SPEECH PATHOLOGY		321			1,870	68
69 ELECTROCARDIOLOGY	2,002				56,980	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,458				29,903	73
74 RENAL DIALYSIS	208	4,826			85	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,534				29,022	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		8,291	6,504		4,661	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			13		94	116
118 SUBTOTALS (SUM OF LINES 1-117)	173,118	93,390	32,714	9,780	2,599,166	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,297	1,122				190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		1,329				194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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COST CENTER DESCRIPTION	CAP	CAP REL	CAP REL	BLDG	CAP	
	BLDGS & FIXTURES SQUARE FEET	1970 BLDG SQUARE FEET	BLUFF BLDG SQUARE FEET	RADIATION ONCOLOGY SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	
	1	1.01	1.02	1.03	2	
194.04 NRCC-MERCY SPEC CLIN ENT					196	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	2,080	6,186	12,353		574	194.05
194.09 NRCC-SENIOR SERVICES		617			109	194.09
194.12 NRCC-FREE CLINIC			6,074		1,090	194.12
194.13 NRCC-TENDER CARE						194.13
194.16 NRCC-MLC NORTH					26,427	194.16
194.19 NRCC-MLC NORTH SOC SERV					434	194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,865,675	288,599	70,419	166,340	3,460,054	202
203 UNIT COST MULT-WS B PT I	21.902462	2.811650	1.376958	17.008180	1.316613	203
204 COST TO BE ALLOC PER B PT II						204
205 UNIT COST MULT-WS B PT II						205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	EMPLOYEE	RECON- CILIATION	A&G	A&G	A&G	
	BENEFITS		INFO SERV	PURCHASING	ADMITTING	
	GROSS		ACCUM	STORES	REGISTR	
	SALARIES		COST	GROSS	GROSS	
	4	5A.02	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	33,957,525					4
5.02 A&G-INFO SERVICE	715,439	-4,383,518	76,274,308			5.02
5.03 A&G-PURCHASING, STORES	361,435		710,681	207,474,784		5.03
5.04 A&G-ADMITTING, REGIST	270,766		645,631		207,474,784	5.04
5.05 A&G-CASHIERS, PFS	166,963		1,035,730			5.05
5.06 A&G-ALL OTHER	1,438,321		7,022,296			5.06
6 MAINTENANCE & REPAIRS	362,239		2,229,955			6
7 OPERATION OF PLANT			1,587,860			7
8 LAUNDRY & LINEN SERVICE	86,698		477,299			8
9 HOUSEKEEPING	477,316		886,696			9
10 DIETARY	540,062		1,356,490			10
11 CAFETERIA	701,460		892,527			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,107,697		1,746,291			13
14 CENTRAL SERVICES & SUPPLY	117,459		308,684			14
15 PHARMACY	1,133,327		1,147,984			15
16 MEDICAL RECORDS & LIBRARY	829,137		1,296,145			16
17 SOCIAL SERVICE	338,249		480,910			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,935,166		9,467,747	22,067,900	22,067,900	30
31 INTENSIVE CARE UNIT	954,362		1,458,636	4,180,887	4,180,887	31
40 SUBPROVIDER - IPF	775,560		1,232,355	1,790,250	1,790,250	40
41 SUBPROVIDER - IRF	515,077		988,612	1,392,131	1,392,131	41
43 NURSERY	402,429		580,226	1,730,149	1,730,149	43
44 SKILLED NURSING FACILITY	2,359,138		3,683,267	6,091,230	6,091,230	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,427,078		3,882,985	22,847,051	22,847,051	50
51 RECOVERY ROOM	173,601		221,319	3,102,820	3,102,820	51
52 DELIVERY ROOM & LABOR ROOM	251,177		534,169	1,665,830	1,665,830	52
54 RADIOLOGY-DIAGNOSTIC	1,567,951		4,646,314	27,433,463	27,433,463	54
59 CARDIAC CATHETERIZATION	453,106		1,299,325	14,222,252	14,222,252	59
60 LABORATORY	1,122,104		3,091,722	25,625,438	25,625,438	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	788,240		1,165,490	2,770,486	2,770,486	65
66 PHYSICAL THERAPY	869,073		1,492,613	4,388,392	4,388,392	66
68 SPEECH PATHOLOGY	126,359		152,123	326,505	326,505	68
69 ELECTROCARDIOLOGY	354,793		576,134	3,696,826	3,696,826	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			591,018	1,896,551	1,896,551	71
72 IMPL. DEV. CHARGED TO PATIENT			2,208,070	9,732,708	9,732,708	72
73 DRUGS CHARGED TO PATIENTS			3,454,646	24,122,343	24,122,343	73
74 RENAL DIALYSIS	544,472		1,226,504	9,324,640	9,324,640	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,587,535		3,666,428	12,781,692	12,781,692	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,682,037		3,016,457	5,250,977	5,250,977	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	248,217		580,703	1,034,263	1,034,263	116
118 SUBTOTALS (SUM OF LINES 1-117)	30,784,043	-4,383,518	71,042,042	207,474,784	207,474,784	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			31,562			190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			3,737			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	RECON- CILIATION	A&G INFO SERV	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	
	GROSS SALARIES		ACCUM COST			
	4	5A.02	5.02	5.03	5.04	
194.04 NRCC-MERCY SPEC CLIN ENT	375,873		612,556			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	776,513		1,162,060			194.05
194.09 NRCC-SENIOR SERVICES	24,250		58,621			194.09
194.12 NRCC-FREE CLINIC	3,143		13,378			194.12
194.13 NRCC-TENDER CARE	135,074		195,647			194.13
194.16 NRCC-MLC NORTH	1,816,114		3,099,101			194.16
194.19 NRCC-MLC NORTH SOC SERV	42,515		55,604			194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	439,185		4,383,518	751,524	682,735	202
203 UNIT COST MULT-WS B PT I	0.012933		0.057470	0.003622	0.003291	203
204 COST TO BE ALLOC PER B PT II	239,237		229,122	133,668	35,679	204
205 UNIT COST MULT-WS B PT II	0.007045		0.003004	0.000644	0.000172	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	A&G CASHIERS A/R, PFS GROSS REVENUE 5.05	RECON- CILIATION	A&G ALL OTHER ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.02 A&G-INFO SERVICE						5.02
5.03 A&G-PURCHASING, STORES						5.03
5.04 A&G-ADMITTING, REGIST						5.04
5.05 A&G-CASHIERS, PFS	207,474,784					5.05
5.06 A&G-ALL OTHER		-7,425,867	73,231,959			5.06
6 MAINTENANCE & REPAIRS			2,358,111	142,573		6
7 OPERATION OF PLANT			1,679,114		142,573	7
8 LAUNDRY & LINEN SERVICE			504,729	1,008	1,008	8
9 HOUSEKEEPING			937,654	1,187	1,187	9
10 DIETARY			1,434,447	7,366	7,366	10
11 CAFETERIA			943,821			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,846,650	1,146	1,146	13
14 CENTRAL SERVICES & SUPPLY			326,424	2,901	2,901	14
15 PHARMACY			1,213,959			15
16 MEDICAL RECORDS & LIBRARY			1,370,634	4,088	4,088	16
17 SOCIAL SERVICE			508,548	2,030	2,030	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	22,067,900		10,280,942	47,910	47,910	30
31 INTENSIVE CARE UNIT	4,180,887		1,593,437	5,021	5,021	31
40 SUBPROVIDER - IPF	1,790,250		1,325,005	5,188	5,188	40
41 SUBPROVIDER - IRF	1,392,131		1,062,401			41
43 NURSERY	1,730,149		634,666	1,116	1,116	43
44 SKILLED NURSING FACILITY	6,091,230		3,969,208			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	22,847,051		4,384,692	14,881	14,881	50
51 RECOVERY ROOM	3,102,820		271,867			51
52 DELIVERY ROOM & LABOR ROOM	1,665,830		585,178	3,328	3,328	52
54 RADIOLOGY-DIAGNOSTIC	27,433,463		5,247,785	12,557	12,557	54
59 CARDIAC CATHETERIZATION	14,222,252		1,547,394	6,237	6,237	59
60 LABORATORY	25,625,438		3,581,828	5,433	5,433	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,770,486		1,266,249	2,265	2,265	65
66 PHYSICAL THERAPY	4,388,392		1,631,896	1,332	1,332	66
68 SPEECH PATHOLOGY	326,505		164,848			68
69 ELECTROCARDIOLOGY	3,696,826		654,316	2,002	2,002	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,896,551		648,107			71
72 IMPL. DEV. CHARGED TO PATIENT	9,732,708		2,453,629			72
73 DRUGS CHARGED TO PATIENTS	24,122,343		3,947,285	2,458	2,458	73
74 RENAL DIALYSIS	9,324,640		1,410,677	208	208	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	12,781,692		4,032,973	9,534	9,534	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,250,977		3,253,833			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,034,263		626,686			116
118 SUBTOTALS (SUM OF LINES 1-117)	207,474,784	-7,425,867	67,698,993	139,196	139,196	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			33,376	1,297	1,297	190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			3,952			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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COST CENTER DESCRIPTION	A&G CASHIERS A/R, PFS GROSS REVENUE 5.05	RECON- CILIATION	A&G ALL OTHER ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	
194.04 NRCC-MERCY SPEC CLIN ENT			647,760			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO			1,228,844	2,080	2,080	194.05
194.09 NRCC-SENIOR SERVICES			61,990			194.09
194.12 NRCC-FREE CLINIC			14,147			194.12
194.13 NRCC-TENDER CARE			206,891			194.13
194.16 NRCC-MLC NORTH			3,277,206			194.16
194.19 NRCC-MLC NORTH SOC SERV			58,800			194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,095,253		7,425,867	2,597,228	1,849,380	202
203 UNIT COST MULT-WS B PT I	0.005279		0.101402	18.216829	12.971460	203
204 COST TO BE ALLOC PER B PT II	39,621		597,722	92,485	18,475	204
205 UNIT COST MULT-WS B PT II	0.000191		0.008162	0.648685	0.129583	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION
	POUNDS OF LAUNDRY 8	HOURS OF SERVICE 9	MEALS SERVED 10	MEALS SERVED 11	DIRECT NRSING HRS 13
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-1970 BLDG					1.01
1.02 CAP REL COSTS-BLUFF BLDG					1.02
1.03 RAD ONCOL BLDG					1.03
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.02 A&G-INFO SERVICE					5.02
5.03 A&G-PURCHASING, STORES					5.03
5.04 A&G-ADMITTING, REGIST					5.04
5.05 A&G-CASHIERS, PFS					5.05
5.06 A&G-ALL OTHER					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE	953,268				8
9 HOUSEKEEPING		161,006			9
10 DIETARY		1,725	92,304		10
11 CAFETERIA		2,025		169,101	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		975		5,980	615,083
14 CENTRAL SERVICES & SUPPLY	21,090	2,325		1,238	14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		1,395		6,894	16
17 SOCIAL SERVICE		800		1,795	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	283,726	54,315	53,227	36,846	250,662
31 INTENSIVE CARE UNIT	60,887	9,000	4,913	5,204	35,404
40 SUBPROVIDER - IPF	15,694	6,570	5,141	4,636	31,537
41 SUBPROVIDER - IRF		6,570	3,626	2,974	20,233
43 NURSERY	5,155	375		1,962	13,345
44 SKILLED NURSING FACILITY	190,732	14,025	21,134	19,337	131,552
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	86,118	19,335		8,091	55,040
51 RECOVERY ROOM				867	5,899
52 DELIVERY ROOM & LABOR ROOM		1,525		1,287	8,757
54 RADIOLOGY-DIAGNOSTIC	44,562	8,405		11,610	54
59 CARDIAC CATHETERIZATION	2,233	1,395			59
60 LABORATORY	69	3,625		7,398	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	46	1,320		4,761	65
66 PHYSICAL THERAPY	5,291	2,985		5,498	66
68 SPEECH PATHOLOGY		695		460	68
69 ELECTROCARDIOLOGY	9,106	2,155		2,462	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS	347	1,295		5,770	73
74 RENAL DIALYSIS	7,098	3,585	4,263	3,560	74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	103,370	10,575		9,210	62,654
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		2,386		18,087	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				2,999	116
118 SUBTOTALS (SUM OF LINES 1-117)	835,524	159,381	92,304	168,926	615,083
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,000			190
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE		625			194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	
	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	DIRECT NRSNG HRS	
	8	9	10	11	13	
194.04 NRCC-MERCY SPEC CLIN ENT	16					194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO						194.05
194.09 NRCC-SENIOR SERVICES				175		194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDERCARE						194.13
194.16 NRCC-MLC NORTH	117,728					194.16
194.19 NRCC-MLC NORTH SOC SERV						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	587,348	1,069,754	1,821,097	1,052,980	2,113,360	202
203 UNIT COST MULT-WS B PT I	0.616142	6.644187	19.729340	6.226929	3.435894	203
204 COST TO BE ALLOC PER B PT II	64,619	46,021	242,616	15,905	152,316	204
205 UNIT COST MULT-WS B PT II	0.067787	0.285834	2.628445	0.094056	0.247635	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-1970 BLDG					1.01
1.02 CAP REL COSTS-BLUFF BLDG					1.02
1.03 RAD ONCOL BLDG					1.03
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.02 A&G-INFO SERVICE					5.02
5.03 A&G-PURCHASING, STORES					5.03
5.04 A&G-ADMITTING, REGIST					5.04
5.05 A&G-CASHIERS, PFS					5.05
5.06 A&G-ALL OTHER					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY	8,676,133				14
15 PHARMACY		100			15
16 MEDICAL RECORDS & LIBRARY	9,310		207,474,784		16
17 SOCIAL SERVICE	3,186			724,826	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	199,880		22,067,900		30
31 INTENSIVE CARE UNIT	60,333		4,180,887		31
40 SUBPROVIDER - IPF	20,025		1,790,250		40
41 SUBPROVIDER - IRF	12,233		1,392,131		41
43 NURSERY	17,059		1,730,149		43
44 SKILLED NURSING FACILITY	85,267		6,091,230		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,680,717		22,847,051		50
51 RECOVERY ROOM	2,570		3,102,820		51
52 DELIVERY ROOM & LABOR ROOM	13,327		1,665,830	13,325	52
54 RADIOLOGY-DIAGNOSTIC	295,166		27,433,463		54
59 CARDIAC CATHETERIZATION	1,807,457		14,222,252	1	59
60 LABORATORY	1,008,185		25,625,438		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	89,156		2,770,486		65
66 PHYSICAL THERAPY	11,032		4,388,392		66
68 SPEECH PATHOLOGY	3,045		326,505		68
69 ELECTROCARDIOLOGY	17,643		3,696,826		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,896,551		71
72 IMPL. DEV. CHARGED TO PATIENT			9,732,708		72
73 DRUGS CHARGED TO PATIENTS	2,434,787	100	24,122,343		73
74 RENAL DIALYSIS	44,527		9,324,640	674,132	74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	157,556		12,781,692	37,368	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	441,351		5,250,977		101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	4,020		1,034,263		116
118 SUBTOTALS (SUM OF LINES 1-117)	8,417,832	100	207,474,784	724,826	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE					194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
194.04 NRCC-MERCY SPEC CLIN ENT	29,531				194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	19,498				194.05
194.09 NRCC-SENIOR SERVICES	1,472				194.09
194.12 NRCC-FREE CLINIC	147,315				194.12
194.13 NRCC-TENDER CARE	903				194.13
194.16 NRCC-MLC NORTH	53,562				194.16
194.19 NRCC-MLC NORTH SOC SERV	6,020				194.19
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	486,152	1,337,057	1,689,835	640,099	202
203 UNIT COST MULT-WS B PT I	0.056033	13,370.570000	0.008145	0.883107	203
204 COST TO BE ALLOC PER B PT II	85,074	21,341	115,748	72,481	204
205 UNIT COST MULT-WS B PT II	0.009806	213.410000	0.000558	0.099998	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,685,137		15,685,137		15,685,137	30
31 INTENSIVE CARE UNIT	2,297,338		2,297,338		2,297,338	31
40 SUBPROVIDER - IPF	1,928,849		1,928,849	33,457	1,962,306	40
41 SUBPROVIDER - IRF	1,385,383		1,385,383	32,373	1,417,756	41
43 NURSERY	812,613		812,613		812,613	43
44 SKILLED NURSING FACILITY	5,626,157		5,626,157		5,626,157	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,994,707		5,994,707		5,994,707	50
51 RECOVERY ROOM	350,518		350,518		350,518	51
52 DELIVERY ROOM & LABOR ROOM	822,627		822,627		822,627	52
54 RADIOLOGY-DIAGNOSTIC	6,567,089		6,567,089	45	6,567,134	54
59 CARDIAC CATHETERIZATION	2,126,587		2,126,587		2,126,587	59
60 LABORATORY	4,449,885		4,449,885		4,449,885	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,531,296		1,531,296		1,531,296	65
66 PHYSICAL THERAPY	1,932,607		1,932,607		1,932,607	66
68 SPEECH PATHOLOGY	191,876		191,876		191,876	68
69 ELECTROCARDIOLOGY	849,464		849,464		849,464	69
71 MEDICAL SUPPLIES CHRGD TO	729,273		729,273		729,273	71
72 IMPL. DEV. CHARGED TO PATIE	2,781,705		2,781,705		2,781,705	72
73 DRUGS CHARGED TO PATIENTS	6,138,917		6,138,917		6,138,917	73
74 RENAL DIALYSIS	2,119,595		2,119,595	8,957	2,128,552	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	5,291,785		5,291,785	184,040	5,475,825	91
92 OBSERVATION BEDS	869,467		869,467		869,467	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,779,756		3,779,756		3,779,756	101
116 HOSPICE	717,557		717,557		717,557	116
200 SUBTOTAL (SEE INSTRUCTIONS)	74,980,188		74,980,188	258,872	75,239,060	200
201 LESS OBSERVATION BEDS	869,467		869,467		869,467	201
202 TOTAL (SEE INSTRUCTIONS)	74,110,721		74,110,721	258,872	74,369,593	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,240,789		21,240,789			30
31 INTENSIVE CARE UNIT	4,180,887		4,180,887			31
40 SUBPROVIDER - IPF	1,790,250		1,790,250			40
41 SUBPROVIDER - IRF	1,392,131		1,392,131			41
43 NURSERY	1,730,149		1,730,149			43
44 SKILLED NURSING FACILITY	6,091,230		6,091,230			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,272,631	13,574,420	22,847,051	0.262384	0.262384	0.262384 50
51 RECOVERY ROOM	1,129,915	1,972,905	3,102,820	0.112968	0.112968	0.112968 51
52 DELIVERY ROOM & LABOR ROOM	1,408,742	257,088	1,665,830	0.493824	0.493824	0.493824 52
54 RADIOLOGY-DIAGNOSTIC	10,916,022	16,517,441	27,433,463	0.239382	0.239382	0.239384 54
59 CARDIAC CATHETERIZATION	6,597,342	7,624,910	14,222,252	0.149525	0.149525	0.149525 59
60 LABORATORY	14,944,170	10,681,268	25,625,438	0.173651	0.173651	0.173651 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,533,713	236,773	2,770,486	0.552717	0.552717	0.552717 65
66 PHYSICAL THERAPY	3,740,908	647,484	4,388,392	0.440391	0.440391	0.440391 66
68 SPEECH PATHOLOGY	259,924	66,581	326,505	0.587666	0.587666	0.587666 68
69 ELECTROCARDIOLOGY	1,549,660	2,147,166	3,696,826	0.229782	0.229782	0.229782 69
71 MEDICAL SUPPLIES CHRGD TO	904,222	992,329	1,896,551	0.384526	0.384526	0.384526 71
72 IMPL. DEV. CHARGED TO PATIE	6,059,250	3,673,458	9,732,708	0.285810	0.285810	0.285810 72
73 DRUGS CHARGED TO PATIENTS	17,265,473	6,856,870	24,122,343	0.254491	0.254491	0.254491 73
74 RENAL DIALYSIS	197,382	9,127,258	9,324,640	0.227311	0.227311	0.228272 74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	3,645,212	9,136,480	12,781,692	0.414013	0.414013	0.428412 91
92 OBSERVATION BEDS	60,230	766,881	827,111	1.051210	1.051210	1.051210 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		5,250,977	5,250,977			101
116 HOSPICE		1,034,263	1,034,263			116
200 SUBTOTAL (SEE INSTRUCTIONS)	116,910,232	90,564,552	207,474,784			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	116,910,232	90,564,552	207,474,784			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL. 1 MINUS COL. 2)	(COL. 1 MINUS COL. 2)	(COL. 3 + COL. 4)	PGM DAYS	(COL. 5 x COL. 6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,900,864		2,900,864	172.49	9,917	1,710,583	30
31 INTENSIVE CARE UNIT	176,675		176,675	100.78	1,229	123,859	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	496,786		496,786	300.72	614	184,642	40
41 SUBPROVIDER - IRF	111,746		111,746	85.96	928	79,771	41
42 SUBPROVIDER I							42
43 NURSERY	69,572		69,572	56.89			43
44 SKILLED NURSING FACILITY	769,712		769,712	29.68	6,206	184,194	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	4,525,355		4,525,355		18,894	2,283,049	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	631,354	22,847,051	0.027634	7,452,912	205,954	50
51 RECOVERY ROOM	10,531	3,102,820	0.003394	594,458	2,018	51
52 DELIVERY ROOM & LABOR ROOM	100,355	1,665,830	0.060243	6,174	372	52
54 RADIOLOGY-DIAGNOSTIC	675,971	27,433,463	0.024640	5,812,794	143,227	54
59 CARDIAC CATHETERIZATION	219,201	14,222,252	0.015413	3,357,150	51,744	59
60 LABORATORY	262,982	25,625,438	0.010263	9,254,297	94,977	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	86,856	2,770,486	0.031350	1,551,851	48,651	65
66 PHYSICAL THERAPY	156,002	4,388,392	0.035549	897,042	31,889	66
68 SPEECH PATHOLOGY	6,839	326,505	0.020946	61,814	1,295	68
69 ELECTROCARDIOLOGY	137,424	3,696,826	0.037174	1,043,019	38,773	69
71 MEDICAL SUPPLIES CHRGD TO PA	10,032	1,896,551	0.005290	582,077	3,079	71
72 IMPL. DEV. CHARGED TO PATIENT	41,892	9,732,708	0.004304	3,924,543	16,891	72
73 DRUGS CHARGED TO PATIENTS	254,008	24,122,343	0.010530	9,242,768	97,326	73
74 RENAL DIALYSIS	132,921	9,324,640	0.014255	195,591	2,788	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	361,259	12,781,692	0.028264	2,040,831	57,682	91
92 OBSERVATION BEDS	161,010	827,111	0.194666	31,100	6,054	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	3,248,637	164,764,108	164,764,108	46,048,421	802,720	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

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

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	16,818		9,917		30
31 INTENSIVE CARE UNIT	1,753		1,229		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	1,652		614		40
41 SUBPROVIDER - IRF	1,300		928		41
42 SUBPROVIDER I					42
43 NURSERY	1,223				43
44 SKILLED NURSING FACILITY	25,931		6,206		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	48,677		18,894		200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (16-0080)	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM			
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU			
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS			
	C, PT. I,	(COL. 5 +	(COL. 6 +	CHARGES	(COL. 8 x	(COL. 9 x	(COL. 9 x			
	COL. 8)	COL. 7)	COL. 7)		COL. 10)	COL. 12)	COL. 12)			
	7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	22,847,051		7,452,912		3,094,474	50			
51	RECOVERY ROOM	3,102,820		594,458		301,660	51			
52	DELIVERY ROOM & LABOR ROOM	1,665,830		6,174		1,210	52			
54	RADIOLOGY-DIAGNOSTIC	27,433,463		5,812,794		2,964,715	54			
59	CARDIAC CATHETERIZATION	14,222,252		3,357,150		1,323,927	59			
60	LABORATORY	25,625,438		9,254,297		305,138	60			
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30			
65	RESPIRATORY THERAPY	2,770,486		1,551,851		36,007	65			
66	PHYSICAL THERAPY	4,388,392		897,042			66			
68	SPEECH PATHOLOGY	326,505		61,814			68			
69	ELECTROCARDIOLOGY	3,696,826		1,043,019		477,841	69			
71	MEDICAL SUPPLIES CHRGED TO P	1,896,551		582,077		328,058	71			
72	IMPL. DEV. CHARGED TO PATIEN	9,732,708		3,924,543		1,059,866	72			
73	DRUGS CHARGED TO PATIENTS	24,122,343		9,242,768		1,179,331	73			
74	RENAL DIALYSIS	9,324,640		195,591			74			
76	OTHER						76			
76.97	CARDIAC REHABILITATION						76.97			
76.98	HYPERBARIC OXYGEN THERAPY						76.98			
76.99	LITHOTRIPSY						76.99			
OUTPATIENT SERVICE COST CENTERS										
91	EMERGENCY	12,781,692		2,040,831		799,386	91			
92	OBSERVATION BEDS	827,111		31,100		133,600	92			
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	164,764,108		46,048,421		12,005,213	200			

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES						COST REIMB. SVCS NOT DED & COINS	COST REIMB. SUBJECT TO DED & COINS	
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	PPS REIMBURSED SERVICES 2.01	PPS REIMBURSED SERVICES 2.02	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT DED & COINS 4			
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.262384	3,094,474	3,397,136						50
51 RECOVERY ROOM	0.112968	301,660	304,569						51
52 DELIVERY ROOM & LABOR ROOM	0.493824	1,210	726						52
54 RADIOLOGY-DIAGNOSTIC	0.239382	2,964,715	2,659,960		968				54
59 CARDIAC CATHETERIZATION	0.149525	1,323,927	1,225,207						59
60 LABORATORY	0.173651	305,138	330,475			19,574			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.552717	36,007	47,857						65
66 PHYSICAL THERAPY	0.440391								66
68 SPEECH PATHOLOGY	0.587666								68
69 ELECTROCARDIOLOGY	0.229782	477,841	514,111						69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384526	328,058	355,141						71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810	1,059,866	1,092,537						72
73 DRUGS CHARGED TO PATIENTS	0.254491	1,179,331	994,341		2,396		67,274		73
74 RENAL DIALYSIS	0.227311		3,863						74
76 OTHER									76
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.414013	799,386	1,017,584						91
92 OBSERVATION BEDS	1.051210	133,600	150,490						92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		12,005,213	12,093,997			22,938	67,274		200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		12,005,213	12,093,997			22,938	67,274		202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

----- PROGRAM COST -----

COST CENTER DESCRIPTION	PPS SERVICES 5	PPS SERVICES 5.01	PPS SERVICES 5.02	COST		
				SERVICES SUBJECT TO DED & COINS 6	SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	811,940	891,354				50
51 RECOVERY ROOM	34,078	34,407				51
52 DELIVERY ROOM & LABOR ROOM	598	359				52
54 RADIOLOGY-DIAGNOSTIC	709,699	636,747		232		54
59 CARDIAC CATHETERIZATION	197,960	183,199				59
60 LABORATORY	52,988	57,387		3,399		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	19,902	26,451				65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	109,799	118,133				69
71 MEDICAL SUPPLIES CHRGD TO PATI	126,147	136,561				71
72 IMPL. DEV. CHARGED TO PATIENT	302,920	312,258				72
73 DRUGS CHARGED TO PATIENTS	300,129	253,051		610	17,121	73
74 RENAL DIALYSIS		878				74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	330,956	421,293				91
92 OBSERVATION BEDS	140,442	158,197				92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	3,137,558	3,230,275		4,241	17,121	200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)	3,137,558	3,230,275		4,241	17,121	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (16-S080) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL PROGRAM (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	631,354	22,847,051	0.027634	50
51	RECOVERY ROOM	10,531	3,102,820	0.003394	51
52	DELIVERY ROOM & LABOR ROOM	100,355	1,665,830	0.060243	52
54	RADIOLOGY-DIAGNOSTIC	675,971	27,433,463	0.024640	28,978 714 54
59	CARDIAC CATHETERIZATION	219,201	14,222,252	0.015413	2,036 31 59
60	LABORATORY	262,982	25,625,438	0.010263	76,832 789 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				
65	RESPIRATORY THERAPY	86,856	2,770,486	0.031350	2,996 94 62.30
66	PHYSICAL THERAPY	156,002	4,388,392	0.035549	66
68	SPEECH PATHOLOGY	6,839	326,505	0.020946	68
69	ELECTROCARDIOLOGY	137,424	3,696,826	0.037174	4,933 183 69
71	MEDICAL SUPPLIES CHRGD TO PA	10,032	1,896,551	0.005290	39 71
72	IMPL. DEV. CHARGED TO PATIENT	41,892	9,732,708	0.004304	72
73	DRUGS CHARGED TO PATIENTS	254,008	24,122,343	0.010530	105,856 1,115 73
74	RENAL DIALYSIS	132,921	9,324,640	0.014255	74
76	OTHER				76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	361,259	12,781,692	0.028264	39,238 1,109 91
92	OBSERVATION BEDS	161,010	827,111	0.194666	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	3,248,637	164,764,108	164,764,108	260,908 4,035 200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (16-S080) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (16-S080)	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]		[]	
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM			
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU			
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	CHARGES	COSTS			
	C, PT. I,	(COL. 5 +	(COL. 6 +	CHARGES	(COL. 8 x	(COL. 9 x	(COL. 9 x			
	COL. 8)	COL. 7)	COL. 7)		COL. 10)	COL. 12)	COL. 12)			
	7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	22,847,051					50			
51	RECOVERY ROOM	3,102,820					51			
52	DELIVERY ROOM & LABOR ROOM	1,665,830					52			
54	RADIOLOGY-DIAGNOSTIC	27,433,463		28,978			54			
59	CARDIAC CATHETERIZATION	14,222,252		2,036			59			
60	LABORATORY	25,625,438		76,832			60			
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30			
65	RESPIRATORY THERAPY	2,770,486		2,996			65			
66	PHYSICAL THERAPY	4,388,392					66			
68	SPEECH PATHOLOGY	326,505					68			
69	ELECTROCARDIOLOGY	3,696,826		4,933			69			
71	MEDICAL SUPPLIES CHRGED TO P	1,896,551		39			71			
72	IMPL. DEV. CHARGED TO PATIEN	9,732,708					72			
73	DRUGS CHARGED TO PATIENTS	24,122,343		105,856			73			
74	RENAL DIALYSIS	9,324,640					74			
76	OTHER						76			
76.97	CARDIAC REHABILITATION						76.97			
76.98	HYPERBARIC OXYGEN THERAPY						76.98			
76.99	LITHOTRIPSY						76.99			
OUTPATIENT SERVICE COST CENTERS										
91	EMERGENCY	12,781,692		39,238			91			
92	OBSERVATION BEDS	827,111					92			
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	164,764,108		260,908			200			

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] IPF (16-S080) [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

----- PROGRAM COST -----

COST CENTER DESCRIPTION	COST		COST		
	PPS SERVICES	PPS SERVICES	PPS SERVICES	SVCES NOT SUBJECT TO DED & COINS	
	5	5.01	5.02	6	7
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATI					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 SUBTOTAL (SEE INSTRUCTIONS)					200
201 LESS PBP CLINIC LAB SERVICES					201
202 NET CHARGES (LINE 200 - LINE 201)					202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (16-T080)	[] SUB (OTHER)	[XX] PPS [] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL PROGRAM (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	631,354	22,847,051	0.027634	50
51	RECOVERY ROOM	10,531	3,102,820	0.003394	51
52	DELIVERY ROOM & LABOR ROOM	100,355	1,665,830	0.060243	52
54	RADIOLOGY-DIAGNOSTIC	675,971	27,433,463	0.024640	15,087 372 54
59	CARDIAC CATHETERIZATION	219,201	14,222,252	0.015413	1,018 16 59
60	LABORATORY	262,982	25,625,438	0.010263	86,043 883 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	86,856	2,770,486	0.031350	3,280 103 65
66	PHYSICAL THERAPY	156,002	4,388,392	0.035549	398,011 14,149 66
68	SPEECH PATHOLOGY	6,839	326,505	0.020946	60,007 1,257 68
69	ELECTROCARDIOLOGY	137,424	3,696,826	0.037174	1,330 49 69
71	MEDICAL SUPPLIES CHRGD TO PA	10,032	1,896,551	0.005290	71
72	IMPL. DEV. CHARGED TO PATIENT	41,892	9,732,708	0.004304	72
73	DRUGS CHARGED TO PATIENTS	254,008	24,122,343	0.010530	228,198 2,403 73
74	RENAL DIALYSIS	132,921	9,324,640	0.014255	74
76	OTHER				76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	361,259	12,781,692	0.028264	974 28 91
92	OBSERVATION BEDS	161,010	827,111	0.194666	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	3,248,637	164,764,108	164,764,108	793,948 19,260 200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (16-T080) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA
BOXES	[] TITLE XIX	[XX] IRF (16-T080)	[] NF		
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM
	CHARGES	COST TO	OF COST TO	PASS-THRU	PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)
	7	8	9	10	11
					O/P PGM
					CHARGES
					12
					(COL. 9 x
					COL. 12)
					13
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	22,847,051			50
51	RECOVERY ROOM	3,102,820			51
52	DELIVERY ROOM & LABOR ROOM	1,665,830			52
54	RADIOLOGY-DIAGNOSTIC	27,433,463		15,087	54
59	CARDIAC CATHETERIZATION	14,222,252		1,018	59
60	LABORATORY	25,625,438		86,043	60
62.30	BLOOD CLOTTING FOR HEMOPHILI				62.30
65	RESPIRATORY THERAPY	2,770,486		3,280	65
66	PHYSICAL THERAPY	4,388,392		398,011	66
68	SPEECH PATHOLOGY	326,505		60,007	68
69	ELECTROCARDIOLOGY	3,696,826		1,330	69
71	MEDICAL SUPPLIES CHRGED TO P	1,896,551			71
72	IMPL. DEV. CHARGED TO PATIEN	9,732,708			72
73	DRUGS CHARGED TO PATIENTS	24,122,343		228,198	73
74	RENAL DIALYSIS	9,324,640			74
76	OTHER				76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	12,781,692		974	91
92	OBSERVATION BEDS	827,111			92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	164,764,108		793,948	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (16-T080) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					
	COST TO CHARGE RATIO	PPS REIMBURSED	PPS REIMBURSED	PPS REIMBURSED	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS
	FROM WKST C, PT I, COL. 9	2	2.01	2.02	3	4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	0.262384					50
51 RECOVERY ROOM	0.112968					51
52 DELIVERY ROOM & LABOR ROOM	0.493824					52
54 RADIOLOGY-DIAGNOSTIC	0.239382					54
59 CARDIAC CATHETERIZATION	0.149525					59
60 LABORATORY	0.173651					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	0.552717					65
66 PHYSICAL THERAPY	0.440391					66
68 SPEECH PATHOLOGY	0.587666					68
69 ELECTROCARDIOLOGY	0.229782					69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384526					71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810					72
73 DRUGS CHARGED TO PATIENTS	0.254491					73
74 RENAL DIALYSIS	0.227311					74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	0.414013					91
92 OBSERVATION BEDS	1.051210					92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)						200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)						202

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (16-T080) [] NF [] ICF/MR

----- PROGRAM COST -----

COST CENTER DESCRIPTION	COST		COST	
	PPS SERVICES	PPS SERVICES	PPS SERVICES	SVCES NOT SUBJECT TO DED & COINS
	5	5.01	5.02	6
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM				50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM				52
54 RADIOLOGY-DIAGNOSTIC				54
59 CARDIAC CATHETERIZATION				59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY				65
66 PHYSICAL THERAPY				66
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY				69
71 MEDICAL SUPPLIES CHRGD TO PATI				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS				74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY				91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
200 SUBTOTAL (SEE INSTRUCTIONS)				200
201 LESS PBP CLINIC LAB SERVICES				201
202 NET CHARGES (LINE 200 - LINE 201)				202

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (16-5119) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
54	RADIOLOGY-DIAGNOSTIC					54
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76	OTHER					76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (16-5119)			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM			
	CHARGES	COST TO	OF COST TO					PASS-THRU	PASS-THRU	PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS			
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x	O/P PGM	(COL. 9 x			
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)			
	7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM	22,847,051					50			
51	RECOVERY ROOM	3,102,820					51			
52	DELIVERY ROOM & LABOR ROOM	1,665,830					52			
54	RADIOLOGY-DIAGNOSTIC	27,433,463		40,038			54			
59	CARDIAC CATHETERIZATION	14,222,252		1,451			59			
60	LABORATORY	25,625,438		278,987			60			
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30			
65	RESPIRATORY THERAPY	2,770,486		6,699			65			
66	PHYSICAL THERAPY	4,388,392		1,571,465			66			
68	SPEECH PATHOLOGY	326,505		65,141			68			
69	ELECTROCARDIOLOGY	3,696,826		399			69			
71	MEDICAL SUPPLIES CHRGED TO P	1,896,551					71			
72	IMPL. DEV. CHARGED TO PATIEN	9,732,708					72			
73	DRUGS CHARGED TO PATIENTS	24,122,343		1,496,160			73			
74	RENAL DIALYSIS	9,324,640					74			
76	OTHER						76			
76.97	CARDIAC REHABILITATION						76.97			
76.98	HYPERBARIC OXYGEN THERAPY						76.98			
76.99	LITHOTRIPSY						76.99			
OUTPATIENT SERVICE COST CENTERS										
91	EMERGENCY	12,781,692					91			
92	OBSERVATION BEDS	827,111					92			
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	164,764,108		3,460,340			200			

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (16-5119) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.262384						50
51 RECOVERY ROOM	0.112968						51
52 DELIVERY ROOM & LABOR ROOM	0.493824						52
54 RADIOLOGY-DIAGNOSTIC	0.239382						54
59 CARDIAC CATHETERIZATION	0.149525						59
60 LABORATORY	0.173651						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.552717						65
66 PHYSICAL THERAPY	0.440391						66
68 SPEECH PATHOLOGY	0.587666						68
69 ELECTROCARDIOLOGY	0.229782						69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384526						71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810						72
73 DRUGS CHARGED TO PATIENTS	0.254491						73
74 RENAL DIALYSIS	0.227311						74
76 OTHER							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.414013						91
92 OBSERVATION BEDS	1.051210						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (16-5119) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM							50
51 RECOVERY ROOM							51
52 DELIVERY ROOM & LABOR ROOM							52
54 RADIOLOGY-DIAGNOSTIC							54
59 CARDIAC CATHETERIZATION							59
60 LABORATORY							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY							65
66 PHYSICAL THERAPY							66
68 SPEECH PATHOLOGY							68
69 ELECTROCARDIOLOGY							69
71 MEDICAL SUPPLIES CHRGD TO PATI							71
72 IMPL. DEV. CHARGED TO PATIENT							72
73 DRUGS CHARGED TO PATIENTS							73
74 RENAL DIALYSIS							74
76 OTHER							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY							91
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/27/2012 07:41

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT PROGRAM CHARGES	CAPITAL
	COST (FROM WKST B, PT. II, COL. 26) 1	CHARGES (FROM WKST C, PT. I, COL. 8) 2	COST TO CHARGES (COL.1 ÷ COL.2) 3		(COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PA					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/27/2012 07:41

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/27/2012 07:41

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
54 RADIOLOGY-DIAGNOSTIC						54
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x	(COL. 9 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	22,847,051					50
51	RECOVERY ROOM	3,102,820					51
52	DELIVERY ROOM & LABOR ROOM	1,665,830					52
54	RADIOLOGY-DIAGNOSTIC	27,433,463					54
59	CARDIAC CATHETERIZATION	14,222,252					59
60	LABORATORY	25,625,438					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	2,770,486					65
66	PHYSICAL THERAPY	4,388,392					66
68	SPEECH PATHOLOGY	326,505					68
69	ELECTROCARDIOLOGY	3,696,826					69
71	MEDICAL SUPPLIES CHRGED TO P	1,896,551					71
72	IMPL. DEV. CHARGED TO PATIEN	9,732,708					72
73	DRUGS CHARGED TO PATIENTS	24,122,343					73
74	RENAL DIALYSIS	9,324,640					74
76	OTHER						76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	12,781,692					91
92	OBSERVATION BEDS	827,111					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	164,764,108					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

----- PROGRAM COST -----

COST CENTER DESCRIPTION	COST		COST		
	PPS SERVICES	PPS SERVICES	PPS SERVICES	SVCES NOT SUBJECT TO DED & COINS	
	5	5.01	5.02	6	7
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PATI					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 SUBTOTAL (SEE INSTRUCTIONS)					200
201 LESS PBP CLINIC LAB SERVICES					201
202 NET CHARGES (LINE 200 - LINE 201)					202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	16,818	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,818	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,818	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,917	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	15,685,137	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,685,137	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	15,685,137	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (16-0080) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 932.64 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 9,248,991 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 9,248,991 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	2,297,338	1,753	1,310.52	1,229	1,610,629	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					11,704,347	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					22,563,967	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,834,442 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 802,720 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,637,162 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 19,926,805 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 926 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 932.64 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 863,625 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,900,864	15,685,137	0.184943	863,625	159,721	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (16-S080) [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1,652	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,652	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,652	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	614	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	1,962,306	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,962,306	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	1,962,306	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (16-S080) [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,187.84 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 729,334 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 729,334 41
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 67,137 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 796,471 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 184,642 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,035 51
 52 TOTAL PROGRAM EXCLUDABLE COST 188,677 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 607,794 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,187.84 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,751 89

		ROUTINE COST (FROM LINE 27)	COL. 1 + COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	1	2	3	4
90 CAPITAL-RELATED COST	496,786	1	2	3	4
91 NURSING SCHOOL COST					5
92 ALLIED HEALTH COST					6
93 ALL OTHER MEDICAL EDUCATION					7

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (16-T080) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1,300	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,300	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,300	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	928	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	1,417,756	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,417,756	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	1,417,756	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (16-T080) [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,090.58 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,012,058 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 1,012,058 41
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) 289,859 48
 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) 1,301,917 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 79,771 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 19,260 51
 52 TOTAL PROGRAM EXCLUDABLE COST 99,031 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 1,202,886 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,090.58 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,091 89

		ROUTINE COST (FROM LINE 27)	COL. 1 + COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	COST	1	2	3	4
		5	6	7	8
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST					
90 CAPITAL-RELATED COST	111,746	1,417,756	0.078819	1,091	86 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (16-5119) [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	25,931	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,931	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,931	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,206	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,626,157	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,626,157	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,626,157	37

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (16-5119) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	5,626,157	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	216.97	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	1,346,516	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	1,346,516	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	1,346,516	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,173,141	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	2,519,657	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	16,818	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,818	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,818	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,222	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,223	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	831	16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	15,685,137	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,685,137	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	15,685,137	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 932.64 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,072,326 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 2,072,326 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	812,613	1,223	664.44	831	552,150 42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	2,297,338	1,753	1,310.52		43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					2,624,476 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 926 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
		1	2	3	4	5
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		13,131,896		30
31 INTENSIVE CARE UNIT		2,855,309		31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.262384	7,452,912	1,955,525	50
51 RECOVERY ROOM	0.112968	594,458	67,155	51
52 DELIVERY ROOM & LABOR ROOM	0.493824	6,174	3,049	52
54 RADIOLOGY-DIAGNOSTIC	0.239384	5,812,794	1,391,490	54
59 CARDIAC CATHETERIZATION	0.149525	3,357,150	501,978	59
60 LABORATORY	0.173651	9,254,297	1,607,018	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.552717	1,551,851	857,734	65
66 PHYSICAL THERAPY	0.440391	897,042	395,049	66
68 SPEECH PATHOLOGY	0.587666	61,814	36,326	68
69 ELECTROCARDIOLOGY	0.229782	1,043,019	239,667	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384526	582,077	223,824	71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810	3,924,543	1,121,674	72
73 DRUGS CHARGED TO PATIENTS	0.254491	9,242,768	2,352,201	73
74 RENAL DIALYSIS	0.228272	195,591	44,648	74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.428412	2,040,831	874,316	91
92 OBSERVATION BEDS	1.051210	31,100	32,693	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		46,048,421	11,704,347	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		46,048,421		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (16-S080) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2)		
			3	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF		663,640			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.262384				50
51 RECOVERY ROOM	0.112968				51
52 DELIVERY ROOM & LABOR ROOM	0.493824				52
54 RADIOLOGY-DIAGNOSTIC	0.239384	28,978	6,937		54
59 CARDIAC CATHETERIZATION	0.149525	2,036	304		59
60 LABORATORY	0.173651	76,832	13,342		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.552717	2,996	1,656		65
66 PHYSICAL THERAPY	0.440391				66
68 SPEECH PATHOLOGY	0.587666				68
69 ELECTROCARDIOLOGY	0.229782	4,933	1,134		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384526	39	15		71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810				72
73 DRUGS CHARGED TO PATIENTS	0.254491	105,856	26,939		73
74 RENAL DIALYSIS	0.228272				74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.428412	39,238	16,810		91
92 OBSERVATION BEDS	1.051210				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		260,908	67,137		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		260,908			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (16-T080) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		992,071		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.262384			50
51 RECOVERY ROOM	0.112968			51
52 DELIVERY ROOM & LABOR ROOM	0.493824			52
54 RADIOLOGY-DIAGNOSTIC	0.239384	15,087	3,612	54
59 CARDIAC CATHETERIZATION	0.149525	1,018	152	59
60 LABORATORY	0.173651	86,043	14,941	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.552717	3,280	1,813	65
66 PHYSICAL THERAPY	0.440391	398,011	175,280	66
68 SPEECH PATHOLOGY	0.587666	60,007	35,264	68
69 ELECTROCARDIOLOGY	0.229782	1,330	306	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384526			71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810			72
73 DRUGS CHARGED TO PATIENTS	0.254491	228,198	58,074	73
74 RENAL DIALYSIS	0.228272			74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.428412	974	417	91
92 OBSERVATION BEDS	1.051210			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		793,948	289,859	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		793,948		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (16-5119) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.262384			50
51 RECOVERY ROOM	0.112968			51
52 DELIVERY ROOM & LABOR ROOM	0.493824			52
54 RADIOLOGY-DIAGNOSTIC	0.239382	40,038	9,584	54
59 CARDIAC CATHETERIZATION	0.149525	1,451	217	59
60 LABORATORY	0.173651	278,987	48,446	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.552717	6,699	3,703	65
66 PHYSICAL THERAPY	0.440391	1,571,465	692,059	66
68 SPEECH PATHOLOGY	0.587666	65,141	38,281	68
69 ELECTROCARDIOLOGY	0.229782	399	92	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384526			71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810			72
73 DRUGS CHARGED TO PATIENTS	0.254491	1,496,160	380,759	73
74 RENAL DIALYSIS	0.227311			74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.414013			91
92 OBSERVATION BEDS	1.051210			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,460,340	1,173,141	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,460,340		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.262384			50
51 RECOVERY ROOM	0.112968			51
52 DELIVERY ROOM & LABOR ROOM	0.493824			52
54 RADIOLOGY-DIAGNOSTIC	0.239382			54
59 CARDIAC CATHETERIZATION	0.149525			59
60 LABORATORY	0.173651			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.552717			65
66 PHYSICAL THERAPY	0.440391			66
68 SPEECH PATHOLOGY	0.587666			68
69 ELECTROCARDIOLOGY	0.229782			69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.384526			71
72 IMPL. DEV. CHARGED TO PATIENT	0.285810			72
73 DRUGS CHARGED TO PATIENTS	0.254491			73
74 RENAL DIALYSIS	0.227311			74
76 OTHER				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.414013			91
92 OBSERVATION BEDS	1.051210			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (16-0080)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	19,654,901	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	113,154	2
3	MANAGED CARE SIMULATED PAYMENTS	1,533,216	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	129.46	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0388	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1271	31
32	SUM OF LINES 30 AND 31	0.1659	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0419	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	823,540	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	20,591,595	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	21,774,574	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	21,774,574	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,373,613	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (16-0080)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	23,148,187	59
60	PRIMARY PAYER PAYMENTS	12,011	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	23,136,176	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,094,704	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	8,378	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	158,427	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	110,899	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	11,597	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	21,143,993	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	21,143,993	71
72	INTERIM PAYMENTS	20,341,075	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	802,918	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (16-T080)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (16-0080) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,341,075		4,658,309	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		20,341,075		4,658,309	4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (16-S080) [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		445,207		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		445,207		4

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (16-T080) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,165,333		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,165,333		4

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/27/2012 07:41

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (16-5119)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,491,897		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,491,897		4

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2010 TO 06/30/2011

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (16-0080) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	5,081 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	11,146 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	856 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	17,645 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	207,474,784 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	8,276,292 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	1,974,050 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	1,731,302 30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	242,748 32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (16-S080)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	509,171	1
2	NET IPF PPS OUTLIER PAYMENT	3,872	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	4.515068	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	513,043	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	513,043	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	513,043	18
19	DEDUCTIBLES	66,704	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	446,339	20
21	COINSURANCE	1,132	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	445,207	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	445,207	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	445,207	31
32	INTERIM PAYMENTS	445,207	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)		34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (16-T080)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,146,151	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)		2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	20,542	3
4	OUTLIER PAYMENTS	13,906	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.558904	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	1,180,599	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	1,180,599	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	1,180,599	19
20	DEDUCTIBLES	1,100	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	1,179,499	21
22	COINSURANCE	5,500	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	1,173,999	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	2,200	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,540	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	1,175,539	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,175,539	32
33	INTERIM PAYMENTS	1,165,333	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	10,206	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2010 TO 06/30/2011

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

1	PROSPECTIVE PAYMENT AMOUNT		
2	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,735,913	1
3	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
4	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
5	SUBTOTAL (SUM OF LINES 1-3)	2,735,913	4
6	COMPUTATION OF NET COST OF COVERED SERVICES		
7	MEDICAL AND OTHER SERVICES		5
8	DEDUCTIBLES		6
9	COINSURANCE	244,016	7
10	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
11	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
12	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
13	UTILIZATION REVIEW		11
14	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,491,897	12
15	INPATIENT PRIMARY PAYER PAYMENTS		13
16	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
17	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,491,897	15
18	INTERIM PAYMENTS	2,491,897	16
19	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
20	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)		18
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (16-0080) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	2,624,476 1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,624,476 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,624,476 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	2,624,476 18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	2,104,706			1
2	TEMPORARY INVESTMENTS	34,761,443			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	14,819,063			4
5	OTHER RECEIVABLES	1,804,444			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,363,784			6
7	INVENTORY	1,338,751			7
8	PREPAID EXPENSES	94,807			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	51,559,430			11
FIXED ASSETS					
12	LAND	512,212			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	71,633,037			15
16	ACCUMULATED DEPRECIATION	-50,497,467			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	40,738,717			23
24	ACCUMULATED DEPRECIATION	-34,510,461			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	27,876,038			30
OTHER ASSETS					
31	INVESTMENTS	42,782,455			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	7,336,502			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	50,118,957			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	129,554,425			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	4,909,786			37
38	SALARIES, WAGES & FEES PAYABLE	6,801,294			38
39	PAYROLL TAXES PAYABLE	39,660			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	387,222			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	1,185,722			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	13,323,684			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	18,946,015			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	1,857,057			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	20,803,072			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	34,126,756			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	95,427,669			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	95,427,669			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	129,554,425			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		76,409,698							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		20,548,944							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		96,958,642							3
4 ADDITIONS (CREDIT ADJUSTMENTS)	325,000								4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		325,000							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		97,283,642							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13	1,855,973								13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		1,855,973							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		95,427,669							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	23,242,325		23,242,325	1
3 SUBPROVIDER IPF	1,803,348		1,803,348	2
5 SUBPROVIDER IRF	1,392,131		1,392,131	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY	6,091,230		6,091,230	7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	32,529,034		32,529,034	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	4,214,946		4,214,946	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	4,214,946		4,214,946	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	36,743,980		36,743,980	17
18 ANCILLARY SERVICES	82,474,947	77,249,684	159,724,631	18
19 OUTPATIENT SERVICES	3,679,180	9,300,412	12,979,592	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,250,977	5,250,977	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES		8,871,694	8,871,694	27
		1,034,263	1,034,263	
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	122,898,107	101,707,030	224,605,137	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		86,213,185	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		86,213,185	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	224,605,137	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	127,887,976	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	96,717,161	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	86,213,185	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	10,503,976	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	301,735	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	50,871	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	429,061	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	71,984	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	204,592	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	38,665	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	10,164	21
22	RENTAL OF HOSPITAL SPACE	146,057	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01		1,104,531	24.01
24.02		8,136,889	24.02
24.03		-126,835	24.03
24.04		-36,596	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	10,331,118	25
26	TOTAL (LINE 5 PLUS LINE 25)	20,835,094	26
27		286,150	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	286,150	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	20,548,944	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7154

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL	177,705	45,992				223,697 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	825,594	213,671	53,228			1,092,493 6
7 PHYSICAL THERAPY	283,229	73,302				356,531 7
8 OCCUPATIONAL THERAPY	69,315	17,939				87,254 8
9 SPEECH PATHOLOGY	9,869	2,554				12,423 9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	110,930	28,710	17,302	163,072		320,014 11
12 SUPPLIES (SEE INSTRUCTIONS)					514,029	514,029 12
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	62,900	16,279	4,615	591		84,385 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	142,495	36,879	20,769	5,099	60,231	265,473 23
24 TOTAL (SUM OF LINES 1-23)	1,682,037	435,326	95,914	168,762	574,260	2,956,299 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 16-7154

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5		223,697		223,697	5
6		1,092,493		1,092,493	6
7		356,531		356,531	7
8		87,254		87,254	8
9		12,423		12,423	9
10					10
11		320,014		320,014	11
12		514,029		514,029	12
13					13
14					14
15					15
16					16
17		84,385		84,385	17
18					18
19					19
20					20
21					21
22					22
23		265,473		265,473	23
24		2,956,299		2,956,299	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 16-7154

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	223,697					223,697	223,697		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	1,092,493					1,092,493	89,435	1,181,928	6
7 PHYSICAL THERAPY	356,531					356,531	29,186	385,717	7
8 OCCUPATIONAL THERAPY	87,254					87,254	7,143	94,397	8
9 SPEECH PATHOLOGY	12,423					12,423	1,017	13,440	9
10 MEDICAL SOCIAL SERVICES									10
11 HOME HEALTH AIDE	320,014					320,014	26,197	346,211	11
12 SUPPLIES (SEE INSTRUCTIONS)	514,029					514,029	42,079	556,108	12
13 DRUGS									13
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING	84,385					84,385	6,908	91,293	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	265,473					265,473	21,732	287,205	23
24 TOTAL (SUM OF LINES 1-23)	2,956,299					2,956,299		2,956,299	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL 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-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-223,697	2,732,602	5
6 SKILLED NURSING CARE						1,092,493	6
7 PHYSICAL THERAPY						356,531	7
8 OCCUPATIONAL THERAPY						87,254	8
9 SPEECH PATHOLOGY						12,423	9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						320,014	11
12 SUPPLIES (SEE INSTRUCTIONS)						514,029	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						84,385	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						265,473	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-223,697	2,732,602	24
25 COST TO BE ALLOC (PER W/S H)						223,697	25
26 UNIT COST MULTIPLIER						0.081862	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 16-7154

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	289,165		289,165			1
2 SKILLED NURSING CARE	1,389,028		1,389,028	115,069	1,504,097	2
3 PHYSICAL THERAPY	453,511		453,511	37,569	491,080	3
4 OCCUPATIONAL THERAPY	110,987		110,987	9,194	120,181	4
5 SPEECH PATHOLOGY	15,803		15,803	1,309	17,112	5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE	404,903		404,903	33,543	438,446	7
8 SUPPLIES	672,429		672,429	55,705	728,134	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING	107,275		107,275	8,887	116,162	13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS	336,655		336,655	27,889	364,544	19
20 TOTAL (SUM OF LINES 1-19)	3,779,756		3,779,756	289,165	3,779,756	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.082841		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	BLDG RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION
	1	1.01	1.02	1.03	2	3	4	4A.02
1 ADMINISTRATIVE AND GENERAL		8,291	6,504		4,661		177,705	1
2 SKILLED NURSING CARE							825,594	2
3 PHYSICAL THERAPY							283,229	3
4 OCCUPATIONAL THERAPY							69,315	4
5 SPEECH PATHOLOGY							9,869	5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE							110,930	7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING							62,900	13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS							142,495	19
19.50 TELEMEDICINE							0	19.50
20 TOTAL (SUM OF LINES 1-19)		8,291	6,504		4,661		1,682,037	20
22 UNIT COST MULTIPLIER			1.376999		1.316670		0.012933	22
22 UNIT COST MULTIPLIER		2.811603						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-2
 PART II

HHA COST CENTER	A&G INFO SERV 5.02	A&G PURCHASING STORES GROSS REVENUE 5.03	A&G ADMITTING REGISTR GROSS REVENUE 5.04	A&G CASHIERS A/R, PFS GROSS REVENUE 5.05	RECON- CILIATION	A&G ALL OTHER ACCUM COST 5.06	MAIN- TENANCE & REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7
1 ADMINISTRATIVE AND GENERAL	40,702	5,250,977	5,250,977	5,250,977		107,061		1
2 SKILLED NURSING CARE	1,192,606					1,261,145		2
3 PHYSICAL THERAPY	389,380					411,758		3
4 OCCUPATIONAL THERAPY	95,293					100,769		4
5 SPEECH PATHOLOGY	13,568					14,348		5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE	347,646					367,625		7
8 SUPPLIES	556,108					588,068		8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING	92,106					97,399		13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS	289,048					305,660		19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	3,016,457	5,250,977	5,250,977	5,250,977		3,253,833		20
21 TOTAL COST TO BE ALLOCATED	173,356	19,019	17,281	27,720		329,945		21
22 UNIT COST MULTIPLIER	0.057470		0.003291					22
22 UNIT COST MULTIPLIER		0.003622		0.005279		0.101402		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 16-7154

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15
1 ADMINISTRATIVE AND GENERAL		2,386		18,087				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							441,351	8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		2,386		18,087			441,351	20
21 TOTAL COST TO BE ALLOCATED		15,853		112,626			24,730	21
22 UNIT COST MULTIPLIER							0.056033	22
22 UNIT COST MULTIPLIER		6.644174		6.226903				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7154

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
1	SKILLED NURSING CARE	2	1,504,097	2	1,504,097	12,353	121.76	1
2	PHYSICAL THERAPY	3	491,080	177,227	668,307	3,196	209.11	2
3	OCCUPATIONAL THERAPY	4	120,181		120,181	719	167.15	3
4	SPEECH PATHOLOGY	5	17,112	6,621	23,733	130	182.56	4
5	MEDICAL SOCIAL SERVICES	6				131		5
6	HOME HEALTH AIDE	7	438,446		438,446	3,638	120.52	6
7	TOTAL (SUM OF LINES 1-6)		2,570,916	183,848	2,754,764	20,167		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
8.01	SKILLED NURSING CARE							8.01
9	PHYSICAL THERAPY							9
9.01	PHYSICAL THERAPY							9.01
10	OCCUPATIONAL THERAPY							10
10.01	OCCUPATIONAL THERAPY							10.01
11	SPEECH PATHOLOGY							11
11.01	SPEECH PATHOLOGY							11.01
12	MEDICAL SOCIAL SERVICES							12
12.01	MEDICAL SOCIAL SERVICES							12.01
13	HOME HEALTH AIDE							13
13.01	HOME HEALTH AIDE							13.01
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)	(FROM HHA RECORD)	(COL.3 ÷ COL.4)	
15	COST OF MEDICAL SUPPLIES	8	728,134	14,813	742,947	4	5	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 16-7154

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	4,691	2,498		571,176	304,156		875,332
2 PHYSICAL THERAPY	1,699	769		355,278	160,806		516,084
3 OCCUPATIONAL THERAPY	399	205		66,693	34,266		100,959
4 SPEECH PATHOLOGY	78	8		14,240	1,460		15,700
5 MEDICAL SOCIAL SERVICES	44	50					5
6 HOME HEALTH AIDE	551	630		66,407	75,928		142,335
7 TOTAL (SUM OF LINES 1-6)	7,462	4,160		1,073,794	576,616		1,650,410

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	99914	2	860	8
8.01 SKILLED NURSING CARE	99916	3,033	1,638	8.01
9 PHYSICAL THERAPY	99914	541	311	9
9.01 PHYSICAL THERAPY	99916	1,158	458	9.01
10 OCCUPATIONAL THERAPY	99914	132	69	10
10.01 OCCUPATIONAL THERAPY	99916	267	136	10.01
11 SPEECH PATHOLOGY	99914	28	2	11
11.01 SPEECH PATHOLOGY	99916	50	6	11.01
12 MEDICAL SOCIAL SERVICES	99914	14	12	12
12.01 MEDICAL SOCIAL SERVICES	99916	30	38	12.01
13 HOME HEALTH AIDE	99914	146	86	13
13.01 HOME HEALTH AIDE	99916	405	544	13.01
14 TOTAL (SUM OF LINES 8-13)		7,462	4,160	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART B			PART B			
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES		17,661	20,862				15
16 COST OF DRUGS							16

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 (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	
1 PHYSICAL THERAPY	0.440391	402,432	177,227	COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.587666	11,266	6,621	COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	0.384526	38,523	14,813	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.254491			COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 16-7154

WORKSHEET H-4
 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 PART A & PART B SERVICES			
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)			
2 TOTAL CHARGES	885,109		1
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)			3
4 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)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	885,109		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	885,109		7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)			8
9 PRIMARY PAYER PAYMENTS	1,952		9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)	-1,952		10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,267,907	669,374	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	2,789		12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	23,479	14,241	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7,505	7,869	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,299,728	691,484	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,299,728	691,484	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,299,728	691,484	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	1,299,728	691,484	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,299,728	691,484	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,299,728	691,484	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

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	283,331	HOURS OF SERVICE	9,909.00	4.76	1
2 LICENSED PRACTICAL NURSES	52,590	HOURS OF SERVICE	2,887.00	1.39	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	121,685	HOURS OF SERVICE	9,371.00	4.51	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	86,866	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	544,472				9
10 EMPLOYEE BENEFITS	141,744	SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS	29,707	PERCENTAGE OF TIME			13
14 SUPPLIES	172,578	REQUISITIONS			14
15 DRUGS	248,855	REQUISITIONS			15
16 OTHER	63,869	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,201,225				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	18,125	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	112	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	7,042	SALARY			20
21 ADMINISTRATIVE AND GENERAL	327,218	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	30,306	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	2,495	REQUISITIONS			24
25 PHARMACY	-248,855	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	781,927	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	2,119,595				27
28 LABORATORY	6,695	CHARGES	38,553		28
29 RESPIRATORY THERAPY	114	CHARGES	206		29
30 OTHER		CHARGES	4,504		30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	2,126,404				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 16-2313

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL.9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE	175,073	6,809	866,524	1,259,880	2,126,404	1
2 HEMODIALYSIS	175,073	6,809	866,524	1,259,880	2,126,404	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 INPATIENT DIALYSIS						12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)	175,073	6,809	866,524	1,259,880	2,126,404	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					2,126,404	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 16-2313

WORKSHEET I-3

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

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)				
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	48,431	29,819	283,331	174,275	148,786	1
	MAINTENANCE						
2	HEMODIALYSIS	5,034	100.00	9,908.65	12,257.31	544,472	2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
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 TRTMNTS						
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	5,034	100.00	9,908.65	12,257.31	544,472	17
18	UNIT COST MULTIPLIER	9.620779	298.190000	28.594309	14.218046	0.273267	18
	(LINE 1 ÷ LINE 17)						

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 16-2313

WORKSHEET I-3
 (CONTINUED)

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

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE		175,073	6,809	866,524	1,259,880	1
2 HEMODIALYSIS	210,619	8,702	100			2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPT DIAL TRTMNTS						12
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	210,619	8,702	100		866,524	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)		20.118708	68.090000		1.453947	18

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/27/2012 07:41

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS COMPONENT NO: 16-2313 WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST I-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	8,462	2,126,404	251.29	7,620	1,914,830	1,455,475	191.01	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 (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	8,462	2,126,404		7,620	1,914,830	1,455,475		11

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/27/2012 07:41

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 (SEE INSTRUCTIONS)	1,914,830	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	1,455,475	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1,114	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	290,872	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	1,971	5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	720	7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	290,015	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	1,163,489	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)	461,326	10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)	1,971	11

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 16-1527

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	32,569	8,179	2,034			42,782 6
7 INPATIENT - GENERAL CARE					108,944	108,944 7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES				9,725	9,725	19,450 9
10 NURSING CARE	150,293	37,741	10,990			199,024 10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY						12
13 OCCUPATIONAL THERAPY						13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES						15
16 SPIRITUAL COUNSELING						16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	21,438	5,383	4,349			31,170 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER	43,917	11,028	3,527	469		58,941 21
OTHER HOSPICE SERVICE COSTS						
22 DRUGS, BIOLOGICAL & INFUSION THERAPY						22
23 ANALGESICS						23
24 SEDATIVES/HYPNOTICS						24
25 OTHER - SPECIFY						25
26 DURABLE MEDICAL EQUIPMENT/OXYGEN						26
27 PATIENT TRANSPORTATION						27
28 IMAGING SERVICES					256	256 28
29 LABS AND DIAGNOSTICS					399	399 29
30 MEDICAL SUPPLIES					53,018	53,018 30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER						34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS						35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS					63,367	63,367 38
39 TOTAL (SUM OF LINES 1-38)	248,217	62,331	20,900	10,194	235,709	577,351 39

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 16-1527

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL. 6 ± COL. 7) 8	ADJUST- MENTS 9	TOTAL (COL. 8 ± COL. 9) 10	
1					1
2					2
3					3
4					4
5					5
6		42,782		42,782	6
7		108,944		108,944	7
8					8
9		19,450		19,450	9
10		199,024		199,024	10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19		31,170		31,170	19
20					20
21		58,941		58,941	21
22					22
23					23
24					24
25					25
26					26
27					27
28		256		256	28
29		399		399	29
30		53,018		53,018	30
31					31
32					32
33					33
34					34
35					35
36					36
37					37
38		63,367		63,367	38
39		577,351		577,351	39

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 16-1527

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL								32,569
8	INPATIENT CARE SERVICE								32,569
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								8
12	PHYSICIAN SERVICES								9
13	NURSING CARE								150,293
14	NURSING CARE-CONT.HOME CARE								150,293
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								21,438
24	OTHER								21,438
25	OTHER HOSPICE SERVICE COSTS								43,917
26	DRUGS, BIOL. & INFUS. THER.								43,917
27	ANALGESICS								22
28	SEDATIVES / HYPNOTICS								23
29	OTHER - SPECIFY								24
30	DURABLE MED. EQUIP./OXYGEN								25
31	PATIENT TRANSPORTATION								26
32	IMAGING SERVICES								27
33	LABS AND DIAGNOSTICS								28
34	MEDICAL SUPPLIES								29
35	OUTPAT.SERV.(INCL.E/R DEPT.)								30
36	RADIATION THERAPY								31
37	CHEMOTHERAPY								32
38	OTHER								33
39	HOSPICE NONREIMBURSABLE SERVICE								34
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)								32,569 150,293 21,438 43,917 248,217 39

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 16-1527

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								8,179
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								37,741
14	NURSING CARE-CONT.HOME CARE								37,741
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								5,383
24	OTHER								5,383
25	OTHER HOSPICE SERVICE COSTS								11,028
26	DRUGS, BIOL. & INFUS. THER.								11,028
27	ANALGESICS								22
28	SEDATIVES / HYPNOTICS								23
29	OTHER - SPECIFY								24
30	DURABLE MED. EQUIP./OXYGEN								25
31	PATIENT TRANSPORTATION								26
32	IMAGING SERVICES								27
33	LABS AND DIAGNOSTICS								28
34	MEDICAL SUPPLIES								29
35	OUTPAT.SERV.(INCL.E/R DEPT.)								30
36	RADIATION THERAPY								31
37	CHEMOTHERAPY								32
38	OTHER								33
39	HOSPICE NONREIMBURSABLE SERVICE								34
40	BEREAVEMENT PROGRAM COSTS								35
41	VOLUNTEER PROGRAM COSTS								36
42	FUNDRAISING								37
43	OTHER PROGRAM COSTS								38
44	TOTAL (SUM OF LINES 1-38)								8,179 37,741 5,383 11,028 62,331

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 16-1527 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9,725
13	NURSING CARE								9,725
14	NURSING CARE-CONT.HOME CARE								10
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								19
24	OTHER								20
25	OTHER HOSPICE SERVICE COSTS								469
26	DRUGS, BIOL. & INFUS. THER.								469
27	ANALGESICS								21
28	SEDATIVES / HYPNOTICS								22
29	OTHER - SPECIFY								23
30	DURABLE MED. EQUIP./OXYGEN								24
31	PATIENT TRANSPORTATION								25
32	IMAGING SERVICES								26
33	LABS AND DIAGNOSTICS								27
34	MEDICAL SUPPLIES								28
35	OUTPAT.SERV.(INCL.E/R DEPT.)								29
36	RADIATION THERAPY								30
37	CHEMOTHERAPY								31
38	OTHER								32
39	HOSPICE NONREIMBURSABLE SERVICE								33
40	BEREAVEMENT PROGRAM COSTS								34
41	VOLUNTEER PROGRAM COSTS								35
42	FUNDRAISING								36
43	OTHER PROGRAM COSTS								37
44	TOTAL (SUM OF LINES 1-38)								10,194
45									10,194
46									38
47									39

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 16-1527

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS	CAP REL BLDGCOSTS	CAP REL MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS.0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL.5 ± COL.6) 7
1	GENERAL SERVICE COST CENTER									1
2	CAP REL COSTS-BLDG AND FIXT.									2
3	CAP REL COSTS-MOVABLE EQUIP.									3
4	PLANT OPERATION & MAINT.									4
5	TRANSPORTATION - STAFF									5
6	VOLUNTEER SERVICE COORD.									6
7	ADMINISTRATIVE AND GENERAL	42,782						42,782	42,782	6
8	INPATIENT CARE SERVICE									
9	INPATIENT - GENERAL CARE	108,944						108,944	8,719	117,663
10	INPATIENT - RESPITE CARE									8
11	VISITING SERVICES									
12	PHYSICIAN SERVICES	19,450						19,450	1,557	21,007
13	NURSING CARE	199,024						199,024	15,928	214,952
14	NURSING CARE-CONTINUOUS HOME									11
15	PHYSICAL THERAPY									12
16	OCCUPATIONAL THERAPY									13
17	SPEECH/LANGUAGE PATHOLOGY									14
18	MEDICAL SOCIAL SERVICES									15
19	SPIRITUAL COUNSELING									16
20	DIETARY COUNSELING									17
21	COUNSELING - OTHER									18
22	HH AIDE AND HOMEMAKER	31,170						31,170	2,495	33,665
23	HH AIDE & HMKR-CONT. HOME CA									20
24	OTHER	58,941						58,941	4,717	63,658
25	OTHER HOSPICE SERVICE COSTS									21
26	DRUGS, BIOL. & INFUS. THER.									22
27	ANALGESICS									23
28	SEDATIVES / HYPNOTICS									24
29	OTHER - SPECIFY									25
30	DURABLE MED. EQUIP./OXYGEN									26
31	PATIENT TRANSPORTATION									27
32	IMAGING SERVICES	256						256	20	276
33	LABS AND DIAGNOSTICS	399						399	32	431
34	MEDICAL SUPPLIES	53,018						53,018	4,243	57,261
35	OUTPAT.SERV.(INCL.E/R DEPT.)									30
36	RADIATION THERAPY									31
37	CHEMOTHERAPY									32
38	OTHER									33
39	HOSPICE NONREIMBURSABLE SERV.									34
40	BEREAVEMENT PROGRAM COSTS									35
41	VOLUNTEER PROGRAM COSTS									36
42	FUNDRAISING									37
43	OTHER PROGRAM COSTS	63,367						63,367	5,071	68,438
44	TOTAL (SUM OF LINES 1-38)	577,351						577,351		577,351

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 16-1527

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	45,117		45,117			1
2 INPATIENT - GENERAL CARE	137,042		137,042	9,195	146,237	2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	24,467		24,467	1,642	26,109	4
5 NURSING CARE	250,353		250,353	16,796	267,149	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE						10
11 SPIRITUAL COUNSELING						11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOME MAKERS	39,210		39,210	2,631	41,841	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER	74,142		74,142	4,974	79,116	16
17 DRUGS,BIOLOGICALS & INFUSIO						17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES	322		322	22	344	23
24 LABS AND DIAGNOSTICS	502		502	34	536	24
25 MEDICAL SUPPLIES	66,692		66,692	4,475	71,167	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS	79,710		79,710	5,348	85,058	33
34 TOTALS (SUM OF LINES 1-33)	717,557		717,557		717,557	34
35 UNIT COST MULTIPLIER				0.067094		35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 16-1527

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BLDG SQUARE FEET	BLDG RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION
	1	1.01	1.02	1.03	2	3	4	4A.02
1 ADMINISTRATIVE AND GENERAL			18		124		3,189	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)			18		124		3,189	34
35 TOTAL COST TO BE ALLOCATED			18		124		3,210	35
31 VOLUNTEER PROGRAM COSTS			1.000000		1.000000		1.006585	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 16-1527

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	A&G	A&G	A&G	A&G	RECON- CILIATION	A&G	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET
	INFO SERV	PURCHASING STORES	ADMITTING REGISTR	CASHIERS A/R, PFS		ALL OTHER		
	ACCUM COST	GROSS REVENUE	GROSS REVENUE	GROSS REVENUE		ACCUM COST		
	5.02	5.03	5.04	5.05		5.06	6	7
1 ADMINISTRATIVE AND GENERAL	3,352	3,695	3,374	5,446		16,155		1
2 INPATIENT - GENERAL CARE	117,663					124,425		2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES	21,007					22,214		4
5 NURSING CARE	214,952					227,305		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS	33,665					35,600		14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER	63,658					67,316		16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES	276					292		23
24 LABS AND DIAGNOSTICS	431					456		24
25 MEDICAL SUPPLIES	57,261					60,552		25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS	68,438					72,371		33
34 TOTALS (SUM OF LINES 1-33)	580,703	3,695	3,374	5,446		626,686		34
35 TOTAL COST TO BE ALLOCATED	33,373	3,746	3,404	5,460		63,547		35
36 UNIT COST MULTIPLIER	0.057470	1.013802	1.008892	1.002571		0.101402		36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 16-1527

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	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 NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.
	8	9	10	11	12	13	14	15
1 ADMINISTRATIVE AND GENERAL				18,683			217	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)				18,683			217	34
35 TOTAL COST TO BE ALLOCATED				18,675			225	35
36 UNIT COST MULTIPLIER				0.999572			1.036866	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 16-1527
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19	NURSING SCHOOL ASSIGNED TIME 20	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23	
1 ADMINISTRATIVE AND GENERAL	8,380							1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	8,380							34
35 TOTAL COST TO BE ALLOCATED	8,424							35
36 UNIT COST MULTIPLIER	1.005251							36

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 16-1527

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.440391		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.587666		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.254491		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.173651		6
7	MEDICAL SUPPLIES	71	0.384526		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	OTHER	76			10
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 16-1527

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST (SEE INSTRUCTIONS)				632,499	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				6,201	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				102.00	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	5,967				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	608,634				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)					6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)					7
8 UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)					8
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)					9
10 UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)					10
11 AGGREGATE NF COST (LINE 3 TIMES LINE 10)					11
12 OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			234		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			23,868		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((16-008) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER		1,311,395	1
3	CAPITAL DRG OUTLIER PAYMENTS		17,368	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		48.84	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.0388	7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		0.1271	8
10	SUM OF LINES 7 AND 8		0.1659	9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0342	10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		44,850	11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		1,373,613	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			POST STEP- DOWN ADJS 25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-1970 BLDG					1.01
1.02 CAP REL COSTS-BLUFF BLDG					1.02
1.03 RAD ONCOL BLDG					1.03
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.02 A&G-INFO SERVICE					5.02
5.03 A&G-PURCHASING, STORES					5.03
5.04 A&G-ADMITTING, REGIST					5.04
5.05 A&G-CASHIERS, PFS					5.05
5.06 A&G-ALL OTHER					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
54 RADIOLOGY-DIAGNOSTIC					54
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76 OTHER					76
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE					194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03
194.04 NRCC-MERCY SPEC CLIN ENT					194.04

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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 (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.05 NRCC-MERCY SPEC CLIN GASTRO						194.05
194.09 NRCC-SENIOR SERVICES						194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDERCARE						194.13
194.16 NRCC-MLC NORTH						194.16
194.19 NRCC-MLC NORTH SOC SERV						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	58.97		13.21				72.18 30
31 INTENSIVE CARE UNIT	70.11						70.11 31
43 NURSERY			67.95				67.95 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	32.62	28.41					61.03 50
51 RECOVERY ROOM	19.16	19.54					38.70 51
52 DELIVERY ROOM & LABOR ROOM	0.37	0.12					0.49 52
54 RADIOLOGY-DIAGNOSTIC	21.19	20.50					41.69 54
59 CARDIAC CATHETERIZATION	23.60	17.92					41.52 59
60 LABORATORY	36.11	2.48					38.59 60
65 RESPIRATORY THERAPY	56.01	3.03					59.04 65
66 PHYSICAL THERAPY	20.44						20.44 66
68 SPEECH PATHOLOGY	18.93						18.93 68
69 ELECTROCARDIOLOGY	28.21	26.83					55.04 69
71 MEDICAL SUPPLIES CHRGD TO PATI	30.69	36.02					66.71 71
72 IMPL. DEV. CHARGED TO PATIENT	40.32	22.12					62.44 72
73 DRUGS CHARGED TO PATIENTS	38.32	9.01					47.33 73
74 RENAL DIALYSIS	2.10	0.04					2.14 74
91 EMERGENCY	15.97	14.22					30.19 91
92 OBSERVATION BEDS	3.76	34.35					38.11 92
200 TOTAL CHARGES	27.95	14.63					42.58 200

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

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	37.17						37.17 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.11						0.11 54
59 CARDIAC CATHETERIZATION	0.01						0.01 59
60 LABORATORY	0.30						0.30 60
65 RESPIRATORY THERAPY	0.11						0.11 65
69 ELECTROCARDIOLOGY	0.13						0.13 69
73 DRUGS CHARGED TO PATIENTS	0.44						0.44 73
91 EMERGENCY	0.31						0.31 91
200 TOTAL CHARGES	0.16						0.16 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	71.38						71.38 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.05						0.05 54
59 CARDIAC CATHETERIZATION	0.01						0.01 59
60 LABORATORY	0.34						0.34 60
65 RESPIRATORY THERAPY	0.12						0.12 65
66 PHYSICAL THERAPY	9.07						9.07 66
68 SPEECH PATHOLOGY	18.38						18.38 68
69 ELECTROCARDIOLOGY	0.04						0.04 69
73 DRUGS CHARGED TO PATIENTS	0.95						0.95 73
91 EMERGENCY	0.01						0.01 91
200 TOTAL CHARGES	0.48						0.48 200

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

SNF / NF

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							
44 SKILLED NURSING FACILITY	23.93						23.93 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.15						0.15 54
59 CARDIAC CATHETERIZATION	0.01						0.01 59
60 LABORATORY	1.09						1.09 60
65 RESPIRATORY THERAPY	0.24						0.24 65
66 PHYSICAL THERAPY	35.81						35.81 66
68 SPEECH PATHOLOGY	19.95						19.95 68
69 ELECTROCARDIOLOGY	0.01						0.01 69
73 DRUGS CHARGED TO PATIENTS	6.20						6.20 73
200 TOTAL CHARGES	2.10						2.10 200

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	631,354	22,847,051	0.027634	7,452,912	205,954	50
51 RECOVERY ROOM	10,531	3,102,820	0.003394	594,458	2,018	51
52 DELIVERY ROOM & LABOR ROOM	100,355	1,665,830	0.060243	6,174	372	52
54 RADIOLOGY-DIAGNOSTIC	675,971	27,433,463	0.024640	5,812,794	143,227	54
59 CARDIAC CATHETERIZATION	219,201	14,222,252	0.015413	3,357,150	51,744	59
60 LABORATORY	262,982	25,625,438	0.010263	9,254,297	94,977	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	86,856	2,770,486	0.031350	1,551,851	48,651	65
66 PHYSICAL THERAPY	156,002	4,388,392	0.035549	897,042	31,889	66
68 SPEECH PATHOLOGY	6,839	326,505	0.020946	61,814	1,295	68
69 ELECTROCARDIOLOGY	137,424	3,696,826	0.037174	1,043,019	38,773	69
71 MEDICAL SUPPLIES CHRGD TO PATI	10,032	1,896,551	0.005290	582,077	3,079	71
72 IMPL. DEV. CHARGED TO PATIENT	41,892	9,732,708	0.004304	3,924,543	16,891	72
73 DRUGS CHARGED TO PATIENTS	254,008	24,122,343	0.010530	9,242,768	97,326	73
74 RENAL DIALYSIS	132,921	9,324,640	0.014255	195,591	2,788	74
76 OTHER						76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	361,259	12,781,692	0.028264	2,040,831	57,682	91
92 OBSERVATION BEDS	161,010	827,111	0.194666	31,100	6,054	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	3,248,637	164,764,108		46,048,421	802,720	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	2,900,864		2,900,864	16,818	172.49	9,917	1,710,583 30
31	INTENSIVE CARE UNIT	176,675		176,675	1,753	100.78	1,229	123,859 31
200	TOTAL	3,077,539		3,077,539	18,571		11,146	1,834,442 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								1,834,442
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								802,720
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								2,637,162
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								2,730
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								11,146
PER DISCHARGE CAPITAL COSTS								965.99
PER DIEM CAPITAL COSTS								236.60

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)	19,926,805
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	62,035,626
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.321

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	1,301,917
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	1,810,935
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.719

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	796,471
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	924,548
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.861

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,637,162
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.043

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	6,366,955
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	24,095,347
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.264