

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: 11-27-2012 TIME: 14:19
 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 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		739,052	1,772	1,728,493	1
2 SUBPROVIDER - IPF		2,153			2
3 SUBPROVIDER - IRF		22,804			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		9,818			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		773,827	1,772	1,728,493	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)			3	
						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 HE	16-S080	16	4	07/01/1991	N	P	N	4
5	SUBPROVIDER - IRF	MERCY MEDICAL CENTER-REHABILIT	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: 07/01/2011				TO: 06/30/2012				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		OUT-OF STATE		OUT-OF STATE		MEDICAID	OTHER	
		IN-STATE	IN-STATE	STATE	STATE	MEDICAID	MEDICAID			
		MEDICAID	ELIGIBLE	MEDICAID	ELIGIBLE	MEDICAID	HMO		MEDICAID	
		PAID	UNPAID	PAID	UNPAID	PAID	UNPAID	DAYS	DAYS	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	
		1	2	3	4	5	6			
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,041	604	270	153				24	
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	55	2						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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.					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: 07/01/2011	ENDING: 06/30/2012	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.									37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							BEGINNING:	ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	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 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IIME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IIME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
					64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1	2		3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
					66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			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 N	RESPI- RATORY 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	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
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 12,282 PAID LOSSES: 457,765 SELF INSURANCE: 63,736			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	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.	1 Y	2 902022	140
-----	--	--------	-------------	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: TRINITY HEALTH	CONTRACTOR'S NAME: WPS	CONTRACTOR'S NUMBER: 08201	141
142	STREET: 20555 VICTOR PARKWAY	P.O. BOX:		142
143	CITY: LIVONIA	STATE: MI	ZIP CODE: 48152	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	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)

	TITLE XVIII	TITLE	TITLE	
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	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	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(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH	1.00		169

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1	2	1	
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			
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.	Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	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	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	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	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			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.			N 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	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)	Y/N	DATE	Y/N	DATE
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	11/02/2012	Y	11/02/2012
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	N		IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. 38
39			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. 39
40			IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 40

COST REPORT PREPARER CONTACT INFORMATION

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

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	35,239,092		35,239,092	1,601,522.53	22.00
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN-PART A ADMINISTRATIVE						
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B		117,130	117,130	1,045.70	112.01	5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	2,457,982	2,457,982	134,361.17	18.29	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		6,613,323	120,391	6,733,714	330,956.26	20.35
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		505,297	505,297	9,458.67	53.42	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		736,282	736,282	6,270.60	117.42	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		5,610,330	5,610,330	98,860.00	56.75	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		9,289,093	-33,890	9,255,203		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,676,706	33,890	1,710,596		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		20,752	20,752			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		535,883	-159,603	376,280	20,078.00	18.74
27	ADMINISTRATIVE & GENERAL		2,788,639	39,212	2,827,851	159,070.00	17.78
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS		344,571		344,571	29,515.40	11.67
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE		84,938	84,938	7,004.11	12.13	31
32	HOUSEKEEPING		393,012	393,012	34,619.81	11.35	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		1,205,130	-525,104	680,026	49,612.41	13.71
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			525,104	525,104	35,177.82	14.93
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,224,485		1,224,485	44,927.49	27.25
39	CENTRAL SERVICES AND SUPPLY		124,682		124,682	8,005.96	15.57
40	PHARMACY		1,307,631		1,307,631	42,347.50	30.88
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		781,280		781,280	39,034.68	20.02
42	SOCIAL SERVICE		298,508		298,508	9,880.43	30.21
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	35,121,962		35,121,962	1,600,476.8	21.94	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	9,071,305	120,391	9,191,696	465,317.43	19.75	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	26,050,657	-120,391	25,930,266	1,135,159.4	22.84	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	6,851,909		6,851,909	114,589.27	59.80	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	9,309,845	-33,890	9,275,955		35.77%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	42,212,411	-154,281	42,058,130	1,249,748.6	33.65	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	9,088,759	-120,391	8,968,368	479,273.61	18.71	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	773,393	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3,032,699	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)	3,758,514	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	129,975	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	31,957	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	103,933	14
15 WORKERS' COMPENSATION INSURANCE	515,192	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	2,527,469	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	113,419	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT		23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	10,986,551	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 14:19

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL		10,796,084	2
3	SUBPROVIDER - IPF		9,113,462	3
4	SUBPROVIDER - IRF		249,905	4
5	SUBPROVIDER - (OTHER)		196,148	5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF		611,039	8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA		429,453	11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE		65,109	13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS		130,968	17
18	OTHER			18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 16-7154

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: CLINTON

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		3,861	10,198	5,646	19,705	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		691.00	131.00	194.00	1,016.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3		
	STAFF 1	CONTRACT 2				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)					3	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			1.86	1.86	4	
5 OTHER ADMINISTRATIVE PERSONNEL					5	
6 DIRECT NURSING SERVICE			13.96	13.96	6	
7 NURSING SUPERVISOR					7	
8 PHYSICAL THERAPY SERVICE			5.32	5.32	8	
9 PHYSICAL THERAPY SUPERVISOR					9	
10 OCCUPATIONAL THERAPY SERVICE			1.99	1.99	10	
11 OCCUPATIONAL THERAPY SUPERVISOR					11	
12 SPEECH PATHOLOGY SERVICE			0.56	0.56	12	
13 SPEECH PATHOLOGY SUPERVISOR					13	
14 MEDICAL SOCIAL SERVICE					14	
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15	
16 HOME HEALTH AIDE			9.44	9.44	16	
17 HOME HEALTH AIDE SUPERVISOR					17	
18 ALL OTHER			5.44	0.67	6.11	18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.		2	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914	20
20.01		99916	20.01

PPS ACTIVITY

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2				
21 SKILLED NURSING VISITS	6,704		266	129	7,099	21
22 SKILLED NURSING VISIT CHARGES	848,602		33,768	16,434	898,804	22
23 PHYSICAL THERAPY VISITS	2,357		6	52	2,415	23
24 PHYSICAL THERAPY VISIT CHARGES	335,006		856	7,358	343,220	24
25 OCCUPATIONAL THERAPY VISITS	882		2	17	901	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	125,538		276	2,395	128,209	26
27 SPEECH PATHOLOGY VISITS	219		2	7	228	27
28 SPEECH PATHOLOGY VISIT CHARGES	34,851		340	1,190	36,381	28
29 MEDICAL SOCIAL SERVICE VISITS	99		8	3	110	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	17,316		1,386	540	19,242	30
31 HOME HEALTH AIDE VISITS	825		4	5	834	31
32 HOME HEALTH AIDE VISIT CHARGES	49,500		240	300	50,040	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	11,086		288	213	11,587	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	1,410,813		36,866	28,217	1,475,896	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	838		107	20	965	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	22,926		830	192	23,948	38

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	60						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)	0.67						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						184,777	13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						188,467	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			
							TOTAL (COLS. 2 + 3)
	GROUP				SNF DAYS	SWING BED SNF DAYS	4
	1				2	3	
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL				4		4
7	RHX						6
8	RHL						7
9	RMX						8
10	RML						9
11	RLX						10
12	RUC				307		11
13	RUB				1,232		307
14	RUA				1,424		1,232
15	RVC				414		1,424
16	RVB				1,151		414
17	RVA				1,087		1,151
18	RHC				101		1,087
19	RHB				218		101
20	RHA				283		218
21	RMC				71		283
22	RMB				169		71
23	RMA				184		169
24	RLB				3		184
25	RLA						3
26	ES3						24
27	ES2						25
28	ES1						26
29	HE2				5		27
30	HE1						28
31	HD2						29
32	HD1				9		30
33	HC2				46		31
34	HC1				12		46
35	HB2						12
36	HB1				42		34
37	LE2				2		35
38	LE1				2		42
39	LD2						2
40	LD1				17		2
41	LC2						39
42	LC1				14		17
43	LB2						40
44	LB1						41
45	CE2						42
46	CE1				25		43
47	CD2						44
48	CD1				9		25
49	CC2				12		46
50	CC1				66		12
51	CB2				3		66
52	CB1				95		3
53	CA2						95
54	CA1				103		95
55	SE3						103
56	SE2						54
57	SE1						55
58	SSC						56
59	SSB						57
60	SSA						58
61	IB2						59
62	IB1						60
63	IA1						61
64	IA2						62
65	BB2						63
66	BB1				3		64
67	BA2						3
68	BA1						66

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		1		1 70
71	PD2				71
72	PD1		7		7 72
73	PC2				73
74	PC1		17		17 74
75	PB2				75
76	PB1		4		4 76
77	PA2				77
78	PA1		20		20 78
199	AAA				199
200	TOTAL		7,162		7,162 200

		CBSA AT	CBSA ON/AFTER	
		BEGINNING	OCT 1 OF THE	
		OF COST	COST REPORTING	
		REPORTING	PERIOD (IF	
		PERIOD	APPLICABLE)	
		1	2	
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).	00016	00016	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)

		EXPENSES	PERCENTAGE	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES?	
		1	2	3	
202	STAFFING	3,249,515	61.03%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (ALL OTHER)	393,964	7.40%	Y	206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	5,324,613			207

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 16-1527

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

----- UNDUPLICATED DAYS -----						
	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
1	CONTINUOUS HOME CARE					1
2	ROUTINE HOME CARE	5,801			511	6,521
3	INPATIENT RESPITE CARE	4				4
4	GENERAL INPATIENT CARE	16				16
5	TOTAL HOSPICE DAYS	5,821	209		511	6,541

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL (SUM OF COLS. 1, 2 & 5) 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	372				372
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	15.65				17.58
9	UNDUPLICATED CENSUS COUNT	193				193

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.358623	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				6,032,959	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				24,365,688	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				8,738,098	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				2,705,139	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				50,800	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				158,637	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				56,891	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.				6,091	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)				2,711,230	19
			UNINSURED PATIENTS	INSURED PATIENTS		TOTAL
			1	2		3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY		6,216,020	830,518		7,046,538
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)		2,229,208	297,843		2,527,051
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE		24,899	104,698		129,597
23	COST OF CHARITY CARE		2,204,309	193,145		2,397,454
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
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)				4,514,732	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				138,153	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				4,376,579	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,569,542	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				3,966,996	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				6,678,226	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		2,431,778	2,431,778	313,110	1
1.01	00101				257,185	1.01
1.02	00102				72,184	1.02
1.03	00103				167,722	1.03
2	00200				2,635,162	2
3	00300		770,271	770,271	-770,271	3
4	00400	535,883	303,942	839,825	-227,054	4
5.02	00550	643,918	5,479,930	6,123,848	-47,905	5.02
5.03	00560	385,805	552,728	938,533	1,376	5.03
5.04	00570	274,983	107,214	382,197	-8,397	5.04
5.05	00580	173,982	100,828	274,810	-17,648	5.05
5.06	00590	1,309,951	11,793,616	13,103,567	396,339	5.06
6	00600	344,571	2,085,582	2,430,153	-21,055	6
7	00700		1,238,847	1,238,847		7
8	00800	84,938	86,108	171,046	309,632	8
9	00900	393,012	487,224	880,236	-12,179	9
10	01000	1,205,130	1,053,041	2,258,171	-735,599	10
11	01100				873,930	11
12	01200					12
13	01300	1,224,485	539,770	1,764,255	-12,448	13
14	01400	124,682	135,238	259,920	-82,208	14
15	01500	1,307,631	3,685,948	4,993,579	-792,468	15
16	01600	781,280	447,617	1,228,897	-65,329	16
17	01700	298,508	72,388	370,896	-401	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	5,939,935	2,080,063	8,019,998	-464,281	30
31	03100	986,251	503,622	1,489,873	-145,286	31
40	04000	753,816	458,344	1,212,160	-16,445	40
41	04100	591,661	353,949	945,610	-22,783	41
43	04300	376,158	151,407	527,565	-26,008	43
44	04400	2,457,982	1,208,138	3,666,120	-172,641	44
ANCILLARY SERVICE COST CENTERS						
50	05000	1,363,152	3,622,440	4,985,592	-1,692,835	50
51	05100	169,495	41,967	211,462	-1,699	51
52	05200	252,107	171,507	423,614	-95,871	52
54	05400	1,544,994	2,540,572	4,085,566	-1,083,478	54
59	05900	495,458	2,279,260	2,774,718	-311,696	59
60	06000	1,100,536	1,812,398	2,912,934	-132,537	60
62.30	06250					62.30
65	06500	790,844	301,939	1,092,783	-24,967	65
66	06600	1,065,167	576,335	1,641,502	-10,753	66
68	06800	202,745	77,890	280,635	-72	68
69	06900	375,107	148,148	523,255	-17,741	69
71	07100				529,926	71
72	07200				1,830,315	72
73	07300				513,660	73
74	07400	560,483	453,383	1,013,866	2,832	74
76	03950					76
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	114,826	266,240	381,066	-102,594	90
91	09100	1,741,770	2,154,739	3,896,509	-195,052	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	1,859,959	1,604,923	3,464,882	-100,336	101
SPECIAL PURPOSE COST CENTERS						
116	11600	289,997	336,016	626,013	-78,972	116
118		32,121,202	52,515,350	84,636,552	414,364	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	450,650	195,984	646,634	-31,062	194.04

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
			3	4	
194.05 07952 NRCC-MERCY SPEC CLIN GASTRO	784,637	310,598	1,095,235	-9,975	194.05
194.09 07953 NRCC-SENIOR SERVICES	24,418	35,224	59,642	-1,823	194.09
194.12 07954 NRCC-FREE CLINIC	1,877	2,804	4,681	-146	194.12
194.13 07955 NRCC-TENDERCARE	20,206	7,131	27,337	205,530	194.13
194.16 07956 NRCC-MLC NORTH	1,790,211	1,501,692	3,291,903	-576,888	194.16
194.19 07957 NRCC-MLC NORTH SOC SERV	45,891	12,105	57,996		194.19
200 TOTAL (SUM OF LINES 118-199)	35,239,092	54,580,888	89,819,980		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	2,744,888		3,120,032	1
1.01	00101	257,185	375,144	257,185	1.01
1.02	00102	72,184		72,184	1.02
1.03	00103	167,722		167,722	1.03
2	00200	2,635,162	137,862	2,773,024	2
3	00300				3
4	00400	612,771	-141,548	471,223	4
5.02	00550	6,075,943	-408,525	5,667,418	5.02
5.03	00560	939,909	-30	939,879	5.03
5.04	00570	373,800		373,800	5.04
5.05	00580	257,162		257,162	5.05
5.06	00590	13,499,906	-6,530,677	6,969,229	5.06
6	00600	2,409,098	-41,088	2,368,010	6
7	00700	1,238,847		1,238,847	7
8	00800	480,678	-56,502	424,176	8
9	00900	868,057		868,057	9
10	01000	1,522,572	-435,174	1,087,398	10
11	01100	873,930		873,930	11
12	01200				12
13	01300	1,751,807	-546	1,751,261	13
14	01400	177,712	-299	177,413	14
15	01500	4,201,111	-83,388	4,117,723	15
16	01600	1,163,568	-34,233	1,129,335	16
17	01700	370,495	-2,405	368,090	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	7,555,717	-18,805	7,536,912	30
31	03100	1,344,587		1,344,587	31
40	04000	1,195,715	-253,199	942,516	40
41	04100	922,827	-118,228	804,599	41
43	04300	501,557		501,557	43
44	04400	3,493,479	-24,033	3,469,446	44
ANCILLARY SERVICE COST CENTERS					
50	05000	3,292,757	-2,434	3,290,323	50
51	05100	209,763		209,763	51
52	05200	327,743		327,743	52
54	05400	3,002,088	-22,843	2,979,245	54
59	05900	2,463,022	-1,746	2,461,276	59
60	06000	2,780,397	-11,686	2,768,711	60
62.30	06250				62.30
65	06500	1,067,816		1,067,816	65
66	06600	1,630,749	-12,622	1,618,127	66
68	06800	280,563	-5,769	274,794	68
69	06900	505,514	-15,000	490,514	69
71	07100	529,926		529,926	71
72	07200	1,830,315		1,830,315	72
73	07300	513,660		513,660	73
74	07400	1,016,698	-14,073	1,002,625	74
76	03950				76
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	278,472		278,472	90
91	09100	3,701,457	-585,813	3,115,644	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	3,364,546	-328,466	3,036,080	101
SPECIAL PURPOSE COST CENTERS					
116	11600	547,041	-15,392	531,649	116
118		85,050,916	-8,651,518	76,399,398	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	615,572	-34,782	580,790	194.04

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 14:19

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	
194.05 07952 NRCC-MERCY SPEC CLIN GASTRO	1,085,260	-122,304	962,956	194.05
194.09 07953 NRCC-SENIOR SERVICES	57,819	-28,488	29,331	194.09
194.12 07954 NRCC-FREE CLINIC	4,535		4,535	194.12
194.13 07955 NRCC-TENDER CARE	232,867	-159,258	73,609	194.13
194.16 07956 NRCC-MLC NORTH	2,715,015	-16,598	2,698,417	194.16
194.19 07957 NRCC-MLC NORTH SOC SERV	57,996		57,996	194.19
200 TOTAL (SUM OF LINES 118-199)	89,819,980	-9,012,948	80,807,032	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		OTHER	
		COST CENTER	LINE #		
	1	2	3	4	5
1 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	LAUNDRY & LINEN SERVICE	8	310,063	1
2 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				2
3 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				3
4 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				4
5 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				5
6 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				6
7 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				7
8 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				8
9 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				9
10 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				10
11 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				11
12 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				12
13 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				13
14 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				14
15 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				15
16 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				16
17 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				17
18 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				18
19 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				19
20 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				20
500 TOTAL RECLASSIFICATIONS				310,063	500
CODE LETTER - A					
1 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-1970 BLDG	1.01	257,185	1
2 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLUFF BLDG	1.02	72,184	2
3 BUILDING DEPRECIATION RECLASS	B	RAD ONCOL BLDG	1.03	167,722	3
4 BUILDING DEPRECIATION RECLASS	B				4
5 BUILDING DEPRECIATION RECLASS	B				5
6 BUILDING DEPRECIATION RECLASS	B				6
7 BUILDING DEPRECIATION RECLASS	B				7
8 BUILDING DEPRECIATION RECLASS	B				8
500 TOTAL RECLASSIFICATIONS				497,091	500
CODE LETTER - B					
1 INTEREST TO CAPITAL	C	CAP REL COSTS-BLDG & FIXT	1	764,944	1
2 INTEREST TO CAPITAL	C				2
3					3
4 BANK CHARGES TO CAPITAL	C	CAP REL COSTS-BLDG & FIXT	1	32,382	4
5 BANK CHARGES TO CAPITAL	C				5
6 BANK CHARGES TO CAPITAL	C				6
7 BANK CHARGES TO CAPITAL	C				7
8 BANK CHARGES TO CAPITAL	C				8
9 BANK CHARGES TO CAPITAL	C				9
10 BANK CHARGES TO CAPITAL	C				10
11 BANK CHARGES TO CAPITAL	C				11
12 BANK CHARGES TO CAPITAL	C				12
13 BANK CHARGES TO CAPITAL	C				13
500 TOTAL RECLASSIFICATIONS				797,326	500
CODE LETTER - C					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 DIETARY EXPENSE ACCRUAL REVERSAL REC	D	DIETARY		10		156,049	1
2 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						2
3 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						3
4 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						4
5 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						5
6 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						6
7 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						7
8 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						8
9 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						9
10 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						10
11 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						11
12 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						12
13 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						13
14 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						14
15 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						15
16 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						16
17 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						17
18 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						18
19 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						19
20 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						20
21 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						21
22 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						22
23 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						23
24 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						24
25 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						25
26 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						26
27 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						27
28 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						28
29 DIETARY EXPENSE ACCRUAL REVERSAL REC	D						29
500 TOTAL RECLASSIFICATIONS						156,049	500
CODE LETTER - D							
1 PRINTING TRANSFER EXP ACCRUAL REVERS	E	A&G-PURCHASING, STORES		5.03		13,646	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
500 TOTAL RECLASSIFICATIONS						13,646	500
CODE LETTER - E							
1 CAFETERIA RECLASS	F	CAFETERIA		11	525,104		1
2 RECLASS CAFETERIA	F	CAFETERIA		11		348,826	2
500 TOTAL RECLASSIFICATIONS					525,104	348,826	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-751000	G	CAP REL COSTS-MVBLE EQUIP	2		2,548,044	1
2 EQUIPMENT DEPR RECLASS-751000	G					2
3 EQUIPMENT DEPR RECLASS-751000	G					3
4 EQUIPMENT DEPR RECLASS-751000	G					4
5 EQUIPMENT DEPR RECLASS-751000	G					5
6 EQUIPMENT DEPR RECLASS-751000	G					6
7 EQUIPMENT DEPR RECLASS-751000	G					7
8 EQUIPMENT DEPR RECLASS-751000	G					8
9 EQUIPMENT DEPR RECLASS-751000	G					9
10 EQUIPMENT DEPR RECLASS-751000	G					10
11 EQUIPMENT DEPR RECLASS-751000	G					11
12 EQUIPMENT DEPR RECLASS-751000	G					12
13 EQUIPMENT DEPR RECLASS-751000	G					13
14 EQUIPMENT DEPR RECLASS-751000	G					14
15 EQUIPMENT DEPR RECLASS-751000	G					15
16 EQUIPMENT DEPR RECLASS-751000	G					16
17 EQUIPMENT DEPR RECLASS-751000	G					17
18 EQUIPMENT DEPR RECLASS-751000	G					18
19 EQUIPMENT DEPR RECLASS-751000	G					19
20 EQUIPMENT DEPR RECLASS-751000	G					20
21 EQUIPMENT DEPR RECLASS-751000	G					21
22 EQUIPMENT DEPR RECLASS-751000	G					22
23 EQUIPMENT DEPR RECLASS-751000	G					23
24 EQUIPMENT DEPR RECLASS-751000	G					24
25 EQUIPMENT DEPR RECLASS-751000	G					25
26 EQUIPMENT DEPR RECLASS-751000	G					26
27 EQUIPMENT DEPR RECLASS-751000	G					27
28 EQUIPMENT DEPR RECLASS-751000	G					28
29 EQUIPMENT DEPR RECLASS-751000	G					29
30 EQUIPMENT DEPR RECLASS-751000	G					30
31 EQUIPMENT DEPR RECLASS-751000	G					31
32 EQUIPMENT DEPR RECLASS-751000	G					32
33 EQUIPMENT DEPR RECLASS-751000	G					33
34 EQUIPMENT DEPR RECLASS-751000	G					34
35 EQUIPMENT DEPR RECLASS-751000	G					35
36 EQUIPMENT DEPR RECLASS-751000	G					36
37 EQUIPMENT DEPR RECLASS-751000	G					37
38 EQUIPMENT DEPR RECLASS-751000	G					38
39 EQUIPMENT DEPR RECLASS-751020	G	CAP REL COSTS-MVBLE EQUIP	2		42,138	39
40 EQUIPMENT DEPR RECLASS-751050	G	CAP REL COSTS-MVBLE EQUIP	2		44,980	40
500 TOTAL RECLASSIFICATIONS						2,635,162 500
CODE LETTER - G						
1 CHILDCARE OTHER EXP RECLASS	H	NRCC-TENDERCARE	194.13	159,603		1
2 CHILDCARE OTHER EXP RECLASS	H	NRCC-TENDERCARE	194.13		46,603	2
3 CHILDCARE OTHER EXP RECLASS	H					3
4 CHILDCARE OTHER EXP RECLASS	H					4
500 TOTAL RECLASSIFICATIONS				159,603	46,603	500
CODE LETTER - H						
1 CHARGEABLE DRUGS RECLASS	I	DRUGS CHARGED TO PATIENTS	73		698,519	1
2 CHARGEABLE DRUGS RECLASS	I					2
3 CHARGEABLE DRUGS RECLASS	I					3
4 CHARGEABLE DRUGS RECLASS	I					4
5 CHARGEABLE DRUGS RECLASS	I					5
6 CHARGEABLE DRUGS RECLASS	I					6
500 TOTAL RECLASSIFICATIONS					698,519	500
CODE LETTER - I						
1 EPOETIN COST TO ESRD	J	RENAL DIALYSIS	74		184,777	1
500 TOTAL RECLASSIFICATIONS					184,777	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 CHARGEABLE SUPPLIES AND IMPLANTS REC	K	MEDICAL SUPPLIES CHRGED TO PA	71		529,926	1
2 CHARGEABLE SUPPLIES AND IMPLANTS REC	K	IMPL. DEV. CHARGED TO PATIENT	72		1,830,315	2
3 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					3
4 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					4
5 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					5
6 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					6
7 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					7
8 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					8
9 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					9
10 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					10
11 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					11
12 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					12
13 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					13
14 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					14
15 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					15
16 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					16
17 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					17
18 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					18
19 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					19
20 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					20
21 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					21
22 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					22
23 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					23
24 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					24
25 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					25
26 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					26
27 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					27
28 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					28
29 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					29
30 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					30
31 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					31
500 TOTAL RECLASSIFICATIONS					2,360,241	500
CODE LETTER - K						
1 PHYSICIANS TO DEPTS	L	ADULTS & PEDIATRICS	30		15,225	1
2 PHYSICIANS TO DEPTS	L	ELECTROCARDIOLOGY	69		15,000	2
500 TOTAL RECLASSIFICATIONS					30,225	500
CODE LETTER - L						
1 A&G MLC-NORTH	N	A&G-ALL OTHER	5.06	39,212	456,961	1
500 TOTAL RECLASSIFICATIONS				39,212	456,961	500
CODE LETTER - N						
GRAND TOTAL (INCREASES)				723,919	8,535,489	

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	A					1
2 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	CENTRAL SERVICES & SUPPLY	14		6,592	2
3 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	ADULTS & PEDIATRICS	30		84,498	3
4 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	INTENSIVE CARE UNIT	31		22,111	4
5 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	SUBPROVIDER - IPF	40		4,037	5
6 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	SUBPROVIDER - IRF	41		7	6
7 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	NURSERY	43		1,645	7
8 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	SKILLED NURSING FACILITY	44		63,614	8
9 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	OPERATING ROOM	50		27,816	9
10 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	RADIOLOGY-DIAGNOSTIC	54		15,118	10
11 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	CARDIAC CATHETERIZATION	59		195	11
12 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	LABORATORY	60		23	12
13 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	RESPIRATORY THERAPY	65		19	13
14 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	PHYSICAL THERAPY	66		2,311	14
15 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	ELECTROCARDIOLOGY	69		3,476	15
16 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	RENAL DIALYSIS	74		2,266	16
17 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	CLINIC	90		375	17
18 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	EMERGENCY	91		37,639	18
19 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	NRCC-MERCY SPEC CLIN ENT	194.04		10	19
20 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	NRCC-MLC NORTH	194.16		38,311	20
500 TOTAL RECLASSIFICATIONS					310,063	500
CODE LETTER - A						
1 BUILDING DEPRECIATION RECLASS	B					9 1
2 BUILDING DEPRECIATION RECLASS	B					9 2
3 BUILDING DEPRECIATION RECLASS	B					9 3
4 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLDG & FIXT	1		484,216	9 4
5 BUILDING DEPRECIATION RECLASS	B	ADULTS & PEDIATRICS	30		8,846	5
6 BUILDING DEPRECIATION RECLASS	B	INTENSIVE CARE UNIT	31		1,659	6
7 BUILDING DEPRECIATION RECLASS	B	SUBPROVIDER - IRF	41		553	7
8 BUILDING DEPRECIATION RECLASS	B	CLINIC	90		1,817	8
500 TOTAL RECLASSIFICATIONS					497,091	500
CODE LETTER - B						
1 INTEREST TO CAPITAL	C					11 1
2 INTEREST TO CAPITAL	C	OTHER CAPITAL RELATED COSTS	3		764,944	11 2
3						3
4 BANK CHARGES TO CAPITAL	C	OTHER CAPITAL RELATED COSTS	3		5,327	11 4
5 BANK CHARGES TO CAPITAL	C	A&G-CASHIERS, PFS	5.05		15,585	11 5
6 BANK CHARGES TO CAPITAL	C	A&G-ALL OTHER	5.06		4,098	11 6
7 BANK CHARGES TO CAPITAL	C	DIETARY	10		429	11 7
8 BANK CHARGES TO CAPITAL	C	RADIOLOGY-DIAGNOSTIC	54		765	11 8
9 BANK CHARGES TO CAPITAL	C	DRUGS CHARGED TO PATIENTS	73		82	11 9
10 BANK CHARGES TO CAPITAL	C	HOME HEALTH AGENCY	101		3,535	11 10
11 BANK CHARGES TO CAPITAL	C	NRCC-MERCY SPEC CLIN ENT	194.04		153	11 11
12 BANK CHARGES TO CAPITAL	C	NRCC-MERCY SPEC CLIN GASTRO	194.05		153	11 12
13 BANK CHARGES TO CAPITAL	C	NRCC-MLC NORTH	194.16		2,255	11 13
500 TOTAL RECLASSIFICATIONS					797,326	500
CODE LETTER - C						

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 DIETARY EXPENSE ACCRUAL REVERSAL REC D						1
2 DIETARY EXPENSE ACCRUAL REVERSAL REC D		EMPLOYEE BENEFITS	4		17,267	2
3 DIETARY EXPENSE ACCRUAL REVERSAL REC D		A&G-INFO SERVICE	5.02		10	3
4 DIETARY EXPENSE ACCRUAL REVERSAL REC D		A&G-PURCHASING, STORES	5.03		11	4
5 DIETARY EXPENSE ACCRUAL REVERSAL REC D		A&G-ALL OTHER	5.06		43,940	5
6 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NURSING ADMINISTRATION	13		1,345	6
7 DIETARY EXPENSE ACCRUAL REVERSAL REC D		MEDICAL RECORDS & LIBRARY	16		507	7
8 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SOCIAL SERVICE	17		164	8
9 DIETARY EXPENSE ACCRUAL REVERSAL REC D		ADULTS & PEDIATRICS	30		43,824	9
10 DIETARY EXPENSE ACCRUAL REVERSAL REC D		INTENSIVE CARE UNIT	31		9,690	10
11 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SUBPROVIDER - IPF	40		7,996	11
12 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SUBPROVIDER - IRF	41		1,388	12
13 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SKILLED NURSING FACILITY	44		17,402	13
14 DIETARY EXPENSE ACCRUAL REVERSAL REC D		OPERATING ROOM	50		1,581	14
15 DIETARY EXPENSE ACCRUAL REVERSAL REC D		RADIOLOGY-DIAGNOSTIC	54		681	15
16 DIETARY EXPENSE ACCRUAL REVERSAL REC D		CARDIAC CATHETERIZATION	59		27	16
17 DIETARY EXPENSE ACCRUAL REVERSAL REC D		RESPIRATORY THERAPY	65		38	17
18 DIETARY EXPENSE ACCRUAL REVERSAL REC D		PHYSICAL THERAPY	66		203	18
19 DIETARY EXPENSE ACCRUAL REVERSAL REC D		SPEECH PATHOLOGY	68		72	19
20 DIETARY EXPENSE ACCRUAL REVERSAL REC D		ELECTROCARDIOLOGY	69		371	20
21 DIETARY EXPENSE ACCRUAL REVERSAL REC D		RENAL DIALYSIS	74		56	21
22 DIETARY EXPENSE ACCRUAL REVERSAL REC D		CLINIC	90		861	22
23 DIETARY EXPENSE ACCRUAL REVERSAL REC D		EMERGENCY	91		7,503	23
24 DIETARY EXPENSE ACCRUAL REVERSAL REC D		HOME HEALTH AGENCY	101		86	24
25 DIETARY EXPENSE ACCRUAL REVERSAL REC D		HOSPICE	116		125	25
26 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-SENIOR SERVICES	194.09		365	26
27 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-FREE CLINIC	194.12		26	27
28 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-TENDERCARE	194.13		467	28
29 DIETARY EXPENSE ACCRUAL REVERSAL REC D		NRCC-MLC NORTH	194.16		43	29
500 TOTAL RECLASSIFICATIONS					156,049	500
CODE LETTER - D						

1 PRINTING TRANSFER EXP ACCRUAL REVERS E						1
2 PRINTING TRANSFER EXP ACCRUAL REVERS E		EMPLOYEE BENEFITS	4		808	2
3 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-INFO SERVICE	5.02		642	3
4 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-CASHIERS, PFS	5.05		184	4
5 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-ALL OTHER	5.06		2,086	5
6 PRINTING TRANSFER EXP ACCRUAL REVERS E		MAINTENANCE & REPAIRS	6		26	6
7 PRINTING TRANSFER EXP ACCRUAL REVERS E		DIETARY	10		1,045	7
8 PRINTING TRANSFER EXP ACCRUAL REVERS E		NURSING ADMINISTRATION	13		1,729	8
9 PRINTING TRANSFER EXP ACCRUAL REVERS E		CENTRAL SERVICES & SUPPLY	14		50	9
10 PRINTING TRANSFER EXP ACCRUAL REVERS E		PHARMACY	15		61	10
11 PRINTING TRANSFER EXP ACCRUAL REVERS E		MEDICAL RECORDS & LIBRARY	16		298	11
12 PRINTING TRANSFER EXP ACCRUAL REVERS E		SOCIAL SERVICE	17		158	12
13 PRINTING TRANSFER EXP ACCRUAL REVERS E		ADULTS & PEDIATRICS	30		242	13
14 PRINTING TRANSFER EXP ACCRUAL REVERS E		INTENSIVE CARE UNIT	31		6	14
15 PRINTING TRANSFER EXP ACCRUAL REVERS E		SUBPROVIDER - IPF	40		28	15
16 PRINTING TRANSFER EXP ACCRUAL REVERS E		NURSERY	43		3	16
17 PRINTING TRANSFER EXP ACCRUAL REVERS E		SKILLED NURSING FACILITY	44		65	17
18 PRINTING TRANSFER EXP ACCRUAL REVERS E		OPERATING ROOM	50		13	18
19 PRINTING TRANSFER EXP ACCRUAL REVERS E		RADIOLOGY-DIAGNOSTIC	54		6	19
20 PRINTING TRANSFER EXP ACCRUAL REVERS E		CARDIAC CATHETERIZATION	59		15	20
21 PRINTING TRANSFER EXP ACCRUAL REVERS E		LABORATORY	60		109	21
22 PRINTING TRANSFER EXP ACCRUAL REVERS E		RESPIRATORY THERAPY	65		95	22
23 PRINTING TRANSFER EXP ACCRUAL REVERS E		PHYSICAL THERAPY	66		3,511	23
24 PRINTING TRANSFER EXP ACCRUAL REVERS E		ELECTROCARDIOLOGY	69		231	24
25 PRINTING TRANSFER EXP ACCRUAL REVERS E		RENAL DIALYSIS	74		434	25
26 PRINTING TRANSFER EXP ACCRUAL REVERS E		CLINIC	90		25	26
27 PRINTING TRANSFER EXP ACCRUAL REVERS E		EMERGENCY	91		103	27
28 PRINTING TRANSFER EXP ACCRUAL REVERS E		HOME HEALTH AGENCY	101		60	28
29 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-MERCY SPEC CLIN ENT	194.04		22	29
30 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-SENIOR SERVICES	194.09		1,262	30
31 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-FREE CLINIC	194.12		120	31
32 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-TENDERCARE	194.13		209	32
500 TOTAL RECLASSIFICATIONS					13,646	500
CODE LETTER - E						

1 CAFETERIA RECLASS	F	DIETARY	10	525,104		1
2 RECLASS CAFETERIA	F	DIETARY	10		348,826	2
500 TOTAL RECLASSIFICATIONS				525,104	348,826	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER		
1	6	7	8	9	10	REF.	
1 EQUIPMENT DEPR RECLASS-751000	G	EMPLOYEE BENEFITS	4		2,480	9	1
2 EQUIPMENT DEPR RECLASS-751000	G	A&G-INFO SERVICE	5.02		47,127	9	2
3 EQUIPMENT DEPR RECLASS-751000	G	A&G-PURCHASING, STORES	5.03		12,164	9	3
4 EQUIPMENT DEPR RECLASS-751000	G	A&G-ADMITTING, REGIST	5.04		147	9	4
5 EQUIPMENT DEPR RECLASS-751000	G	A&G-CASHIERS, PFS	5.05		1,879	9	5
6 EQUIPMENT DEPR RECLASS-751000	G	A&G-ALL OTHER	5.06		19,466	9	6
7 EQUIPMENT DEPR RECLASS-751000	G	MAINTENANCE & REPAIRS	6		21,009	9	7
8 EQUIPMENT DEPR RECLASS-751000	G	LAUNDRY & LINEN SERVICE	8		431	9	8
9 EQUIPMENT DEPR RECLASS-751000	G	HOUSEKEEPING	9		1,244	9	9
10 EQUIPMENT DEPR RECLASS-751000	G	DIETARY	10		13,563	9	10
11 EQUIPMENT DEPR RECLASS-751000	G	NURSING ADMINISTRATION	13		8,629	9	11
12 EQUIPMENT DEPR RECLASS-751000	G	CENTRAL SERVICES & SUPPLY	14		67,471	9	12
13 EQUIPMENT DEPR RECLASS-751000	G	PHARMACY	15		113,266	9	13
14 EQUIPMENT DEPR RECLASS-751000	G	MEDICAL RECORDS & LIBRARY	16		64,516	9	14
15 EQUIPMENT DEPR RECLASS-751000	G	SOCIAL SERVICE	17		79	9	15
16 EQUIPMENT DEPR RECLASS-751000	G	ADULTS & PEDIATRICS	30		104,001	9	16
17 EQUIPMENT DEPR RECLASS-751000	G	INTENSIVE CARE UNIT	31		46,294	9	17
18 EQUIPMENT DEPR RECLASS-751000	G	SUBPROVIDER - IPF	40		2,615	9	18
19 EQUIPMENT DEPR RECLASS-751000	G	SUBPROVIDER - IRF	41		14,518	9	19
20 EQUIPMENT DEPR RECLASS-751000	G	NURSERY	43		16,262	9	20
21 EQUIPMENT DEPR RECLASS-751000	G	SKILLED NURSING FACILITY	44		42,163	9	21
22 EQUIPMENT DEPR RECLASS-751000	G	OPERATING ROOM	50		255,060	9	22
23 EQUIPMENT DEPR RECLASS-751000	G	DELIVERY ROOM & LABOR ROOM	52		69,182	9	23
24 EQUIPMENT DEPR RECLASS-751000	G	RADIOLOGY-DIAGNOSTIC	54		1,018,334	9	24
25 EQUIPMENT DEPR RECLASS-751000	G	CARDIAC CATHETERIZATION	59		311,459	9	25
26 EQUIPMENT DEPR RECLASS-751000	G	LABORATORY	60		56,912	9	26
27 EQUIPMENT DEPR RECLASS-751000	G	RESPIRATORY THERAPY	65		8,797	9	27
28 EQUIPMENT DEPR RECLASS-751000	G	PHYSICAL THERAPY	66		4,638	9	28
29 EQUIPMENT DEPR RECLASS-751000	G	ELECTROCARDIOLOGY	69		16,462	9	29
30 EQUIPMENT DEPR RECLASS-751000	G	RENAL DIALYSIS	74		20,616	9	30
31 EQUIPMENT DEPR RECLASS-751000	G	CLINIC	90		4,696	9	31
32 EQUIPMENT DEPR RECLASS-751000	G	EMERGENCY	91		46,714	9	32
33 EQUIPMENT DEPR RECLASS-751000	G	HOME HEALTH AGENCY	101		54,517	9	33
34 EQUIPMENT DEPR RECLASS-751000	G	HOSPICE	116		366	9	34
35 EQUIPMENT DEPR RECLASS-751000	G	NRCC-MERCY SPEC CLIN ENT	194.04		30,877	9	35
36 EQUIPMENT DEPR RECLASS-751000	G	NRCC-MERCY SPEC CLIN GASTRO	194.05		9,822	9	36
37 EQUIPMENT DEPR RECLASS-751000	G	NRCC-SENIOR SERVICES	194.09		196	9	37
38 EQUIPMENT DEPR RECLASS-751000	G	NRCC-MLC NORTH	194.16		40,072	9	38
39 EQUIPMENT DEPR RECLASS-751020	G	HOME HEALTH AGENCY	101		42,138	9	39
40 EQUIPMENT DEPR RECLASS-751050	G	LABORATORY	60		44,980	9	40
500 TOTAL RECLASSIFICATIONS					2,635,162		500
CODE LETTER - G							
1 CHILDCARE OTHER EXP RECLASS	H						1
2 CHILDCARE OTHER EXP RECLASS	H						2
3 CHILDCARE OTHER EXP RECLASS	H	EMPLOYEE BENEFITS	4	159,603			3
4 CHILDCARE OTHER EXP RECLASS	H	EMPLOYEE BENEFITS	4		46,603		4
500 TOTAL RECLASSIFICATIONS				159,603	46,603		500
CODE LETTER - H							
1 CHARGEABLE DRUGS RECLASS	I						1
2 CHARGEABLE DRUGS RECLASS	I	PHARMACY	15		618,463		2
3 CHARGEABLE DRUGS RECLASS	I	RADIOLOGY-DIAGNOSTIC	54		1,139		3
4 CHARGEABLE DRUGS RECLASS	I	CLINIC	90		402		4
5 CHARGEABLE DRUGS RECLASS	I	HOSPICE	116		78,481		5
6 CHARGEABLE DRUGS RECLASS	I	NRCC-MLC NORTH	194.16		34		6
500 TOTAL RECLASSIFICATIONS					698,519		500
CODE LETTER - I							
1 EPOETIN COST TO ESRD	J	DRUGS CHARGED TO PATIENTS	73		184,777		1
500 TOTAL RECLASSIFICATIONS					184,777		500
CODE LETTER - J							

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 CHARGEABLE SUPPLIES AND IMPLANTS REC K						1
2 CHARGEABLE SUPPLIES AND IMPLANTS REC K						2
3 CHARGEABLE SUPPLIES AND IMPLANTS REC K		EMPLOYEE BENEFITS	4		293	3
4 CHARGEABLE SUPPLIES AND IMPLANTS REC K		A&G-INFO SERVICE	5.02		126	4
5 CHARGEABLE SUPPLIES AND IMPLANTS REC K		A&G-PURCHASING, STORES	5.03		95	5
6 CHARGEABLE SUPPLIES AND IMPLANTS REC K		A&G-ADMITTING, REGIST	5.04		8,250	6
7 CHARGEABLE SUPPLIES AND IMPLANTS REC K		A&G-ALL OTHER	5.06		19	7
8 CHARGEABLE SUPPLIES AND IMPLANTS REC K		MAINTENANCE & REPAIRS	6		20	8
9 CHARGEABLE SUPPLIES AND IMPLANTS REC K		HOUSEKEEPING	9		10,935	9
10 CHARGEABLE SUPPLIES AND IMPLANTS REC K		DIETARY	10		2,681	10
11 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NURSING ADMINISTRATION	13		745	11
12 CHARGEABLE SUPPLIES AND IMPLANTS REC K		CENTRAL SERVICES & SUPPLY	14		8,095	12
13 CHARGEABLE SUPPLIES AND IMPLANTS REC K		PHARMACY	15		60,678	13
14 CHARGEABLE SUPPLIES AND IMPLANTS REC K		MEDICAL RECORDS & LIBRARY	16		8	14
15 CHARGEABLE SUPPLIES AND IMPLANTS REC K		ADULTS & PEDIATRICS	30		238,095	15
16 CHARGEABLE SUPPLIES AND IMPLANTS REC K		INTENSIVE CARE UNIT	31		65,526	16
17 CHARGEABLE SUPPLIES AND IMPLANTS REC K		SUBPROVIDER - IPF	40		1,769	17
18 CHARGEABLE SUPPLIES AND IMPLANTS REC K		SUBPROVIDER - IRF	41		6,317	18
19 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NURSERY	43		8,098	19
20 CHARGEABLE SUPPLIES AND IMPLANTS REC K		SKILLED NURSING FACILITY	44		49,397	20
21 CHARGEABLE SUPPLIES AND IMPLANTS REC K		OPERATING ROOM	50		1,408,365	21
22 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RECOVERY ROOM	51		1,699	22
23 CHARGEABLE SUPPLIES AND IMPLANTS REC K		DELIVERY ROOM & LABOR ROOM	52		26,689	23
24 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RADIOLOGY-DIAGNOSTIC	54		47,435	24
25 CHARGEABLE SUPPLIES AND IMPLANTS REC K		LABORATORY	60		30,513	25
26 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RESPIRATORY THERAPY	65		16,018	26
27 CHARGEABLE SUPPLIES AND IMPLANTS REC K		PHYSICAL THERAPY	66		90	27
28 CHARGEABLE SUPPLIES AND IMPLANTS REC K		ELECTROCARDIOLOGY	69		12,201	28
29 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RENAL DIALYSIS	74		158,573	29
30 CHARGEABLE SUPPLIES AND IMPLANTS REC K		CLINIC	90		94,418	30
31 CHARGEABLE SUPPLIES AND IMPLANTS REC K		EMERGENCY	91		103,093	31
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					2,360,241	500
1 PHYSICIANS TO DEPTS	L	A&G-ALL OTHER	5.06		15,225	1
2 PHYSICIANS TO DEPTS	L	A&G-ALL OTHER	5.06		15,000	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					30,225	500
1 A&G MLC-NORTH	N	NRCC-MLC NORTH	194.16	39,212	456,961	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				39,212	456,961	500
GRAND TOTAL (DECREASES)				723,919	8,535,489	

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	38,683		38,683		550,895		1
2 LAND IMPROVEMENTS	2,082,064	393,820		393,820	443	2,475,441	1,009,033	2
3 BUILDINGS AND FIXTURES	70,441,958	1,526,088		1,526,088	154,693	71,813,353	25,445,882	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	40,738,717	5,961,576		5,961,576	14,426,913	32,273,380	14,837,482	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	113,774,951	7,920,167		7,920,167	14,582,049	107,113,069	41,292,397	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	113,774,951	7,920,167		7,920,167	14,582,049	107,113,069	41,292,397	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	2,431,778						2,431,778	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)	2,431,778						2,431,778	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	58,525,865		58,525,865	0.546394					1
1.01 CAP REL COSTS-1970 BLDG	9,926,293		9,926,293	0.092671					1.01
1.02 CAP REL COSTS-BLUFF BLDG	2,924,986		2,924,986	0.027307					1.02
1.03 RAD ONCOL BLDG	3,462,545		3,462,545	0.032326					1.03
2 CAP REL COSTS-MVBLE EQUIP	32,273,380		32,273,380	0.301302					2
3 TOTAL (SUM OF LINES 1-2)	107,113,069		107,113,069	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	1,947,562			1,108,790	63,680		3,120,032	1
1.01 CAP REL COSTS-1970 BLDG	257,185						257,185	1.01
1.02 CAP REL COSTS-BLUFF BLDG	72,184						72,184	1.02
1.03 RAD ONCOL BLDG	167,722						167,722	1.03
2 CAP REL COSTS-MVBLE EQUIP	2,773,024						2,773,024	2
3 TOTAL	5,217,677			1,108,790	63,680		6,390,147	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	-1,133,863			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,189,166			12
13 LAUNDRY AND LINEN SERVICE	B	-56,502	LAUNDRY & LINEN SERVICE	8	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	A	-83,388	PHARMACY	15	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		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 OTHER					33
33.01 CAFETERIA REVENUE	B	-419,247	DIETARY	10	33.01
33.02 CAFETERIA REVENUE	B	-4,640	NRCC-MLC NORTH	194.16	33.02
33.03 CATERING REVENUE	B	-4,647	DIETARY	10	33.03
33.04 VENDING MACHINE REVENUE	B	-11,280	DIETARY	10	33.04
33.05 VENDING MACHINE REVENUE	B	-720	NRCC-MLC NORTH	194.16	33.05
33.08 EXTERNAL PERSONNEL SRVC	B	-413	EMPLOYEE BENEFITS	4	33.08
33.09 SENIOR SERVICES TRIP REV	B	-25,264	NRCC-SENIOR SERVICES	194.09	33.09
33.10 CHILD CARE REVENUE	B	-119,856	EMPLOYEE BENEFITS	4	33.10
33.11 CHILD CARE REVENUE	B	-157,698	NRCC-TENDER CARE	194.13	33.11
33.12 MANAGEMENT REV ADMIN	B	-182,914	A&G-ALL OTHER	5.06	33.12
33.13 RADIOLOGY REVENUE	B	-1,294	RADIOLOGY-DIAGNOSTIC	54	33.13
33.14 LIFELINE REV	B	-182,411	HOME HEALTH AGENCY	101	33.14
33.15 LIFELINE REV	B	-3,224	NRCC-SENIOR SERVICES	194.09	33.15
33.16 MOBILE ULTRASOUND REV	B	-11,122	RADIOLOGY-DIAGNOSTIC	54	33.16
33.17 CONSULTING REVENUE	B	-149	PHYSICAL THERAPY	66	33.17
33.32 OTHER REVENUE COPIES	B	-30	A&G-PURCHASING, STORES	5.03	33.32
33.33 OTHER REVENUE COPIES	B	-14	MEDICAL RECORDS & LIBRARY	16	33.33
33.38 DME OTHER INCOME	B	-75,228	HOME HEALTH AGENCY	101	33.38
33.62 CLINICAL LAB REVENUE	B	-7,565	LABORATORY	60	33.62
33.65 CE AND CPR REVENUE	B	-496	NURSING ADMINISTRATION	13	33.65
33.66 CE AND CPR REVENUE	B	-5,507	A&G-ALL OTHER	5.06	33.66
33.78 IC GRANT REVENUE	B	-11,999	A&G-ALL OTHER	5.06	33.78
33.84 EMPLOYEE WELLNESS	B	-4,008	EMPLOYEE BENEFITS	4	33.84
33.90 WELLNESS REVENUE	B	-17,271	EMPLOYEE BENEFITS	4	33.90
34 MED RECORD REVENUE	B	-34,044	MEDICAL RECORDS & LIBRARY	16	34
34.01 PHYSICIAN RECRUITING EXPENSE	B	-7,771	A&G-ALL OTHER	5.06	34.01
34.14 RENTAL SPACE REVENUE	B	-100,101	A&G-ALL OTHER	5.06	34.14
34.15 RENTAL SPACE REVENUE	B	-41,088	MAINTENANCE & REPAIRS	6	34.15

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
34.20 DONATIONS EXPENSE	A	-9,950	A&G-ALL OTHER	5.06	34.20
34.21 DONATIONS EXPENSE	A	-11,400	A&G-ALL OTHER	5.06	34.21
34.25 ADVERTISING EXPENSE	A	-359,025	A&G-ALL OTHER	5.06	34.25
35					35
35.01 OTHER OPERATING REVENUE	B	-10,000	CAP REL COSTS-BLDG & FIXT	1	12 35.01
35.02 OTHER OPERATING REVENUE	B	-35,056	A&G-ALL OTHER	5.06	35.02
35.03 OTHER OPERATING REVENUE	B	-50	NURSING ADMINISTRATION	13	35.03
35.04 OTHER OPERATING REVENUE	B	-299	CENTRAL SERVICES & SUPPLY	14	35.04
35.05 OTHER OPERATING REVENUE	B	-175	MEDICAL RECORDS & LIBRARY	16	35.05
35.06 OTHER OPERATING REVENUE	B	-2,405	SOCIAL SERVICE	17	35.06
35.07 OTHER OPERATING REVENUE	B	-3,580	ADULTS & PEDIATRICS	30	35.07
35.08 OTHER OPERATING REVENUE	B	-23	RADIOLOGY-DIAGNOSTIC	54	35.08
35.09 OTHER OPERATING REVENUE	B	-12,473	PHYSICAL THERAPY	66	35.09
35.10 OTHER OPERATING REVENUE	B	-5,769	SPEECH PATHOLOGY	68	35.10
35.11 OTHER OPERATING REVENUE	B	-16,255	HOME HEALTH AGENCY	101	35.11
35.12 OTHER OPERATING REVENUE	B	-10,711	NRCC-MERCY SPEC CLIN ENT	194.04	35.12
35.13 OTHER OPERATING REVENUE	B	-27,867	NRCC-MERCY SPEC CLIN GASTRO	194.05	35.13
35.14 OTHER OPERATING REVENUE	B	-1,560	NRCC-TENDERCARE	194.13	35.14
36					36
36.01 NON OPERATING REVENUE & EXPENSE	B	589,008	CAP REL COSTS-BLDG & FIXT	1	11 36.01
36.02 NON OPERATING REVENUE & EXPENSE	B	13,159	A&G-ALL OTHER	5.06	36.02
36.03 NON OPERATING REVENUE & EXPENSE	B	-37	SKILLED NURSING FACILITY	44	36.03
36.04 NON OPERATING REVENUE & EXPENSE	B	-902	RADIOLOGY-DIAGNOSTIC	54	36.04
36.05 NON OPERATING REVENUE & EXPENSE	B	-752	EMERGENCY	91	36.05
36.21 OTHER NON OPERATING GAIN LOSS	B	16,449	A&G-ALL OTHER	5.06	36.21
36.31 IC DERIVATIVES	B	119,666	CAP REL COSTS-BLDG & FIXT	1	11 36.31
36.41 EXTERNAL FIN INTEREST	B	26,516	RADIOLOGY-DIAGNOSTIC	54	36.41
37					37
37.01 AHA DUES - LOBBYING PORTION	A	-2,199	A&G-ALL OTHER	5.06	37.01
37.02 CHA DUES - LOBBYING PORTION	A	-726	A&G-ALL OTHER	5.06	37.02
38					38
39 IOWA MEDICAID PROVIDER TAX EXPENSE	A	-579,642	A&G-ALL OTHER	5.06	39
40					40
41 INTEREST INCOME OFFSET-TH	B	-35,868	CAP REL COSTS-BLDG & FIXT	1	11 41
42 INTEREST INCOME OFFSET-TIS	B	-1,712	CAP REL COSTS-BLDG & FIXT	1	11 42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
49.01 BAD DEBT EXPENSE	A	-35,764	RADIOLOGY-DIAGNOSTIC	54	49.01
49.02 BAD DEBT EXPENSE	A	-75,710	EMERGENCY	91	49.02
49.03 BAD DEBT EXPENSE	A	-4,409,004	A&G-ALL OTHER	5.06	49.03
49.04 BAD DEBT EXPENSE	A	-29,854	HOME HEALTH AGENCY	101	49.04
49.05 BAD DEBT EXPENSE	A	-15,392	HOSPICE	116	49.05
49.06 BAD DEBT EXPENSE	A	-24,718	HOME HEALTH AGENCY	101	49.06
49.07 BAD DEBT EXPENSE	A	-13,562	SUBPROVIDER - IPF	40	49.07
49.08 BAD DEBT EXPENSE	A	-22,640	SKILLED NURSING FACILITY	44	49.08
49.09 BAD DEBT EXPENSE	A	-11,238	NRCC-MLC NORTH	194.16	49.09
49.10 BAD DEBT EXPENSE	A	-24,071	NRCC-MERCY SPEC CLIN ENT	194.04	49.10
49.11 BAD DEBT EXPENSE	A	-94,437	NRCC-MERCY SPEC CLIN GASTRO	194.05	49.11
50 TOTAL (SUM OF LINES 1 THRU 49)		-9,012,948			50

TRANSFER TO WKST A, COL. 6, LINE 200)

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.02	A&G-INFO SERVICE	TIS FEES	3,380,631	3,789,156	-408,525	1
2	2	CAP REL COSTS-MVBLE EQUIP	TIS CAPITAL	38,157		38,157	9 2
3							3
4	5.06	A&G-ALL OTHER	TRINITY HEALTH BILLING	4,459,644	4,801,916	-342,272	4
4.01	2	CAP REL COSTS-MVBLE EQUIP	TH CAPITAL	99,705		99,705	9 4.01
4.03	5.06	A&G-ALL OTHER	MALPRACTICE	533,783	392,500	141,283	4.03
4.04	1	CAP REL COSTS-BLDG & FIXT	PROPERTY INSURANCE	89,872	16,192	73,680	12 4.04
4.06	5.06	A&G-ALL OTHER	INTEGRATED RISK	77,461		77,461	4.06
4.07	5.06	A&G-ALL OTHER	WORK COMP	164,919	515,192	-350,273	4.07
4.08	5.06	A&G-ALL OTHER	PENSION	1,536,879	1,493,360	43,519	4.08
4.09	5.06	A&G-ALL OTHER	EMPLOYEE STOP-LOSS	11,246	260,892	-249,646	4.09
4.10	5.06	A&G-ALL OTHER	IC RECOVERIES		-47,375	47,375	4.10
4.12	1	CAP REL COSTS-BLDG & FIXT	INTEREST	386,773	764,944	-378,171	11 4.12
4.13	1	CAP REL COSTS-BLDG & FIXT	AMORT BOND ISSUE	5,435		5,435	11 4.13
4.14	1	CAP REL COSTS-BLDG & FIXT	AMORT BOND DISCOUNT	-6,114		-6,114	11 4.14
4.15	1	CAP REL COSTS-BLDG & FIXT	BANK SERV FEE	4,797		4,797	11 4.15
4.16	1	CAP REL COSTS-BLDG & FIXT	BANK TRUSTEE FEE	386		386	11 4.16
4.17	1	CAP REL COSTS-BLDG & FIXT	LETTER OF CREDIT FEE	14,037		14,037	11 4.17
5		TOTALS (SUM OF LINES 1-4)		10,797,611	11,986,777	-1,189,166	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)	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS (6)
		PERCENT OF OWNERSHIP (3)	NAME (4)	
6	B MERCY MEDICAL CENTER		TRINITY HEALTH	100.00 HOME OFFICE
7				
8				
9				
10				

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT			
LINE NO.	1	2	3	4	5	6	7	8	9		
1	5.06	A&G-ALL OTHER	A82-A		452	452	142,500	4	274	14	1
2	5.06	A&G-ALL OTHER	A82-A		9,400	9,400	142,500	75	5,138	257	2
3	5.06	A&G-ALL OTHER	A82-A		453,743	453,743	142,500	3,630	248,690	12,435	3
4	5.06	A&G-ALL OTHER	A82-B		6,508	6,508	142,500	52	3,563	178	4
5	69	ELECTROCARDIOLOGY	A82-C	15,000			142,500	120	8,221	411	5
6	30	ADULTS & PEDIATRICS	A82-D	15,225	15,225		142,500	122	8,358	418	6
7	40	SUBPROVIDER - IPF	A82-E	6,840		6,840	142,500	55	3,768	188	7
8	40	SUBPROVIDER - IPF	A82-F	216,555	216,555		142,500	1,732	118,659	5,933	8
9	40	SUBPROVIDER - IPF	A82-G	20,010	20,010		142,500	160	10,962	548	9
10	41	SUBPROVIDER - IRF	A82-H	2,400		2,400	142,500	19	1,302	65	10
11	41	SUBPROVIDER - IRF	A82-I	117,130	117,130		142,500	1,046	71,661	3,583	11
12	44	SKILLED NURSING FACILITY	A82-J	3,000		3,000	142,500	24	1,644	82	12
13	50	OPERATING ROOM	A82-K	5,380		5,380	142,500	43	2,946	147	13
14	54	RADIOLOGY-DIAGNOSTIC	A82-L	1,300		1,300	217,600	10	1,046	52	14
15	59	CARDIAC CATHETERIZATION	A82-M	3,938		3,938	142,500	32	2,192	110	15
16	60	LABORATORY	A82-N	212,121		212,121	208,000	2,080	208,000	10,400	16
17	74	RENAL DIALYSIS	A82-O	31,200		31,200	142,500	250	17,127	856	17
18	91	EMERGENCY	A82-P	213,545	213,545		142,500	1,708	117,014	5,851	18
19	91	EMERGENCY	A82-Q	138,806	138,806		142,500	1,111	76,114	3,806	19
20	91	EMERGENCY	A82-R	37,000	37,000		142,500	296	20,279	1,014	20
21	91	EMERGENCY	A82-S	120,000	120,000		142,500	960	65,769	3,288	21
200		TOTAL		1,629,553	893,271	736,282		13,529	992,727	49,636	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.06 A&G-ALL OTHER		A82-A			274	178	178	1
2	5.06 A&G-ALL OTHER		A82-A			5,138	4,262	4,262	2
3	5.06 A&G-ALL OTHER		A82-A			248,690	205,053	205,053	3
4	5.06 A&G-ALL OTHER		A82-B			3,563	2,945	2,945	4
5	69 ELECTROCARDIOLOGY		A82-C			8,221		15,000	5
6	30 ADULTS & PEDIATRICS		A82-D			8,358		15,225	6
7	40 SUBPROVIDER - IPF		A82-E			3,768	3,072	3,072	7
8	40 SUBPROVIDER - IPF		A82-F			118,659		216,555	8
9	40 SUBPROVIDER - IPF		A82-G			10,962		20,010	9
10	41 SUBPROVIDER - IRF		A82-H			1,302	1,098	1,098	10
11	41 SUBPROVIDER - IRF		A82-I			71,661		117,130	11
12	44 SKILLED NURSING FACILITY		A82-J			1,644	1,356	1,356	12
13	50 OPERATING ROOM		A82-K			2,946	2,434	2,434	13
14	54 RADIOLOGY-DIAGNOSTIC		A82-L			1,046	254	254	14
15	59 CARDIAC CATHETERIZATION		A82-M			2,192	1,746	1,746	15
16	60 LABORATORY		A82-N			208,000	4,121	4,121	16
17	74 RENAL DIALYSIS		A82-O			17,127	14,073	14,073	17
18	91 EMERGENCY		A82-P			117,014		213,545	18
19	91 EMERGENCY		A82-Q			76,114		138,806	19
20	91 EMERGENCY		A82-R			20,279		37,000	20
21	91 EMERGENCY		A82-S			65,769		120,000	21
200	TOTAL					992,727	240,592	1,133,863	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	3,120,032	3,120,032			1
1.01 CAP REL COSTS-1970 BLDG	257,185		257,185		1.01
1.02 CAP REL COSTS-BLUFF BLDG	72,184			72,184	1.02
1.03 RAD ONCOL BLDG	167,722				1.03
2 CAP REL COSTS-MVBLE EQUIP	2,773,024				2
4 EMPLOYEE BENEFITS	471,223	20,153	22,641		4
5.02 A&G-INFO SERVICE	5,667,418	94,841			5.02
5.03 A&G-PURCHASING, STORES	939,879	83,439			5.03
5.04 A&G-ADMITTING, REGIST	373,800	23,830			5.04
5.05 A&G-CASHIERS, PFS	257,162	28,002			5.05
5.06 A&G-ALL OTHER	6,969,229	306,620	5,212	36,977	5.06
6 MAINTENANCE & REPAIRS	2,368,010	42,780	2,378		6
7 OPERATION OF PLANT	1,238,847				7
8 LAUNDRY & LINEN SERVICE	424,176	17,819	7,083		8
9 HOUSEKEEPING	868,057	20,983	3,899		9
10 DIETARY	1,087,398	130,214	17,028		10
11 CAFETERIA	873,930				11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,751,261	20,259			13
14 CENTRAL SERVICES & SUPPLY	177,413	51,283			14
15 PHARMACY	4,117,723				15
16 MEDICAL RECORDS & LIBRARY	1,129,335	72,267			16
17 SOCIAL SERVICE	368,090	35,886			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	7,536,912	846,939			30
31 INTENSIVE CARE UNIT	1,344,587	88,760			31
40 SUBPROVIDER - IPF	942,516	91,712			40
41 SUBPROVIDER - IRF	804,599		29,007		41
43 NURSERY	501,557	19,728			43
44 SKILLED NURSING FACILITY	3,469,446		87,327		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	3,290,323	263,062			50
51 RECOVERY ROOM	209,763				51
52 DELIVERY ROOM & LABOR ROOM	327,743	58,832			52
54 RADIOLOGY-DIAGNOSTIC	2,979,245	221,979			54
59 CARDIAC CATHETERIZATION	2,461,276	110,256			59
60 LABORATORY	2,768,711	96,043			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	1,067,816	40,040			65
66 PHYSICAL THERAPY	1,618,127	23,547	25,753		66
68 SPEECH PATHOLOGY	274,794		804		68
69 ELECTROCARDIOLOGY	490,514	35,391			69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	529,926				71
72 IMPL. DEV. CHARGED TO PATIENT	1,830,315				72
73 DRUGS CHARGED TO PATIENTS	513,660	43,452			73
74 RENAL DIALYSIS	1,002,625	3,677	12,092		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					
90 CLINIC	278,472				90
91 EMERGENCY	3,115,644	168,540			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	3,036,080		20,774	9,180	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	531,649			18	116
118 SUBTOTALS (SUM OF LINES 1-117)	76,399,398	3,060,334	233,998	46,175	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,928	2,811		190
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE			3,330		194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
 11/27/2012 14:19

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	
194.04 NRCC-MERCY SPEC CLIN ENT	580,790					194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	962,956	36,770	15,500	17,436		194.05
194.09 NRCC-SENIOR SERVICES	29,331		1,546			194.09
194.12 NRCC-FREE CLINIC	4,535					194.12
194.13 NRCC-TENDER CARE	73,609				8,573	194.13
194.16 NRCC-MLC NORTH	2,698,417					194.16
194.19 NRCC-MLC NORTH SOC SERV	57,996					194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	80,807,032	3,120,032	257,185	72,184	167,722	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	2,773,024					2
4 EMPLOYEE BENEFITS	2,610	516,627				4
5.02 A&G-INFO SERVICE	49,592	9,542	5,821,393	5,821,393		5.02
5.03 A&G-PURCHASING, STORES	12,800	5,717	1,041,835	80,881	1,122,716	5.03
5.04 A&G-ADMITTING, REGIST	155	4,075	401,860	31,198		5.04
5.05 A&G-CASHIERS, PFS	1,977	2,578	289,719	22,492		5.05
5.06 A&G-ALL OTHER	20,484	19,993	7,358,515	571,264		5.06
6 MAINTENANCE & REPAIRS	22,108	5,106	2,440,382	189,454		6
7 OPERATION OF PLANT			1,238,847	96,175		7
8 LAUNDRY & LINEN SERVICE	454	1,259	450,791	34,996		8
9 HOUSEKEEPING	1,309	5,824	900,072	69,875		9
10 DIETARY	14,273	10,077	1,258,990	97,739		10
11 CAFETERIA		7,782	881,712	68,450		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9,080	18,146	1,798,746	139,642		13
14 CENTRAL SERVICES & SUPPLY	71,001	1,848	301,545	23,410		14
15 PHARMACY	119,192	19,378	4,256,293	330,429		15
16 MEDICAL RECORDS & LIBRARY	67,891	11,578	1,281,071	99,453		16
17 SOCIAL SERVICE	83	4,424	408,483	31,712		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	109,442	88,016	8,581,309	666,225	119,891	30
31 INTENSIVE CARE UNIT	48,716	14,615	1,496,678	116,192	25,494	31
40 SUBPROVIDER - IPF	2,752	11,171	1,048,151	81,371	8,104	40
41 SUBPROVIDER - IRF	15,278	8,768	857,652	66,582	6,404	41
43 NURSERY	17,113	5,574	543,972	42,230	9,039	43
44 SKILLED NURSING FACILITY	44,369	36,425	3,637,567	282,395	28,639	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	268,403	20,201	3,841,989	298,265	127,929	50
51 RECOVERY ROOM		2,512	212,275	16,480	18,062	51
52 DELIVERY ROOM & LABOR ROOM	72,801	3,736	463,112	35,953	8,672	52
54 RADIOLOGY-DIAGNOSTIC	1,071,609	22,895	4,463,450	346,511	150,223	54
59 CARDIAC CATHETERIZATION	327,753	7,342	2,906,627	225,650	67,241	59
60 LABORATORY	107,223	16,309	2,988,286	231,990	134,767	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,257	11,720	1,128,833	87,635	14,099	65
66 PHYSICAL THERAPY	4,881	15,785	1,688,093	131,052	23,135	66
68 SPEECH PATHOLOGY		3,004	278,602	21,629	3,779	68
69 ELECTROCARDIOLOGY	17,323	5,559	548,787	42,604	21,176	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			529,926	41,140	10,126	71
72 IMPL. DEV. CHARGED TO PATIENT			1,830,315	142,093	38,801	72
73 DRUGS CHARGED TO PATIENTS			557,112	43,250	133,962	73
74 RENAL DIALYSIS	21,695	8,306	1,048,395	81,390	53,544	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						
90 CLINIC	4,942	1,702	285,116	22,134	3,798	90
91 EMERGENCY	49,158	25,811	3,359,153	260,781	81,094	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	101,711	27,563	3,195,308	248,061	29,125	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	388	4,297	536,352	41,639	5,612	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,687,823	468,638	76,157,314	5,460,422	1,122,716	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			25,739	1,998		190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			3,330	259		194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

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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	
194.04 NRCC-MERCY SPEC CLIN ENT	32,492	6,678	619,960	48,129		194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	10,336	11,628	1,054,626	81,874		194.05
194.09 NRCC-SENIOR SERVICES	206	362	31,445	2,441		194.09
194.12 NRCC-FREE CLINIC		28	4,563	354		194.12
194.13 NRCC-TENDER CARE		2,665	84,847	6,587		194.13
194.16 NRCC-MLC NORTH	42,167	25,948	2,766,532	214,774		194.16
194.19 NRCC-MLC NORTH SOC SERV		680	58,676	4,555		194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,773,024	516,627	80,807,032	5,821,393	1,122,716	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	433,058					5.04
5.05 A&G-CASHIERS, PFS		312,211				5.05
5.06 A&G-ALL OTHER			7,929,779	7,929,779		5.06
6 MAINTENANCE & REPAIRS			2,629,836	286,152	2,915,988	6
7 OPERATION OF PLANT			1,335,022	145,264		7
8 LAUNDRY & LINEN SERVICE			485,787	52,858	20,616	8
9 HOUSEKEEPING			969,947	105,540	24,277	9
10 DIETARY			1,356,729	147,626	150,654	10
11 CAFETERIA			950,162	103,387		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,938,388	210,916	23,439	13
14 CENTRAL SERVICES & SUPPLY			324,955	35,358	59,333	14
15 PHARMACY			4,586,722	499,081		15
16 MEDICAL RECORDS & LIBRARY			1,380,524	150,215	83,610	16
17 SOCIAL SERVICE			440,195	47,898	41,519	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	46,244	33,334	9,447,003	1,027,933	979,886	30
31 INTENSIVE CARE UNIT	9,834	7,088	1,655,286	180,112	102,692	31
40 SUBPROVIDER - IPF	3,126	2,253	1,143,005	124,370	106,108	40
41 SUBPROVIDER - IRF	2,470	1,781	934,889	101,725		41
43 NURSERY	3,486	2,513	601,240	65,421	22,825	43
44 SKILLED NURSING FACILITY	11,047	7,963	3,967,611	431,716		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	49,345	35,569	4,353,097	473,660	304,355	50
51 RECOVERY ROOM	6,967	5,022	258,806	28,161		51
52 DELIVERY ROOM & LABOR ROOM	3,345	2,411	513,493	55,873	68,066	52
54 RADIOLOGY-DIAGNOSTIC	57,950	41,823	5,059,957	550,574	256,823	54
59 CARDIAC CATHETERIZATION	25,936	18,696	3,244,150	352,996	127,563	59
60 LABORATORY	51,982	37,470	3,444,495	374,796	111,119	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	5,438	3,920	1,239,925	134,916	46,325	65
66 PHYSICAL THERAPY	8,923	6,432	1,857,635	202,129	27,243	66
68 SPEECH PATHOLOGY	1,458	1,051	306,519	33,352		68
69 ELECTROCARDIOLOGY	8,168	5,888	626,623	68,183	40,946	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,906	2,815	587,913	63,971		71
72 IMPL. DEV. CHARGED TO PATIENT	14,966	10,788	2,036,963	221,642		72
73 DRUGS CHARGED TO PATIENTS	51,671	37,246	823,241	89,577	50,272	73
74 RENAL DIALYSIS	20,653	14,887	1,218,869	132,625	4,254	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						
90 CLINIC	1,465	1,056	313,569	34,119		90
91 EMERGENCY	31,279	22,547	3,754,854	408,566	194,995	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	11,234	8,098	3,491,826	379,946		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	2,165	1,560	587,328	63,907		116
118 SUBTOTALS (SUM OF LINES 1-117)	433,058	312,211	75,796,343	7,384,565	2,846,920	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			27,737	3,018	26,527	190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			3,589	391		194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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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		
194.04 NRCC-MERCY SPEC CLIN ENT			668,089	72,695		194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO			1,136,500	123,663	42,541	194.05
194.09 NRCC-SENIOR SERVICES			33,886	3,687		194.09
194.12 NRCC-FREE CLINIC			4,917	535		194.12
194.13 NRCC-TENDER CARE			91,434	9,949		194.13
194.16 NRCC-MLC NORTH			2,981,306	324,396		194.16
194.19 NRCC-MLC NORTH SOC SERV			63,231	6,880		194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	433,058	312,211	80,807,032	7,929,779	2,915,988	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	1,480,286					7
8 LAUNDRY & LINEN SERVICE	10,466	569,727				8
9 HOUSEKEEPING	12,324		1,112,088			9
10 DIETARY	76,479		11,915	1,743,403		10
11 CAFETERIA			13,987		1,067,536	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	11,899		6,734		43,302	13
14 CENTRAL SERVICES & SUPPLY	30,120	12,113	16,059		7,717	14
15 PHARMACY		438			39,859	15
16 MEDICAL RECORDS & LIBRARY	42,444		9,635		37,623	16
17 SOCIAL SERVICE	21,077		5,526		9,525	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	497,432	155,259	375,163	734,962	237,477	30
31 INTENSIVE CARE UNIT	52,131	40,628	62,164	37,587	33,892	31
40 SUBPROVIDER - IPF	53,865	7,419	45,380	30,079	28,218	40
41 SUBPROVIDER - IRF		14	45,380	53,258	21,523	41
43 NURSERY	11,587	3,023	2,590	28,925	12,707	43
44 SKILLED NURSING FACILITY		116,887	96,872	823,742	126,922	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	154,504	51,111	133,549		50,310	50
51 RECOVERY ROOM					5,379	51
52 DELIVERY ROOM & LABOR ROOM	34,553		10,533		8,375	52
54 RADIOLOGY-DIAGNOSTIC	130,375	27,778	58,054		58,072	54
59 CARDIAC CATHETERIZATION	64,757	358	9,635		15,301	59
60 LABORATORY	56,409	42	25,038		48,132	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	23,517	35	9,117		30,991	65
66 PHYSICAL THERAPY	13,830	3,810	20,618		39,846	66
68 SPEECH PATHOLOGY			4,800		4,836	68
69 ELECTROCARDIOLOGY	20,786	6,388	14,885		16,483	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	25,521		8,945			73
74 RENAL DIALYSIS	2,160	4,163	24,762	34,850	23,619	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						
90 CLINIC		689			2,530	90
91 EMERGENCY	98,988	69,158	73,043		64,685	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			16,480		77,877	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE					22,335	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,445,224	499,313	1,100,864	1,743,403	1,067,536	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,466		6,907			190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			4,317			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
194.04 NRCC-MERCY SPEC CLIN ENT		20				194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	21,596					194.05
194.09 NRCC-SENIOR SERVICES						194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDER CARE						194.13
194.16 NRCC-MLC NORTH		70,394				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)	1,480,286	569,727	1,112,088	1,743,403	1,067,536	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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	2,234,678					13
14 CENTRAL SERVICES & SUPPLY		485,655				14
15 PHARMACY			5,126,100			15
16 MEDICAL RECORDS & LIBRARY				1,704,051		16
17 SOCIAL SERVICE					565,743	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	900,208	12,078		181,966		30
31 INTENSIVE CARE UNIT	128,479	4,617		38,694		31
40 SUBPROVIDER - IPF	106,972	115		12,301		40
41 SUBPROVIDER - IRF	81,596	187		9,720		41
43 NURSERY	48,177	1,004		13,719		43
44 SKILLED NURSING FACILITY	481,157	5,063		43,468		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	190,728	132,263		194,166		50
51 RECOVERY ROOM	20,382	204		27,414		51
52 DELIVERY ROOM & LABOR ROOM	31,760	503		13,162	10,400	52
54 RADIOLOGY-DIAGNOSTIC		22,335		228,037		54
59 CARDIAC CATHETERIZATION		167,208		102,056		59
60 LABORATORY		87,312		204,545		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		7,988		21,398		65
66 PHYSICAL THERAPY		171		35,113		66
68 SPEECH PATHOLOGY		96		5,736		68
69 ELECTROCARDIOLOGY		577		32,140		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				15,369		71
72 IMPL. DEV. CHARGED TO PATIENT				58,890		72
73 DRUGS CHARGED TO PATIENTS			5,126,100	203,322		73
74 RENAL DIALYSIS		2,545		81,267	526,176	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						
90 CLINIC		683		5,764		90
91 EMERGENCY	245,219	13,317		123,081	29,167	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		23,989		44,205		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		181		8,518		116
118 SUBTOTALS (SUM OF LINES 1-117)	2,234,678	482,439	5,126,100	1,704,051	565,743	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 CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
194.04 NRCC-MERCY SPEC CLIN ENT		150				194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO		567				194.05
194.09 NRCC-SENIOR SERVICES						194.09
194.12 NRCC-FREE CLINIC		9				194.12
194.13 NRCC-TENDERCARE		37				194.13
194.16 NRCC-MLC NORTH		2,453				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)	2,234,678	485,655	5,126,100	1,704,051	565,743	202

COST ALLOCATION - GENERAL SERVICE COSTS

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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	14,549,367		14,549,367	30
31 INTENSIVE CARE UNIT	2,336,282		2,336,282	31
40 SUBPROVIDER - IPF	1,657,832		1,657,832	40
41 SUBPROVIDER - IRF	1,248,292		1,248,292	41
43 NURSERY	811,218		811,218	43
44 SKILLED NURSING FACILITY	6,093,438		6,093,438	44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	6,037,743		6,037,743	50
51 RECOVERY ROOM	340,346		340,346	51
52 DELIVERY ROOM & LABOR ROOM	746,718		746,718	52
54 RADIOLOGY-DIAGNOSTIC	6,392,005		6,392,005	54
59 CARDIAC CATHETERIZATION	4,084,024		4,084,024	59
60 LABORATORY	4,351,888		4,351,888	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	1,514,212		1,514,212	65
66 PHYSICAL THERAPY	2,200,395		2,200,395	66
68 SPEECH PATHOLOGY	355,339		355,339	68
69 ELECTROCARDIOLOGY	827,011		827,011	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	667,253		667,253	71
72 IMPL. DEV. CHARGED TO PATIENT	2,317,495		2,317,495	72
73 DRUGS CHARGED TO PATIENTS	6,326,978		6,326,978	73
74 RENAL DIALYSIS	2,055,290		1,870,513	74
76 OTHER		-184,777		76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	357,354		357,354	90
91 EMERGENCY	5,075,073		5,075,073	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	4,034,323		4,034,323	101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE	682,269		682,269	116
118 SUBTOTALS (SUM OF LINES 1-117)	75,062,145	-184,777	74,877,368	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,655		77,655	190
194 OTHER NON-REIMB				194
194.01 NRCC-REPSITE	8,297		8,297	194.01
194.02 NRCC-LIFELINE				194.02
194.03 NRCC-OUTREACH				194.03

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.04 NRCC-MERCY SPEC CLIN ENT	740,954		740,954	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	1,324,867		1,324,867	194.05
194.09 NRCC-SENIOR SERVICES	37,573		37,573	194.09
194.12 NRCC-FREE CLINIC	5,461		5,461	194.12
194.13 NRCC-TENDER CARE	101,420		101,420	194.13
194.16 NRCC-MLC NORTH	3,378,549		3,378,549	194.16
194.19 NRCC-MLC NORTH SOC SERV	70,111		70,111	194.19
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 TOTAL (SUM OF LINES 118-201)	80,807,032	-184,777	80,622,255	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		20,153	22,641		4
5.02 A&G-INFO SERVICE		94,841			5.02
5.03 A&G-PURCHASING, STORES		83,439			5.03
5.04 A&G-ADMITTING, REGIST		23,830			5.04
5.05 A&G-CASHIERS, PFS		28,002			5.05
5.06 A&G-ALL OTHER		306,620	5,212	36,977	5.06
6 MAINTENANCE & REPAIRS		42,780	2,378		6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE		17,819	7,083		8
9 HOUSEKEEPING		20,983	3,899		9
10 DIETARY		130,214	17,028		10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		20,259			13
14 CENTRAL SERVICES & SUPPLY		51,283			14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		72,267			16
17 SOCIAL SERVICE		35,886			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		846,939			30
31 INTENSIVE CARE UNIT		88,760			31
40 SUBPROVIDER - IPF		91,712			40
41 SUBPROVIDER - IRF			29,007		41
43 NURSERY		19,728			43
44 SKILLED NURSING FACILITY			87,327		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		263,062			50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM		58,832			52
54 RADIOLOGY-DIAGNOSTIC		221,979			54
59 CARDIAC CATHETERIZATION		110,256			59
60 LABORATORY		96,043			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		40,040			65
66 PHYSICAL THERAPY		23,547	25,753		66
68 SPEECH PATHOLOGY			804		68
69 ELECTROCARDIOLOGY		35,391			69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS		43,452			73
74 RENAL DIALYSIS		3,677	12,092		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					
90 CLINIC					90
91 EMERGENCY		168,540			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			20,774	9,180	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				18	116
118 SUBTOTALS (SUM OF LINES 1-117)		3,060,334	233,998	46,175	167,722 118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,928	2,811		190
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE			3,330		194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

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 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	
194.04 NRCC-MERCY SPEC CLIN ENT						194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO		36,770	15,500	17,436		194.05
194.09 NRCC-SENIOR SERVICES			1,546			194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDER CARE				8,573		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)		3,120,032	257,185	72,184	167,722	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	2,610	45,404	45,404			4
5.02 A&G-INFO SERVICE	49,592	144,433	838	145,271		5.02
5.03 A&G-PURCHASING, STORES	12,800	96,239	502	2,018	98,759	5.03
5.04 A&G-ADMITTING, REGIST	155	23,985	358	778		5.04
5.05 A&G-CASHIERS, PFS	1,977	29,979	227	561		5.05
5.06 A&G-ALL OTHER	20,484	369,293	1,757	14,253		5.06
6 MAINTENANCE & REPAIRS	22,108	67,266	449	4,727		6
7 OPERATION OF PLANT				2,400		7
8 LAUNDRY & LINEN SERVICE	454	25,356	111	873		8
9 HOUSEKEEPING	1,309	26,191	512	1,743		9
10 DIETARY	14,273	161,515	885	2,439		10
11 CAFETERIA			684	1,708		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	9,080	29,339	1,594	3,484		13
14 CENTRAL SERVICES & SUPPLY	71,001	122,284	162	584		14
15 PHARMACY	119,192	119,192	1,703	8,244		15
16 MEDICAL RECORDS & LIBRARY	67,891	140,158	1,017	2,481		16
17 SOCIAL SERVICE	83	35,969	389	791		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	109,442	956,381	7,743	16,648	10,546	30
31 INTENSIVE CARE UNIT	48,716	137,476	1,284	2,899	2,243	31
40 SUBPROVIDER - IPF	2,752	94,464	981	2,030	713	40
41 SUBPROVIDER - IRF	15,278	44,285	770	1,661	563	41
43 NURSERY	17,113	36,841	490	1,054	795	43
44 SKILLED NURSING FACILITY	44,369	131,696	3,200	7,046	2,519	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	268,403	531,465	1,775	7,442	11,254	50
51 RECOVERY ROOM			221	411	1,589	51
52 DELIVERY ROOM & LABOR ROOM	72,801	131,633	328	897	763	52
54 RADIOLOGY-DIAGNOSTIC	1,071,609	1,461,310	2,012	8,646	13,212	54
59 CARDIAC CATHETERIZATION	327,753	438,009	645	5,630	5,915	59
60 LABORATORY	107,223	203,266	1,433	5,788	11,855	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,257	49,297	1,030	2,187	1,240	65
66 PHYSICAL THERAPY	4,881	54,181	1,387	3,270	2,035	66
68 SPEECH PATHOLOGY		804	264	540	332	68
69 ELECTROCARDIOLOGY	17,323	52,714	488	1,063	1,863	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,026	891	71
72 IMPL. DEV. CHARGED TO PATIENT				3,545	3,413	72
73 DRUGS CHARGED TO PATIENTS		43,452		1,079	11,784	73
74 RENAL DIALYSIS	21,695	37,464	730	2,031	4,710	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						
90 CLINIC	4,942	4,942	150	552	334	90
91 EMERGENCY	49,158	217,698	2,268	6,507	7,134	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	101,711	131,665	2,422	6,189	2,562	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	388	406	378	1,039	494	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,687,823	6,196,052	41,187	136,264	98,759	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,739		50		190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		3,330		6		194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

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 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	
194.04 NRCC-MERCY SPEC CLIN ENT	32,492	32,492	587	1,201		194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	10,336	80,042	1,022	2,043		194.05
194.09 NRCC-SENIOR SERVICES	206	1,752	32	61		194.09
194.12 NRCC-FREE CLINIC			2	9		194.12
194.13 NRCC-TENDER CARE		8,573	234	164		194.13
194.16 NRCC-MLC NORTH	42,167	42,167	2,280	5,359		194.16
194.19 NRCC-MLC NORTH SOC SERV			60	114		194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,773,024	6,390,147	45,404	145,271	98,759	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	A&G	A&G	A&G	MAIN-	OPERATION		
	ADMITTING REGISTR 5.04	CASHIERS A/R, PFS 5.05	ALL OTHER 5.06	TENANCE & REPAIRS 6	OF PLANT 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	25,121						5.04
5.05 A&G-CASHIERS, PFS		30,767					5.05
5.06 A&G-ALL OTHER			385,303				5.06
6 MAINTENANCE & REPAIRS			13,904	86,346			6
7 OPERATION OF PLANT			7,058		9,458		7
8 LAUNDRY & LINEN SERVICE			2,568	610	67		8
9 HOUSEKEEPING			5,128	719	79		9
10 DIETARY			7,173	4,461	489		10
11 CAFETERIA			5,024				11
12 MAINTENANCE OF PERSONNEL							12
13 NURSING ADMINISTRATION			10,248	694	76		13
14 CENTRAL SERVICES & SUPPLY			1,718	1,757	192		14
15 PHARMACY			24,250				15
16 MEDICAL RECORDS & LIBRARY			7,299	2,476	271		16
17 SOCIAL SERVICE			2,327	1,229	135		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	2,676	3,278	49,950	29,016	3,179	30	30
31 INTENSIVE CARE UNIT	569	697	8,751	3,041	333	31	31
40 SUBPROVIDER - IPF	181	222	6,043	3,142	344	40	40
41 SUBPROVIDER - IRF	143	175	4,943			41	41
43 NURSERY	202	247	3,179	676	74	43	43
44 SKILLED NURSING FACILITY	639	783	20,977			44	44
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	2,855	3,497	23,015	9,012	987	50	50
51 RECOVERY ROOM	403	494	1,368			51	51
52 DELIVERY ROOM & LABOR ROOM	194	237	2,715	2,016	221	52	52
54 RADIOLOGY-DIAGNOSTIC	3,415	4,182	26,752	7,605	833	54	54
59 CARDIAC CATHETERIZATION	1,501	1,838	17,152	3,777	414	59	59
60 LABORATORY	3,008	3,684	18,211	3,290	360	60	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	315	385	6,555	1,372	150	65	65
66 PHYSICAL THERAPY	516	632	9,821	807	88	66	66
68 SPEECH PATHOLOGY	84	103	1,621			68	68
69 ELECTROCARDIOLOGY	473	579	3,313	1,212	133	69	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	226	277	3,108			71	71
72 IMPL. DEV. CHARGED TO PATIENT	866	1,061	10,769			72	72
73 DRUGS CHARGED TO PATIENTS	2,990	3,662	4,352	1,489	163	73	73
74 RENAL DIALYSIS	1,195	1,464	6,444	126	14	74	74
76 OTHER						76	76
76.97 CARDIAC REHABILITATION						76.97	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98	76.98
76.99 LITHOTRIPSY						76.99	76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	85	104	1,658			90	90
91 EMERGENCY	1,810	2,217	19,852	5,774	632	91	91
92 OBSERVATION BEDS						92	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	650	796	18,461			101	101
SPECIAL PURPOSE COST CENTERS							
116 HOSPICE	125	153	3,105			116	116
118 SUBTOTALS (SUM OF LINES 1-117)	25,121	30,767	358,812	84,301	9,234	118	118
NONREIMBURSABLE COST CENTERS							
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			147	785	86	190	190
194 OTHER NON-REIMB						194	194
194.01 NRCC-REPSITE			19			194.01	194.01
194.02 NRCC-LIFELINE						194.02	194.02
194.03 NRCC-OUTREACH						194.03	194.03

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ALLOCATION OF CAPITAL-RELATED COSTS

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 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	
194.04 NRCC-MERCY SPEC CLIN ENT			3,532			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO			6,009	1,260	138	194.05
194.09 NRCC-SENIOR SERVICES			179			194.09
194.12 NRCC-FREE CLINIC			26			194.12
194.13 NRCC-TENDER CARE			483			194.13
194.16 NRCC-MLC NORTH			15,762			194.16
194.19 NRCC-MLC NORTH SOC SERV			334			194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	25,121	30,767	385,303	86,346	9,458	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	29,585					8
9 HOUSEKEEPING		34,372				9
10 DIETARY		368	177,330			10
11 CAFETERIA		432		7,848		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		208		318	45,961	13
14 CENTRAL SERVICES & SUPPLY	629	496		57		14
15 PHARMACY	23			293		15
16 MEDICAL RECORDS & LIBRARY		298		277		16
17 SOCIAL SERVICE		171		70		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	8,062	11,597	74,757	1,744	18,516	30
31 INTENSIVE CARE UNIT	2,110	1,921	3,823	249	2,642	31
40 SUBPROVIDER - IPF	385	1,403	3,059	207	2,200	40
41 SUBPROVIDER - IRF	1	1,403	5,417	158	1,678	41
43 NURSERY	157	80	2,942	93	991	43
44 SKILLED NURSING FACILITY	6,070	2,994	83,787	933	9,896	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,654	4,128		370	3,923	50
51 RECOVERY ROOM				40	419	51
52 DELIVERY ROOM & LABOR ROOM		326		62	653	52
54 RADIOLOGY-DIAGNOSTIC	1,442	1,794		427		54
59 CARDIAC CATHETERIZATION	19	298		112		59
60 LABORATORY	2	774		354		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2	282		228		65
66 PHYSICAL THERAPY	198	637		293		66
68 SPEECH PATHOLOGY		148		36		68
69 ELECTROCARDIOLOGY	332	460		121		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		276				73
74 RENAL DIALYSIS	216	765	3,545	174		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						
90 CLINIC	36			19		90
91 EMERGENCY	3,591	2,258		476	5,043	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		509		573		101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE				164		116
118 SUBTOTALS (SUM OF LINES 1-117)	25,929	34,026	177,330	7,848	45,961	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		213				190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		133				194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
194.04 NRCC-MERCY SPEC CLIN ENT	1					194.04
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-TENDER CARE						194.13
194.16 NRCC-MLC NORTH	3,655					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)	29,585	34,372	177,330	7,848	45,961	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	127,879					14
15 PHARMACY		153,705				15
16 MEDICAL RECORDS & LIBRARY			154,277			16
17 SOCIAL SERVICE	1			41,082		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	3,180		16,477		1,213,750	30
31 INTENSIVE CARE UNIT	1,216		3,504		172,758	31
40 SUBPROVIDER - IPF	30		1,114		116,518	40
41 SUBPROVIDER - IRF	49		880		62,126	41
43 NURSERY	264		1,242		49,327	43
44 SKILLED NURSING FACILITY	1,333		3,936		275,809	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,826		17,582		654,785	50
51 RECOVERY ROOM	54		2,482		7,481	51
52 DELIVERY ROOM & LABOR ROOM	132		1,192	755	142,124	52
54 RADIOLOGY-DIAGNOSTIC	5,881		20,622		1,558,133	54
59 CARDIAC CATHETERIZATION	44,030		9,241		528,581	59
60 LABORATORY	22,990		18,522		293,537	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,103		1,938		67,084	65
66 PHYSICAL THERAPY	45		3,180		77,090	66
68 SPEECH PATHOLOGY	25		519		4,476	68
69 ELECTROCARDIOLOGY	152		2,910		65,813	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,392		6,920	71
72 IMPL. DEV. CHARGED TO PATIENT			5,333		24,987	72
73 DRUGS CHARGED TO PATIENTS		153,705	18,411		241,363	73
74 RENAL DIALYSIS	670		7,359	38,209	105,116	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						
90 CLINIC	180		522		8,582	90
91 EMERGENCY	3,507		11,145	2,118	292,030	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	6,317		4,003		174,147	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	48		771		6,683	116
118 SUBTOTALS (SUM OF LINES 1-117)	127,033	153,705	154,277	41,082	6,149,220	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					27,020	190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE					3,488	194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	
194.04 NRCC-MERCY SPEC CLIN ENT	39				37,852	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	149				90,663	194.05
194.09 NRCC-SENIOR SERVICES					2,024	194.09
194.12 NRCC-FREE CLINIC	2				39	194.12
194.13 NRCC-TENDER CARE	10				9,464	194.13
194.16 NRCC-MLC NORTH	646				69,869	194.16
194.19 NRCC-MLC NORTH SOC SERV					508	194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	127,879	153,705	154,277	41,082	6,390,147	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		1,213,750		30
31 INTENSIVE CARE UNIT		172,758		31
40 SUBPROVIDER - IPF		116,518		40
41 SUBPROVIDER - IRF		62,126		41
43 NURSERY		49,327		43
44 SKILLED NURSING FACILITY		275,809		44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		654,785		50
51 RECOVERY ROOM		7,481		51
52 DELIVERY ROOM & LABOR ROOM		142,124		52
54 RADIOLOGY-DIAGNOSTIC		1,558,133		54
59 CARDIAC CATHETERIZATION		528,581		59
60 LABORATORY		293,537		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		67,084		65
66 PHYSICAL THERAPY		77,090		66
68 SPEECH PATHOLOGY		4,476		68
69 ELECTROCARDIOLOGY		65,813		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		6,920		71
72 IMPL. DEV. CHARGED TO PATIENT		24,987		72
73 DRUGS CHARGED TO PATIENTS		241,363		73
74 RENAL DIALYSIS		105,116		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				
90 CLINIC		8,582		90
91 EMERGENCY		292,030		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		174,147		101
SPECIAL PURPOSE COST CENTERS				
116 HOSPICE		6,683		116
118 SUBTOTALS (SUM OF LINES 1-117)		6,149,220		118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		27,020		190
194 OTHER NON-REIMB				194
194.01 NRCC-REPSITE		3,488		194.01
194.02 NRCC-LIFELINE				194.02
194.03 NRCC-OUTREACH				194.03

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COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.04 NRCC-MERCY SPEC CLIN ENT		37,852	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO		90,663	194.05
194.09 NRCC-SENIOR SERVICES		2,024	194.09
194.12 NRCC-FREE CLINIC		39	194.12
194.13 NRCC-TENDER CARE		9,464	194.13
194.16 NRCC-MLC NORTH		69,869	194.16
194.19 NRCC-MLC NORTH SOC SERV		508	194.19
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		6,390,147	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					2,635,162	2
4 EMPLOYEE BENEFITS	1,140	9,036			2,480	4
5.02 A&G-INFO SERVICE	5,365				47,127	5.02
5.03 A&G-PURCHASING, STORES	4,720				12,164	5.03
5.04 A&G-ADMITTING, REGIST	1,348				147	5.04
5.05 A&G-CASHIERS, PFS	1,584				1,879	5.05
5.06 A&G-ALL OTHER	17,345	2,080	26,197		19,466	5.06
6 MAINTENANCE & REPAIRS	2,420	949			21,009	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,008	2,827			431	8
9 HOUSEKEEPING	1,187	1,556			1,244	9
10 DIETARY	7,366	6,796			13,563	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,146				8,629	13
14 CENTRAL SERVICES & SUPPLY	2,901				67,471	14
15 PHARMACY					113,266	15
16 MEDICAL RECORDS & LIBRARY	4,088				64,516	16
17 SOCIAL SERVICE	2,030				79	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				104,001	30
31 INTENSIVE CARE UNIT	5,021				46,294	31
40 SUBPROVIDER - IPF	5,188				2,615	40
41 SUBPROVIDER - IRF		11,577			14,518	41
43 NURSERY	1,116				16,262	43
44 SKILLED NURSING FACILITY		34,853			42,163	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,881				255,059	50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM	3,328				69,182	52
54 RADIOLOGY-DIAGNOSTIC	12,557			9,780	1,018,334	54
59 CARDIAC CATHETERIZATION	6,237				311,459	59
60 LABORATORY	5,433				101,892	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,265				8,797	65
66 PHYSICAL THERAPY	1,332	10,278			4,638	66
68 SPEECH PATHOLOGY		321				68
69 ELECTROCARDIOLOGY	2,002				16,462	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,458					73
74 RENAL DIALYSIS	208	4,826			20,616	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						
90 CLINIC					4,696	90
91 EMERGENCY	9,534				46,714	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		96,654	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE			13		369	116
118 SUBTOTALS (SUM OF LINES 1-117)	173,118	93,390	32,714	9,780	2,554,196	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

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COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP REL 1970 BLDG SQUARE FEET 1.01	CAP REL BLUFF BLDG SQUARE FEET 1.02	BLDG RADIATION ONCOLOGY SQUARE FEET 1.03	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT					30,877	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	2,080	6,186	12,353		9,822	194.05
194.09 NRCC-SENIOR SERVICES		617			196	194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDER CARE			6,074			194.13
194.16 NRCC-MLC NORTH					40,071	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	3,120,032	257,185	72,184	167,722	2,773,024	202
203 UNIT COST MULT-WS B PT I	17.677736	2.505602	1.411470	17.149489	1.052316	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						1
1.01						1.01
1.02						1.02
1.03						1.03
2						2
4	34,862,812					4
5.02	643,918	-5,821,393	74,985,639			5.02
5.03	385,805		1,041,835	208,791,563		5.03
5.04	274,983		401,860		208,791,563	5.04
5.05	173,982		289,719			5.05
5.06	1,349,163		7,358,515			5.06
6	344,571		2,440,382			6
7			1,238,847			7
8	84,938		450,791			8
9	393,012		900,072			9
10	680,026		1,258,990			10
11	525,104		881,712			11
12						12
13	1,224,485		1,798,746			13
14	124,682		301,545			14
15	1,307,631		4,256,293			15
16	781,280		1,281,071			16
17	298,508		408,483			17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	5,939,935		8,581,309	22,296,984	22,296,984	30
31	986,251		1,496,678	4,741,363	4,741,363	31
40	753,816		1,048,151	1,507,239	1,507,239	40
41	591,661		857,652	1,191,085	1,191,085	41
43	376,158		543,972	1,681,026	1,681,026	43
44	2,457,982		3,637,567	5,326,295	5,326,295	44
ANCILLARY SERVICE COST CENTERS						
50	1,363,152		3,841,989	23,791,954	23,791,954	50
51	169,495		212,275	3,359,204	3,359,204	51
52	252,107		463,112	1,612,740	1,612,740	52
54	1,544,994		4,463,450	27,929,590	27,929,590	54
59	495,458		2,906,627	12,505,381	12,505,381	59
60	1,100,536		2,988,286	25,063,689	25,063,689	60
62.30						62.30
65	790,844		1,128,833	2,622,015	2,622,015	65
66	1,065,167		1,688,093	4,302,551	4,302,551	66
68	202,745		278,602	702,893	702,893	68
69	375,107		548,787	3,938,242	3,938,242	69
71			529,926	1,883,240	1,883,240	71
72			1,830,315	7,216,026	7,216,026	72
73			557,112	24,913,832	24,913,832	73
74	560,483		1,048,395	9,957,911	9,957,911	74
76						76
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90	114,826		285,116	706,296	706,296	90
91	1,741,770		3,359,153	15,081,662	15,081,662	91
92						92
OTHER REIMBURSABLE COST CENTERS						
99.10						99.10
99.20						99.20
99.30						99.30
99.40						99.40
101	1,859,959		3,195,308	5,416,611	5,416,611	101
SPECIAL PURPOSE COST CENTERS						
116	289,997		536,352	1,043,734	1,043,734	116
118	31,624,531	-5,821,393	70,335,921	208,791,563	208,791,563	118
NONREIMBURSABLE COST CENTERS						
190			25,739			190
194						194
194.01			3,330			194.01
194.02						194.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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	4	5A.02	ACCUM COST	5.02	5.03	5.04
194.03 NRCC-OUTREACH							194.03
194.04 NRCC-MERCY SPEC CLIN ENT	450,650			619,960			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	784,637			1,054,626			194.05
194.09 NRCC-SENIOR SERVICES	24,418			31,445			194.09
194.12 NRCC-FREE CLINIC	1,877			4,563			194.12
194.13 NRCC-TENDER CARE	179,809			84,847			194.13
194.16 NRCC-MLC NORTH	1,750,999			2,766,532			194.16
194.19 NRCC-MLC NORTH SOC SERV	45,891			58,676			194.19
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	516,627			5,821,393	1,122,716	433,058	202
203 UNIT COST MULT-WS B PT I	0.014819			0.077633	0.005377	0.002074	203
204 COST TO BE ALLOC PER B PT II	45,404			145,271	98,759	25,121	204
205 UNIT COST MULT-WS B PT II	0.001302			0.001937	0.000473	0.000120	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	208,791,563					5.05
5.06 A&G-ALL OTHER		-7,929,779	72,877,253			5.06
6 MAINTENANCE & REPAIRS			2,629,836	142,573		6
7 OPERATION OF PLANT			1,335,022		142,573	7
8 LAUNDRY & LINEN SERVICE			485,787	1,008	1,008	8
9 HOUSEKEEPING			969,947	1,187	1,187	9
10 DIETARY			1,356,729	7,366	7,366	10
11 CAFETERIA			950,162			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			1,938,388	1,146	1,146	13
14 CENTRAL SERVICES & SUPPLY			324,955	2,901	2,901	14
15 PHARMACY			4,586,722			15
16 MEDICAL RECORDS & LIBRARY			1,380,524	4,088	4,088	16
17 SOCIAL SERVICE			440,195	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	22,296,984		9,447,003	47,910	47,910	30
31 INTENSIVE CARE UNIT	4,741,363		1,655,286	5,021	5,021	31
40 SUBPROVIDER - IPF	1,507,239		1,143,005	5,188	5,188	40
41 SUBPROVIDER - IRF	1,191,085		934,889			41
43 NURSERY	1,681,026		601,240	1,116	1,116	43
44 SKILLED NURSING FACILITY	5,326,295		3,967,611			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,791,954		4,353,097	14,881	14,881	50
51 RECOVERY ROOM	3,359,204		258,806			51
52 DELIVERY ROOM & LABOR ROOM	1,612,740		513,493	3,328	3,328	52
54 RADIOLOGY-DIAGNOSTIC	27,929,590		5,059,957	12,557	12,557	54
59 CARDIAC CATHETERIZATION	12,505,381		3,244,150	6,237	6,237	59
60 LABORATORY	25,063,689		3,444,495	5,433	5,433	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,622,015		1,239,925	2,265	2,265	65
66 PHYSICAL THERAPY	4,302,551		1,857,635	1,332	1,332	66
68 SPEECH PATHOLOGY	702,893		306,519			68
69 ELECTROCARDIOLOGY	3,938,242		626,623	2,002	2,002	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,883,240		587,913			71
72 IMPL. DEV. CHARGED TO PATIENT	7,216,026		2,036,963			72
73 DRUGS CHARGED TO PATIENTS	24,913,832		823,241	2,458	2,458	73
74 RENAL DIALYSIS	9,957,911		1,218,869	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						
90 CLINIC	706,296		313,569			90
91 EMERGENCY	15,081,662		3,754,854	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	5,416,611		3,491,826			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,043,734		587,328			116
118 SUBTOTALS (SUM OF LINES 1-117)	208,791,563	-7,929,779	67,866,564	139,196	139,196	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			27,737	1,297	1,297	190
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			3,589			194.01
194.02 NRCC-LIFELINE						194.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	A&G CASHIERS A/R, PFS GROSS REVENUE	RECON- CILIATION	A&G ALL OTHER ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	5.05		5.06	6	7	
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT			668,089			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO			1,136,500	2,080	2,080	194.05
194.09 NRCC-SENIOR SERVICES			33,886			194.09
194.12 NRCC-FREE CLINIC			4,917			194.12
194.13 NRCC-TENDER CARE			91,434			194.13
194.16 NRCC-MLC NORTH			2,981,306			194.16
194.19 NRCC-MLC NORTH SOC SERV			63,231			194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	312,211		7,929,779	2,915,988	1,480,286	202
203 UNIT COST MULT-WS B PT I	0.001495		0.108810	20.452596	10.382653	203
204 COST TO BE ALLOC PER B PT II	30,767		385,303	86,346	9,458	204
205 UNIT COST MULT-WS B PT II	0.000147		0.005287	0.605627	0.066338	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	954,045				8
9 HOUSEKEEPING		161,006			9
10 DIETARY		1,725	223,613		10
11 CAFETERIA		2,025		167,100	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		975		6,778	611,582
14 CENTRAL SERVICES & SUPPLY	20,284	2,325		1,208	14
15 PHARMACY	733			6,239	15
16 MEDICAL RECORDS & LIBRARY		1,395		5,889	16
17 SOCIAL SERVICE		800		1,491	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	259,992	54,315	94,268	37,172	246,367
31 INTENSIVE CARE UNIT	68,034	9,000	4,821	5,305	35,162
40 SUBPROVIDER - IPF	12,424	6,570	3,858	4,417	29,276
41 SUBPROVIDER - IRF	23	6,570	6,831	3,369	22,331
43 NURSERY	5,062	375	3,710	1,989	13,185
44 SKILLED NURSING FACILITY	195,735	14,025	105,655	19,867	131,682
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	85,589	19,335		7,875	52,198
51 RECOVERY ROOM				842	5,578
52 DELIVERY ROOM & LABOR ROOM		1,525		1,311	8,692
54 RADIOLOGY-DIAGNOSTIC	46,516	8,405		9,090	54
59 CARDIAC CATHETERIZATION	599	1,395		2,395	59
60 LABORATORY	71	3,625		7,534	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	58	1,320		4,851	65
66 PHYSICAL THERAPY	6,380	2,985		6,237	66
68 SPEECH PATHOLOGY		695		757	68
69 ELECTROCARDIOLOGY	10,697	2,155		2,580	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS		1,295			73
74 RENAL DIALYSIS	6,972	3,585	4,470	3,697	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					
90 CLINIC	1,153			396	90
91 EMERGENCY	115,810	10,575		10,125	67,111
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		12,190	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				3,496	116
118 SUBTOTALS (SUM OF LINES 1-117)	836,132	159,381	223,613	167,100	611,582
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

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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 NRSING HRS	
	8	9	10	11	13	
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	33					194.04
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-TENDER CARE						194.13
194.16 NRCC-MLC NORTH	117,880					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	569,727	1,112,088	1,743,403	1,067,536	2,234,678	202
203 UNIT COST MULT-WS B PT I	0.597170	6.907121	7.796519	6.388606	3.653930	203
204 COST TO BE ALLOC PER B PT II	29,585	34,372	177,330	7,848	45,961	204
205 UNIT COST MULT-WS B PT II	0.031010	0.213483	0.793022	0.046966	0.075151	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	4,969,058				14
15 PHARMACY		1,000			15
16 MEDICAL RECORDS & LIBRARY			208,791,563		16
17 SOCIAL SERVICE	26			724,825	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	123,580		22,296,984		30
31 INTENSIVE CARE UNIT	47,238		4,741,363		31
40 SUBPROVIDER - IPF	1,173		1,507,239		40
41 SUBPROVIDER - IRF	1,912		1,191,085		41
43 NURSERY	10,270		1,681,026		43
44 SKILLED NURSING FACILITY	51,804		5,326,295		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,353,272		23,791,954		50
51 RECOVERY ROOM	2,092		3,359,204		51
52 DELIVERY ROOM & LABOR ROOM	5,144		1,612,740	13,325	52
54 RADIOLOGY-DIAGNOSTIC	228,524		27,929,590		54
59 CARDIAC CATHETERIZATION	1,710,841		12,505,381		59
60 LABORATORY	893,343		25,063,689		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	81,732		2,622,015		65
66 PHYSICAL THERAPY	1,745		4,302,551		66
68 SPEECH PATHOLOGY	980		702,893		68
69 ELECTROCARDIOLOGY	5,902		3,938,242		69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,883,240		71
72 IMPL. DEV. CHARGED TO PATIENT			7,216,026		72
73 DRUGS CHARGED TO PATIENTS		1,000	24,913,832		73
74 RENAL DIALYSIS	26,042		9,957,911	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					
90 CLINIC	6,989		706,296		90
91 EMERGENCY	136,255		15,081,662	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	245,446		5,416,611		101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE	1,848		1,043,734		116
118 SUBTOTALS (SUM OF LINES 1-117)	4,936,158	1,000	208,791,563	724,825	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

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
194.03 NRCC-OUTREACH					194.03
194.04 NRCC-MERCY SPEC CLIN ENT	1,531				194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	5,801				194.05
194.09 NRCC-SENIOR SERVICES					194.09
194.12 NRCC-FREE CLINIC	90				194.12
194.13 NRCC-TENDER CARE	377				194.13
194.16 NRCC-MLC NORTH	25,101				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	485,655	5,126,100	1,704,051	565,743	202
203 UNIT COST MULT-WS B PT I	0.097736	5,126.100000	0.008161	0.780524	203
204 COST TO BE ALLOC PER B PT II	127,879	153,705	154,277	41,082	204
205 UNIT COST MULT-WS B PT II	0.025735	153.705000	0.000739	0.056679	205

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POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

DESCRIPTION		----- WORKSHEET B -----		
1		PART	LINE NO.	AMOUNT
		2	3	4
1	EXCLUDE EPO FROM RENAL FACILITY	1	74	-184,777
2				
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	14,549,367		14,549,367		14,549,367	30
31 INTENSIVE CARE UNIT	2,336,282		2,336,282		2,336,282	31
40 SUBPROVIDER - IPF	1,657,832		1,657,832	3,072	1,660,904	40
41 SUBPROVIDER - IRF	1,248,292		1,248,292	1,098	1,249,390	41
43 NURSERY	811,218		811,218		811,218	43
44 SKILLED NURSING FACILITY	6,093,438		6,093,438	1,356	6,094,794	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,037,743		6,037,743	2,434	6,040,177	50
51 RECOVERY ROOM	340,346		340,346		340,346	51
52 DELIVERY ROOM & LABOR ROOM	746,718		746,718		746,718	52
54 RADIOLOGY-DIAGNOSTIC	6,392,005		6,392,005	254	6,392,259	54
59 CARDIAC CATHETERIZATION	4,084,024		4,084,024	1,746	4,085,770	59
60 LABORATORY	4,351,888		4,351,888	4,121	4,356,009	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,514,212		1,514,212		1,514,212	65
66 PHYSICAL THERAPY	2,200,395		2,200,395		2,200,395	66
68 SPEECH PATHOLOGY	355,339		355,339		355,339	68
69 ELECTROCARDIOLOGY	827,011		827,011		827,011	69
71 MEDICAL SUPPLIES CHRGD TO	667,253		667,253		667,253	71
72 IMPL. DEV. CHARGED TO PATIE	2,317,495		2,317,495		2,317,495	72
73 DRUGS CHARGED TO PATIENTS	6,326,978		6,326,978		6,326,978	73
74 RENAL DIALYSIS	1,870,513		1,870,513	14,073	1,884,586	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						
90 CLINIC	357,354		357,354		357,354	90
91 EMERGENCY	5,075,073		5,075,073		5,075,073	91
92 OBSERVATION BEDS	1,361,665		1,361,665		1,361,665	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	4,034,323		4,034,323		4,034,323	101
116 HOSPICE	682,269		682,269		682,269	116
200 SUBTOTAL (SEE INSTRUCTIONS)	76,239,033		76,239,033	28,154	76,267,187	200
201 LESS OBSERVATION BEDS	1,361,665		1,361,665		1,361,665	201
202 TOTAL (SEE INSTRUCTIONS)	74,877,368		74,877,368		74,905,522	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	20,071,297		20,071,297			30
31 INTENSIVE CARE UNIT	4,741,363		4,741,363			31
40 SUBPROVIDER - IPF	1,507,239		1,507,239			40
41 SUBPROVIDER - IRF	1,191,085		1,191,085			41
43 NURSERY	1,681,026		1,681,026			43
44 SKILLED NURSING FACILITY	5,326,295		5,326,295			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,749,472	15,042,482	23,791,954	0.253772	0.253772	0.253875 50
51 RECOVERY ROOM	1,071,885	2,287,319	3,359,204	0.101317	0.101317	0.101317 51
52 DELIVERY ROOM & LABOR ROOM	1,407,587	205,153	1,612,740	0.463012	0.463012	0.463012 52
54 RADIOLOGY-DIAGNOSTIC	9,404,834	18,524,756	27,929,590	0.228861	0.228861	0.228870 54
59 CARDIAC CATHETERIZATION	6,015,118	6,490,263	12,505,381	0.326581	0.326581	0.326721 59
60 LABORATORY	13,135,884	11,927,805	25,063,689	0.173633	0.173633	0.173798 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,315,668	306,347	2,622,015	0.577499	0.577499	0.577499 65
66 PHYSICAL THERAPY	3,775,362	527,189	4,302,551	0.511416	0.511416	0.511416 66
68 SPEECH PATHOLOGY	616,532	86,361	702,893	0.505538	0.505538	0.505538 68
69 ELECTROCARDIOLOGY	1,369,864	2,568,378	3,938,242	0.209995	0.209995	0.209995 69
71 MEDICAL SUPPLIES CHRGD TO	955,648	927,592	1,883,240	0.354311	0.354311	0.354311 71
72 IMPL. DEV. CHARGED TO PATIE	4,466,724	2,749,302	7,216,026	0.321159	0.321159	0.321159 72
73 DRUGS CHARGED TO PATIENTS	16,390,592	8,523,240	24,913,832	0.253954	0.253954	0.253954 73
74 RENAL DIALYSIS	118,555	9,839,356	9,957,911	0.187842	0.187842	0.189255 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						
90 CLINIC	11,628	694,668	706,296	0.505955	0.505955	0.505955 90
91 EMERGENCY	3,074,981	12,006,681	15,081,662	0.336506	0.336506	0.336506 91
92 OBSERVATION BEDS	64,782	2,160,905	2,225,687	0.611795	0.611795	0.611795 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		5,416,611	5,416,611			101
116 HOSPICE		1,043,734	1,043,734			116
200 SUBTOTAL (SEE INSTRUCTIONS)	107,463,421	101,328,142	208,791,563			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	107,463,421	101,328,142	208,791,563			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.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	1,213,750		1,213,750	15,194	79.88	8,519	680,498 30
31 INTENSIVE CARE UNIT	172,758		172,758	1,785	96.78	1,246	120,588 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	116,518		116,518	1,254	92.92	317	29,456 40
41 SUBPROVIDER - IRF	62,126		62,126	998	62.25	840	52,290 41
42 SUBPROVIDER I							42
43 NURSERY	49,327		49,327	1,084	45.50		43
44 SKILLED NURSING FACILITY	275,809		275,809	24,881	11.09	7,162	79,427 44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,890,288		1,890,288	45,196		18,084	962,259 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] [] []	HOSPITAL (16-0080) IPF IRF	[] [] []	SUB (OTHER)	[XX] []	PPS TEFRA
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	654,785	23,791,954	0.027521	7,109,083	195,649	50
51	RECOVERY ROOM	7,481	3,359,204	0.002227	619,541	1,380	51
52	DELIVERY ROOM & LABOR ROOM	142,124	1,612,740	0.088126	9,075	800	52
54	RADIOLOGY-DIAGNOSTIC	1,558,133	27,929,590	0.055788	5,012,587	279,642	54
59	CARDIAC CATHETERIZATION	528,581	12,505,381	0.042268	3,267,335	138,104	59
60	LABORATORY	293,537	25,063,689	0.011712	8,053,338	94,321	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	67,084	2,622,015	0.025585	1,605,577	41,079	65
66	PHYSICAL THERAPY	77,090	4,302,551	0.017917	769,925	13,795	66
68	SPEECH PATHOLOGY	4,476	702,893	0.006368	93,028	592	68
69	ELECTROCARDIOLOGY	65,813	3,938,242	0.016711	964,501	16,118	69
71	MEDICAL SUPPLIES CHRGD TO PA	6,920	1,883,240	0.003675	578,329	2,125	71
72	IMPL. DEV. CHARGED TO PATIENT	24,987	7,216,026	0.003463	2,807,691	9,723	72
73	DRUGS CHARGED TO PATIENTS	241,363	24,913,832	0.009688	8,803,683	85,290	73
74	RENAL DIALYSIS	105,116	9,957,911	0.010556	73,700	778	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							
90	CLINIC	8,582	706,296	0.012151	6,828	83	90
91	EMERGENCY	292,030	15,081,662	0.019363	1,794,148	34,740	91
92	OBSERVATION BEDS	113,594	2,225,687	0.051038	38,326	1,956	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	4,191,696	167,812,913		41,606,695	916,175	200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 14:19

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
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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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	15,194		8,519		30
31 INTENSIVE CARE UNIT	1,785		1,246		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	1,254		317		40
41 SUBPROVIDER - IRF	998		840		41
42 SUBPROVIDER I					42
43 NURSERY	1,084				43
44 SKILLED NURSING FACILITY	24,881		7,162		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	45,196		18,084		200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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 [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			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 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						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (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	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES
	7	8	9	10	11	12
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	23,791,954		7,109,083		50
51	RECOVERY ROOM	3,359,204		619,541	4,092,790	51
52	DELIVERY ROOM & LABOR ROOM	1,612,740		9,075	1,596	52
54	RADIOLOGY-DIAGNOSTIC	27,929,590		5,012,587	4,461,269	54
59	CARDIAC CATHETERIZATION	12,505,381		3,267,335	1,447,727	59
60	LABORATORY	25,063,689		8,053,338	558,330	60
62.30	BLOOD CLOTTING FOR HEMOPHILI					62.30
65	RESPIRATORY THERAPY	2,622,015		1,605,577	57,922	65
66	PHYSICAL THERAPY	4,302,551		769,925		66
68	SPEECH PATHOLOGY	702,893		93,028		68
69	ELECTROCARDIOLOGY	3,938,242		964,501	783,879	69
71	MEDICAL SUPPLIES CHRGED TO P	1,883,240		578,329	382,468	71
72	IMPL. DEV. CHARGED TO PATIEN	7,216,026		2,807,691	1,240,222	72
73	DRUGS CHARGED TO PATIENTS	24,913,832		8,803,683	1,955,659	73
74	RENAL DIALYSIS	9,957,911		73,700	11,000	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						
90	CLINIC	706,296		6,828	22,927	90
91	EMERGENCY	15,081,662		1,794,148	1,634,565	91
92	OBSERVATION BEDS	2,225,687		38,326	392,525	92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	167,812,913		41,606,695	17,541,204	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	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES			COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	
		PPS REIMBURSED SERVICES 2	PPS REIMBURSED SERVICES 2.01	PPS REIMBURSED SERVICES 2.02			
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.253772	4,092,790	2,807,757				50
51 RECOVERY ROOM	0.101317	498,325	256,183				51
52 DELIVERY ROOM & LABOR ROOM	0.463012	1,596	1,330				52
54 RADIOLOGY-DIAGNOSTIC	0.228861	4,461,269	1,905,713				54
59 CARDIAC CATHETERIZATION	0.326581	1,447,727	1,016,206				59
60 LABORATORY	0.173633	558,330	265,422				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.577499	57,922	31,491				65
66 PHYSICAL THERAPY	0.511416						66
68 SPEECH PATHOLOGY	0.505538						68
69 ELECTROCARDIOLOGY	0.209995	783,879	358,925				69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.354311	382,468	156,268				71
72 IMPL. DEV. CHARGED TO PATIENT	0.321159	1,240,222	520,453				72
73 DRUGS CHARGED TO PATIENTS	0.253954	1,955,659	1,088,016		130,741		73
74 RENAL DIALYSIS	0.187842	11,000	1,100				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							
90 CLINIC	0.505955	22,927	342,776				90
91 EMERGENCY	0.336506	1,634,565	965,478				91
92 OBSERVATION BEDS	0.611795	392,525	200,585				92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		17,541,204	9,917,703		130,741		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		17,541,204	9,917,703		130,741		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	1,038,636	712,530				50
51 RECOVERY ROOM	50,489	25,956				51
52 DELIVERY ROOM & LABOR ROOM	739	616				52
54 RADIOLOGY-DIAGNOSTIC	1,021,010	436,143				54
59 CARDIAC CATHETERIZATION	472,800	331,874				59
60 LABORATORY	96,945	46,086				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	33,450	18,186				65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	164,611	75,372				69
71 MEDICAL SUPPLIES CHRGD TO PATI	135,513	55,367				71
72 IMPL. DEV. CHARGED TO PATIENT	398,308	167,148				72
73 DRUGS CHARGED TO PATIENTS	496,647	276,306			33,202	73
74 RENAL DIALYSIS	2,066	207				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						
90 CLINIC	11,600	173,429				90
91 EMERGENCY	550,041	324,889				91
92 OBSERVATION BEDS	240,145	122,717				92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	4,713,000	2,766,826			33,202	200
201 LESS PBP CLINIC LAB SERVICES						201
202 NET CHARGES (LINE 200 - LINE 201)	4,713,000	2,766,826			33,202	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	654,785	23,791,954	0.027521	50
51	RECOVERY ROOM	7,481	3,359,204	0.002227	51
52	DELIVERY ROOM & LABOR ROOM	142,124	1,612,740	0.088126	52
54	RADIOLOGY-DIAGNOSTIC	1,558,133	27,929,590	0.055788	13,737 766 54
59	CARDIAC CATHETERIZATION	528,581	12,505,381	0.042268	59
60	LABORATORY	293,537	25,063,689	0.011712	72,591 850 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	67,084	2,622,015	0.025585	2,785 71 65
66	PHYSICAL THERAPY	77,090	4,302,551	0.017917	1,295 23 66
68	SPEECH PATHOLOGY	4,476	702,893	0.006368	68
69	ELECTROCARDIOLOGY	65,813	3,938,242	0.016711	1,729 29 69
71	MEDICAL SUPPLIES CHRGD TO PA	6,920	1,883,240	0.003675	71
72	IMPL. DEV. CHARGED TO PATIENT	24,987	7,216,026	0.003463	72
73	DRUGS CHARGED TO PATIENTS	241,363	24,913,832	0.009688	60,590 587 73
74	RENAL DIALYSIS	105,116	9,957,911	0.010556	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					
90	CLINIC	8,582	706,296	0.012151	90
91	EMERGENCY	292,030	15,081,662	0.019363	53,296 1,032 91
92	OBSERVATION BEDS	113,594	2,225,687	0.051038	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	4,191,696	167,812,913		206,023 3,358 200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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 [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						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] 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 PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO			
	(FROM WKST	CHARGES	CHARGES	INPAT	PASS-THRU	PASS-THRU
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	COL. 12)
	7	8	9	10	11	12
						13
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,791,954					50
51 RECOVERY ROOM	3,359,204					51
52 DELIVERY ROOM & LABOR ROOM	1,612,740					52
54 RADIOLOGY-DIAGNOSTIC	27,929,590			13,737		54
59 CARDIAC CATHETERIZATION	12,505,381					59
60 LABORATORY	25,063,689			72,591		60
62.30 BLOOD CLOTTING FOR HEMOPHILI						62.30
65 RESPIRATORY THERAPY	2,622,015			2,785		65
66 PHYSICAL THERAPY	4,302,551			1,295		66
68 SPEECH PATHOLOGY	702,893					68
69 ELECTROCARDIOLOGY	3,938,242			1,729		69
71 MEDICAL SUPPLIES CHRGED TO P	1,883,240					71
72 IMPL. DEV. CHARGED TO PATIEN	7,216,026					72
73 DRUGS CHARGED TO PATIENTS	24,913,832			60,590		73
74 RENAL DIALYSIS	9,957,911					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						
90 CLINIC	706,296					90
91 EMERGENCY	15,081,662			53,296		91
92 OBSERVATION BEDS	2,225,687					92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	167,812,913			206,023		200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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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	PPS SERVICES	PPS SERVICES	PPS SERVICES	COST	COST	
				SERVICES DED & COINS	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						
90 CLINIC						90
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	654,785	23,791,954	0.027521	50
51	RECOVERY ROOM	7,481	3,359,204	0.002227	51
52	DELIVERY ROOM & LABOR ROOM	142,124	1,612,740	0.088126	52
54	RADIOLOGY-DIAGNOSTIC	1,558,133	27,929,590	0.055788	17,575 980 54
59	CARDIAC CATHETERIZATION	528,581	12,505,381	0.042268	59
60	LABORATORY	293,537	25,063,689	0.011712	74,531 873 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	67,084	2,622,015	0.025585	770 20 65
66	PHYSICAL THERAPY	77,090	4,302,551	0.017917	335,665 6,014 66
68	SPEECH PATHOLOGY	4,476	702,893	0.006368	104,410 665 68
69	ELECTROCARDIOLOGY	65,813	3,938,242	0.016711	2,447 41 69
71	MEDICAL SUPPLIES CHRGD TO PA	6,920	1,883,240	0.003675	101 71
72	IMPL. DEV. CHARGED TO PATIENT	24,987	7,216,026	0.003463	72
73	DRUGS CHARGED TO PATIENTS	241,363	24,913,832	0.009688	155,728 1,509 73
74	RENAL DIALYSIS	105,116	9,957,911	0.010556	9,900 105 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					
90	CLINIC	8,582	706,296	0.012151	90
91	EMERGENCY	292,030	15,081,662	0.019363	976 19 91
92	OBSERVATION BEDS	113,594	2,225,687	0.051038	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	4,191,696	167,812,913		702,103 10,226 200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

KPMG LLP COMPU-MAX MICRO SYSTEM
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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 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						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] 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	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 ÷	(COL. 6 ÷	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	23,791,954						50
51 RECOVERY ROOM	3,359,204						51
52 DELIVERY ROOM & LABOR ROOM	1,612,740						52
54 RADIOLOGY-DIAGNOSTIC	27,929,590			17,575			54
59 CARDIAC CATHETERIZATION	12,505,381						59
60 LABORATORY	25,063,689			74,531			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	2,622,015			770			65
66 PHYSICAL THERAPY	4,302,551			335,665			66
68 SPEECH PATHOLOGY	702,893			104,410			68
69 ELECTROCARDIOLOGY	3,938,242			2,447			69
71 MEDICAL SUPPLIES CHRGED TO P	1,883,240			101			71
72 IMPL. DEV. CHARGED TO PATIEN	7,216,026						72
73 DRUGS CHARGED TO PATIENTS	24,913,832			155,728			73
74 RENAL DIALYSIS	9,957,911			9,900			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							
90 CLINIC	706,296						90
91 EMERGENCY	15,081,662			976			91
92 OBSERVATION BEDS	2,225,687						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	167,812,913			702,103			200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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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				
90 CLINIC				90
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 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 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						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	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	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	23,791,954					50			
51	RECOVERY ROOM	3,359,204					51			
52	DELIVERY ROOM & LABOR ROOM	1,612,740					52			
54	RADIOLOGY-DIAGNOSTIC	27,929,590					54			
59	CARDIAC CATHETERIZATION	12,505,381					59			
60	LABORATORY	25,063,689					60			
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30			
65	RESPIRATORY THERAPY	2,622,015					65			
66	PHYSICAL THERAPY	4,302,551					66			
68	SPEECH PATHOLOGY	702,893					68			
69	ELECTROCARDIOLOGY	3,938,242					69			
71	MEDICAL SUPPLIES CHRGED TO P	1,883,240					71			
72	IMPL. DEV. CHARGED TO PATIEN	7,216,026					72			
73	DRUGS CHARGED TO PATIENTS	24,913,832					73			
74	RENAL DIALYSIS	9,957,911					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										
90	CLINIC	706,296					90			
91	EMERGENCY	15,081,662					91			
92	OBSERVATION BEDS	2,225,687					92			
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)	167,812,913					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-SNF
 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 SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.253772						50
51 RECOVERY ROOM	0.101317						51
52 DELIVERY ROOM & LABOR ROOM	0.463012						52
54 RADIOLOGY-DIAGNOSTIC	0.228861						54
59 CARDIAC CATHETERIZATION	0.326581						59
60 LABORATORY	0.173633						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.577499						65
66 PHYSICAL THERAPY	0.511416						66
68 SPEECH PATHOLOGY	0.505538						68
69 ELECTROCARDIOLOGY	0.209995						69
71 MEDICAL SUPPLIES CHRGED TO PATI	0.354311						71
72 IMPL. DEV. CHARGED TO PATIENT	0.321159						72
73 DRUGS CHARGED TO PATIENTS	0.253954						73
74 RENAL DIALYSIS	0.187842						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							
90 CLINIC	0.505955						90
91 EMERGENCY	0.336506						91
92 OBSERVATION BEDS	0.611795						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. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS 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							
90 CLINIC							90
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

WORKSHEET D-1
 PART I

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)	15,194	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,194	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	13,772	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)	8,519	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	14,549,367	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	14,549,367	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,308,407	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,308,407	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.716421	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,474.62	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)	14,549,367	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) 957.57 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,157,539 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) 8,157,539 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	2,336,282	1,785	1,308.84	1,246	1,630,815	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)					11,043,669	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					20,832,023	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 801,086 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 916,175 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,717,261 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 19,114,762 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 1,422 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 957.57 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,361,665 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						(SEE INSTR.)
90 CAPITAL-RELATED COST	1,213,750	14,549,367	0.083423	1,361,665	113,594	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)	1,254	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,254	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,254	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)	317	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)	1,660,904	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	1,660,904	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)	1,660,904	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)	1,324.48 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	419,860 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)	419,860 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	51,714 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	471,574 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	29,456 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	3,358 51
52	TOTAL PROGRAM EXCLUDABLE COST	32,814 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	438,760 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	998	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	998	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	998	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)	840	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)	1,249,390	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	1,249,390	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)	1,249,390	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)	1,251.89 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,051,588 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)	1,051,588 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	284,167 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,335,755 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	52,290 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	10,226 51
52	TOTAL PROGRAM EXCLUDABLE COST	62,516 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,273,239 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

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	[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)	24,881	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,881	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,881	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)	7,162	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)	6,094,794	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	6,094,794	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)	6,094,794	37							

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PERIOD FROM 07/01/2011 TO 06/30/2012

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VERSION: 2011.10
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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)	6,094,794	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	244.96	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	1,754,404	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)	1,754,404	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)	1,754,404	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)		84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	1,754,404	86

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	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		12,762,226			30
31 INTENSIVE CARE UNIT		3,215,322			31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.253875	7,109,083	1,804,818		50
51 RECOVERY ROOM	0.101317	619,541	62,770		51
52 DELIVERY ROOM & LABOR ROOM	0.463012	9,075	4,202		52
54 RADIOLOGY-DIAGNOSTIC	0.228870	5,012,587	1,147,231		54
59 CARDIAC CATHETERIZATION	0.326721	3,267,335	1,067,507		59
60 LABORATORY	0.173798	8,053,338	1,399,654		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.577499	1,605,577	927,219		65
66 PHYSICAL THERAPY	0.511416	769,925	393,752		66
68 SPEECH PATHOLOGY	0.505538	93,028	47,029		68
69 ELECTROCARDIOLOGY	0.209995	964,501	202,540		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.354311	578,329	204,908		71
72 IMPL. DEV. CHARGED TO PATIENT	0.321159	2,807,691	901,715		72
73 DRUGS CHARGED TO PATIENTS	0.253954	8,803,683	2,235,731		73
74 RENAL DIALYSIS	0.189255	73,700	13,948		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					
90 CLINIC	0.505955	6,828	3,455		90
91 EMERGENCY	0.336506	1,794,148	603,742		91
92 OBSERVATION BEDS	0.611795	38,326	23,448		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		41,606,695	11,043,669		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		41,606,695			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	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		383,190		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.253875			50
51 RECOVERY ROOM	0.101317			51
52 DELIVERY ROOM & LABOR ROOM	0.463012			52
54 RADIOLOGY-DIAGNOSTIC	0.228870	13,737	3,144	54
59 CARDIAC CATHETERIZATION	0.326721			59
60 LABORATORY	0.173798	72,591	12,616	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.577499	2,785	1,608	65
66 PHYSICAL THERAPY	0.511416	1,295	662	66
68 SPEECH PATHOLOGY	0.505538			68
69 ELECTROCARDIOLOGY	0.209995	1,729	363	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.354311			71
72 IMPL. DEV. CHARGED TO PATIENT	0.321159			72
73 DRUGS CHARGED TO PATIENTS	0.253954	60,590	15,387	73
74 RENAL DIALYSIS	0.189255			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				
90 CLINIC	0.505955			90
91 EMERGENCY	0.336506	53,296	17,934	91
92 OBSERVATION BEDS	0.611795			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		206,023	51,714	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		206,023		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		991,620		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.253875			50
51 RECOVERY ROOM	0.101317			51
52 DELIVERY ROOM & LABOR ROOM	0.463012			52
54 RADIOLOGY-DIAGNOSTIC	0.228870	17,575	4,022	54
59 CARDIAC CATHETERIZATION	0.326721			59
60 LABORATORY	0.173798	74,531	12,953	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.577499	770	445	65
66 PHYSICAL THERAPY	0.511416	335,665	171,664	66
68 SPEECH PATHOLOGY	0.505538	104,410	52,783	68
69 ELECTROCARDIOLOGY	0.209995	2,447	514	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.354311	101	36	71
72 IMPL. DEV. CHARGED TO PATIENT	0.321159			72
73 DRUGS CHARGED TO PATIENTS	0.253954	155,728	39,548	73
74 RENAL DIALYSIS	0.189255	9,900	1,874	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				
90 CLINIC	0.505955			90
91 EMERGENCY	0.336506	976	328	91
92 OBSERVATION BEDS	0.611795			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		702,103	284,167	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		702,103		202

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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 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
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.253772			50
51 RECOVERY ROOM	0.101317			51
52 DELIVERY ROOM & LABOR ROOM	0.463012			52
54 RADIOLOGY-DIAGNOSTIC	0.228861			54
59 CARDIAC CATHETERIZATION	0.326581			59
60 LABORATORY	0.173633			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.577499			65
66 PHYSICAL THERAPY	0.511416			66
68 SPEECH PATHOLOGY	0.505538			68
69 ELECTROCARDIOLOGY	0.209995			69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.354311			71
72 IMPL. DEV. CHARGED TO PATIENT	0.321159			72
73 DRUGS CHARGED TO PATIENTS	0.253954			73
74 RENAL DIALYSIS	0.187842			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				
90 CLINIC	0.505955			90
91 EMERGENCY	0.336506			91
92 OBSERVATION BEDS	0.611795			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	15,554,780	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	80,122	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	1,862,039	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	128.11	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)	0.0362	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1828	31
32	SUM OF LINES 30 AND 31	0.2190	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2247	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,495,159	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)	19,130,061	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	20,476,913	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	20,476,913	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,325,665	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		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)	21,802,578	59
60	PRIMARY PAYER PAYMENTS	39,541	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	21,763,037	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,904,240	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	19,237	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	104,925	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	73,448	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	41,915	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	19,913,008	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)	19,913,008	71
72	INTERIM PAYMENTS	19,173,956	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	739,052	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (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		19,061,356		5,356,226	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.		112,600		57,800	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)		19,173,956		5,414,026	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	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	739,052		1,772	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		19,913,008		5,415,798	7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] IPF (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		203,939		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)		203,939		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	NONE		5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	2,153		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		206,092		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (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		1,004,301		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.		2,200	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)		1,006,501		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	NONE	NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	22,804		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,029,305		7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____	NPR DATE: _____	8

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

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

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER					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
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)					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	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM	9,818			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		9,818			7
8 NAME OF CONTRACTOR: _____		CONTRACTOR NUMBER: _____		NPR DATE: _____	8

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

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

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	4,453	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	9,765	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	15,557	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	208,791,563	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	7,046,538	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)	1,728,493	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	1,728,493	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)	274,042	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.426230	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)	274,042	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)	274,042	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	274,042	18
19	DEDUCTIBLES	68,688	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	205,354	20
21	COINSURANCE	1,415	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	203,939	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	3,076	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,153	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	206,092	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	206,092	31
32	INTERIM PAYMENTS	203,939	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	2,153	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)	952,231	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.028900	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	36,944	3
4	OUTLIER PAYMENTS	41,817	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		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)	2.726776	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)	1,030,992	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)	1,030,992	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	1,030,992	19
20	DEDUCTIBLES	3,420	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	1,027,572	21
22	COINSURANCE		22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	1,027,572	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	2,475	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,733	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	1,029,305	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,029,305	32
33	INTERIM PAYMENTS	1,006,501	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	22,804	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
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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

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	11,117 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	6,787 9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9,818 10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	9,818 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	9,818 15
16	INTERIM PAYMENTS	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	9,818 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

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	883,762			1
2	TEMPORARY INVESTMENTS	38,518,561			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	15,765,650			4
5	OTHER RECEIVABLES	802,211			5
6	ALLOWANCE FOR UNCOLLECTIBLE				
	NOTES & ACCOUNTS RECEIVABLE	-3,737,074			6
7	INVENTORY	1,318,979			7
8	PREPAID EXPENSES	99,095			8
9	OTHER CURRENT ASSETS	2			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	53,651,186			11
FIXED ASSETS					
12	LAND	550,895			12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	72,788,847			15
16	ACCUMULATED DEPRECIATION	-52,853,318			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	32,273,380			23
24	ACCUMULATED DEPRECIATION	-22,757,954			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)	30,001,850			30
OTHER ASSETS					
31	INVESTMENTS	42,632,844			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	7,526,169			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	50,159,013			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	133,812,049			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	7,897,776			37
38	SALARIES, WAGES & FEES PAYABLE	5,935,633			38
39	PAYROLL TAXES PAYABLE	256,132			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	361,739			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	1,414,854			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	15,866,134			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	18,609,762			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	1,816,844			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	20,426,606			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	36,292,740			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	97,519,309			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)	97,519,309			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	133,812,049			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		95,427,669							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		3,386,285							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		98,813,954							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN TEMPORARY RESTRICT	118,738								5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		118,738							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		98,932,692							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 UNRESTRICTED INTER COM TRAN	1,406,000								13
14 ALL OTHER	7,383								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		1,413,383							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		97,519,309							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				1
2 HOSPITAL	21,989,701		21,989,701	2
3 SUBPROVIDER IPF	1,633,540		1,633,540	3
5 SUBPROVIDER IRF	1,191,085		1,191,085	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY	5,324,613		5,324,613	8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	30,138,939		30,138,939	11
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	4,803,069		4,803,069	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	4,803,069		4,803,069	17
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	34,942,008		34,942,008	17
18 ANCILLARY SERVICES	74,721,883	85,261,185	159,983,068	18
19 OUTPATIENT SERVICES	3,101,028	12,200,828	15,301,856	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		5,416,611	5,416,611	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE		1,043,734	1,043,734	26
27 OTHER PATIENT REVENUES		4,315,253	4,315,253	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	112,764,919	108,237,611	221,002,530	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		89,819,980	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)		89,819,980	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	221,002,530	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	130,527,557	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	90,474,973	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	89,819,980	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	654,993	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	6,291	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	56,502	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	428,534	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	75,228	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	208,472	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	12,000	21
22	RENTAL OF HOSPITAL SPACE	141,189	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (OTHER OPERATING REVENUE)	2,528,689	24.01
24.02	OTHER (NON OPERATING INVESTMENT EARNINGS)	-600,475	24.02
24.03	OTHER (NON OPERATING DERIVATIVES)	-119,666	24.03
24.04	OTHER (NON OPERATING GAIN (LOSS))	-16,449	24.04
24.05	OTHER (EXTERNAL FINANCIAL INTEREST)	-26,516	24.05
24.06	OTHER (TRANSFER FROM RESTRICTED FUNDS)	37,493	24.06
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	2,731,292	25
26	TOTAL (LINE 5 PLUS LINE 25)	3,386,285	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	3,386,285	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)			16,042			16,042 4
5 ADMINISTRATIVE AND GENERAL	144,363	33,332				177,695 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	867,151	200,219	55,338			1,122,708 6
7 PHYSICAL THERAPY	333,160	76,925				410,085 7
8 OCCUPATIONAL THERAPY	124,451	28,735				153,186 8
9 SPEECH PATHOLOGY	35,315	8,154				43,469 9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	134,548	31,066	13,384			178,998 11
12 SUPPLIES (SEE INSTRUCTIONS)					378,085	378,085 12
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	68,210	15,749	3,618			87,577 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	152,760	35,271	38,309	113,050	128,845	468,235 23
24 TOTAL (SUM OF LINES 1-23)	1,859,958	429,451	126,691	113,050	506,930	3,036,080 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		16,042		16,042	4
5		177,695		177,695	5
6		1,122,708		1,122,708	6
7		410,085		410,085	7
8		153,186		153,186	8
9		43,469		43,469	9
10					10
11		178,998		178,998	11
12		378,085		378,085	12
13					13
14					14
15					15
16					16
17		87,577		87,577	17
18					18
19					19
20					20
21					21
22					22
23		468,235		468,235	23
24		3,036,080		3,036,080	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.)	16,042				16,042				4
5 ADMINISTRATIVE AND GENERAL	177,695					177,695	177,695		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	1,122,708				8,399	1,131,107	70,318	1,201,425	6
7 PHYSICAL THERAPY	410,085				5,063	415,148	25,808	440,956	7
8 OCCUPATIONAL THERAPY	153,186					153,186	9,523	162,709	8
9 SPEECH PATHOLOGY	43,469					43,469	2,702	46,171	9
10 MEDICAL SOCIAL SERVICES									10
11 HOME HEALTH AIDE	178,998				2,580	181,578	11,288	192,866	11
12 SUPPLIES (SEE INSTRUCTIONS)	378,085					378,085	23,504	401,589	12
13 DRUGS									13
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING	87,577					87,577	5,444	93,021	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	468,235					468,235	29,108	497,343	23
24 TOTAL (SUM OF LINES 1-23)	3,036,080				16,042	3,036,080		3,036,080	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.)				105,702			4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-177,695	2,858,385	5
6 SKILLED NURSING CARE				55,338		1,131,107	6
7 PHYSICAL THERAPY				33,362		415,148	7
8 OCCUPATIONAL THERAPY						153,186	8
9 SPEECH PATHOLOGY						43,469	9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE				17,002		181,578	11
12 SUPPLIES (SEE INSTRUCTIONS)						378,085	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						87,577	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						468,235	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)				105,702	-177,695	2,858,385	24
25 COST TO BE ALLOC (PER W/S H)				16,042		177,695	25
26 UNIT COST MULTIPLIER				0.151766		0.062166	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	382,551		382,551			1
2 SKILLED NURSING CARE	1,435,572		1,435,572	150,386	1,585,958	2
3 PHYSICAL THERAPY	526,894		526,894	55,196	582,090	3
4 OCCUPATIONAL THERAPY	194,420		194,420	20,367	214,787	4
5 SPEECH PATHOLOGY	55,169		55,169	5,779	60,948	5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE	230,454		230,454	24,142	254,596	7
8 SUPPLIES	503,844		503,844	52,782	556,626	8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING	111,149		111,149	11,644	122,793	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	594,270		594,270	62,255	656,525	19
20 TOTAL (SUM OF LINES 1-19)	4,034,323		4,034,323	382,551	4,034,323	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.				0.104758		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		96,654		1,859,959	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								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)		8,291	6,504		96,654		1,859,959	20
22 UNIT COST MULTIPLIER			1.411439		1.052321		0.014819	22
22 UNIT COST MULTIPLIER			2.505608					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 ACCUM COST 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	159,228	5,416,611	5,416,611	5,416,611		220,046		1
2 SKILLED NURSING CARE	1,201,425					1,294,695		2
3 PHYSICAL THERAPY	440,956					475,189		3
4 OCCUPATIONAL THERAPY	162,709					175,341		4
5 SPEECH PATHOLOGY	46,171					49,755		5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE	192,866					207,839		7
8 SUPPLIES	401,589					432,766		8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING	93,021					100,242		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	497,343					535,953		19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	3,195,308	5,416,611	5,416,611	5,416,611		3,491,826		20
21 TOTAL COST TO BE ALLOCATED	248,061	29,125	11,234	8,098		379,946		21
22 UNIT COST MULTIPLIER	0.077633		0.002074					22
22 UNIT COST MULTIPLIER		0.005377		0.001495		0.108810		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		12,190				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							245,446	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		12,190			245,446	20
21 TOTAL COST TO BE ALLOCATED		16,480		77,877			23,989	21
22 UNIT COST MULTIPLIER							0.097736	22
22 UNIT COST MULTIPLIER		6.906957		6.388597				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	2	3	4	5	
1	SKILLED NURSING CARE	2	1,585,958		1,585,958	12,399	127.91	1
2	PHYSICAL THERAPY	3	582,090	310,821	892,911	3,125	285.73	2
3	OCCUPATIONAL THERAPY	4	214,787		214,787	1,210	177.51	3
4	SPEECH PATHOLOGY	5	60,948	25,180	86,128	315	273.42	4
5	MEDICAL SOCIAL SERVICES	6				169		5
6	HOME HEALTH AIDE	7	254,596		254,596	4,052	62.83	6
7	TOTAL (SUM OF LINES 1-6)		2,698,379	336,001	3,034,380	21,270		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)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	556,626	22,551	579,177	33,858	17.106061	15
16	COST OF DRUGS	9		6,082	6,082			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	4,586	2,513		586,595	321,438		908,033
2 PHYSICAL THERAPY	1,588	827		453,739	236,299		690,038
3 OCCUPATIONAL THERAPY	594	307		105,441	54,496		159,937
4 SPEECH PATHOLOGY	178	50		48,669	13,671		62,340
5 MEDICAL SOCIAL SERVICES	60	50					5
6 HOME HEALTH AIDE	396	438		24,881	27,520		52,401
7 TOTAL (SUM OF LINES 1-6)	7,402	4,185		1,219,325	653,424		1,872,749

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	99914	2	1,113	8
8.01 SKILLED NURSING CARE	99916	3,004	1,400	8.01
9 PHYSICAL THERAPY	99914	550	271	9
9.01 PHYSICAL THERAPY	99916	1,038	556	9.01
10 OCCUPATIONAL THERAPY	99914	240	105	10
10.01 OCCUPATIONAL THERAPY	99916	354	202	10.01
11 SPEECH PATHOLOGY	99914	44	25	11
11.01 SPEECH PATHOLOGY	99916	134	25	11.01
12 MEDICAL SOCIAL SERVICES	99914	18	13	12
12.01 MEDICAL SOCIAL SERVICES	99916	42	37	12.01
13 HOME HEALTH AIDE	99914	82	67	13
13.01 HOME HEALTH AIDE	99916	314	371	13.01
14 TOTAL (SUM OF LINES 8-13)		7,402	4,185	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							15
16 COST OF DRUGS		54					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	0.511416	607,765	310,821	COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.505538	49,808	25,180	COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	0.354311	63,648	22,551	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.253954	23,948	6,082	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				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	1,499,845	54		2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,499,845	54		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	1,499,845	54		7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
PRIMARY PAYER PAYMENTS	268			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)	-268		10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,311,706	723,833	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	18,746	16,388	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	18,306	4,696	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS	268		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)	1,348,758	744,917	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,348,758	744,917	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,348,758	744,917	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)	1,348,758	744,917	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,348,758	744,917	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,348,758	744,917	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: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES	278,482	HOURS OF SERVICE	9,253.00	4.45	1
2 LICENSED PRACTICAL NURSES	36,464	HOURS OF SERVICE	1,775.00	0.85	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	155,043	HOURS OF SERVICE	11,458.00	5.51	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	90,494	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	560,483				9
10 EMPLOYEE BENEFITS	130,968	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	36,501	PERCENTAGE OF TIME			13
14 SUPPLIES	21,096	REQUISITIONS			14
15 DRUGS	184,777	REQUISITIONS			15
16 OTHER	68,800	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,002,625				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	8,306	SALARY			20
21 ADMINISTRATIVE AND GENERAL	303,099	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	31,176	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES	2,545	REQUISITIONS			24
25 PHARMACY	-184,777	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	670,075	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	1,870,513				27
28 LABORATORY	13,299	CHARGES	76,591		28
29 RESPIRATORY THERAPY	90	CHARGES	156		29
30 OTHER		CHARGES			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)	1,883,902				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	23,641	13,389	751,434	1,132,468	1,883,902	1
2 HEMODIALYSIS	23,641	13,389	751,434	1,132,468	1,883,902	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)	23,641	13,389	751,434	1,132,468	1,883,902	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					1,883,902	19

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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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	46,945	58,196	278,482	191,507	139,274	1
	MAINTENANCE						
2	HEMODIALYSIS	5,034	100.00	9,252.72	13,233.21	560,483	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	9,252.72	13,233.21	560,483	17
18	UNIT COST MULTIPLIER	9.325586	581.960000	30.097312	14.471697	0.248489	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: 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		23,641	13,389	751,434	1,132,468	1
2 HEMODIALYSIS	1,000	173,670	9,839,356			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	1,000	173,670	9,839,356		751,434	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)		0.136126	0.001361		1.507076	18

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

CHECK APPLICABLE BOX: [XX] 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	8,891	1,883,902	211.89	7,774	1,647,233	1,824,361	234.67	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)	8,891	1,883,902		7,774	1,647,233	1,824,361		11

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 16-2313

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,647,233	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	1,824,361	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	140	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	364,845	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	364,985	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	1,459,377	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LINE 1 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)		10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)		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	60,439	13,570				74,009 6
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES				14,010		14,010 9
10 NURSING CARE	163,065	36,611				199,676 10
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY	50,182	11,267				61,449 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	16,310	3,662				19,972 19
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER				8,201		8,201 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						28
29 LABS AND DIAGNOSTICS						29
30 MEDICAL SUPPLIES					1,846	1,846 30
31 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
32 RADIATION THERAPY						32
33 CHEMOTHERAPY						33
34 OTHER					152,486	152,486 34
HOSPICE NONREIMBURSABLE SERVICE						
35 BEREAVEMENT PROGRAM COSTS						35
36 VOLUNTEER PROGRAM COSTS						36
37 FUNDRAISING						37
38 OTHER PROGRAM COSTS						38
39 TOTAL (SUM OF LINES 1-38)	289,996	65,110		22,211	154,332	531,649 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		74,009		74,009	6
7					7
8					8
9		14,010		14,010	9
10		199,676		199,676	10
11					11
12		61,449		61,449	12
13					13
14					14
15					15
16					16
17					17
18					18
19		19,972		19,972	19
20					20
21		8,201		8,201	21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30		1,846		1,846	30
31					31
32					32
33					33
34		152,486		152,486	34
35					35
36					36
37					37
38					38
39		531,649		531,649	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								6,439
8	INPATIENT CARE SERVICE								6
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								8
12	PHYSICIAN SERVICES								9
13	NURSING CARE								163,065
14	NURSING CARE-CONT.HOME CARE								163,065
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								50,182
17	SPEECH/LANGUAGE PATHOLOGY								50,182
18	MEDICAL SOCIAL SERVICES								12
19	SPIRITUAL COUNSELING								13
20	DIETARY COUNSELING								14
21	COUNSELING - OTHER								15
22	HH AIDE AND HOMEMAKER								16
23	HH AIDE & HMKR-CONT.HME CARE								17
24	OTHER								18
25	OTHER HOSPICE SERVICE COSTS								16,310
26	DRUGS, BIOL. & INFUS. THER.								16,310
27	ANALGESICS								20
28	SEDATIVES / HYPNOTICS								21
29	OTHER - SPECIFY								22
30	DURABLE MED. EQUIP./OXYGEN								23
31	PATIENT TRANSPORTATION								24
32	IMAGING SERVICES								25
33	LABS AND DIAGNOSTICS								26
34	MEDICAL SUPPLIES								27
35	OUTPAT.SERV.(INCL.E/R DEPT.)								28
36	RADIATION THERAPY								29
37	CHEMOTHERAPY								30
38	OTHER								31
39	HOSPICE NONREIMBURSABLE SERVICE								32
40	BEREAVEMENT PROGRAM COSTS								33
41	VOLUNTEER PROGRAM COSTS								34
42	FUNDRAISING								35
43	OTHER PROGRAM COSTS								36
44	TOTAL (SUM OF LINES 1-38)								60,439 163,065 50,182 16,310 289,996

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									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									4
6 VOLUNTEER SERVICE COORD.									5
7 ADMINISTRATIVE AND GENERAL				13,570					13,570
8 INPATIENT CARE SERVICE									6
9 INPATIENT - GENERAL CARE									7
10 INPATIENT - RESPITE CARE									8
11 VISITING SERVICES									8
12 PHYSICIAN SERVICES									9
13 NURSING CARE					36,611				36,611
14 NURSING CARE-CONT.HOME CARE									10
15 PHYSICAL THERAPY						11,267			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							3,662		18
23 HH AIDE & HMKR-CONT.HME CARE								3,662	19
24 OTHER									20
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									28
33 LABS AND DIAGNOSTICS									29
34 MEDICAL SUPPLIES									30
35 OUTPAT.SERV.(INCL.E/R DEPT.)									31
36 RADIATION THERAPY									32
37 CHEMOTHERAPY									33
38 OTHER									34
39 HOSPICE NONREIMBURSABLE SERVICE									35
40 BEREAVEMENT PROGRAM COSTS									36
41 VOLUNTEER PROGRAM COSTS									37
42 FUNDRAISING									38
43 OTHER PROGRAM COSTS									39
44 TOTAL (SUM OF LINES 1-38)				13,570	36,611	11,267	3,662		65,110

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								14,010
13	NURSING CARE								14,010
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								8,201
26	DRUGS, BIOL. & INFUS. THER.								8,201
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)								22,211
45									22,211
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										1
2										2
3										3
4										4
5										5
6		74,009						74,009	74,009	6
7										7
8										8
9										9
10		14,010						14,010	2,266	16,276
11		199,676						199,676	32,291	231,967
12										11
13		61,449						61,449	9,937	71,386
14										12
15										13
16										14
17										15
18										16
19										17
20		19,972						19,972	3,230	23,202
21		8,201						8,201	1,326	9,527
22										18
23										19
24										20
25										21
26										22
27										23
28										24
29										25
30		1,846						1,846	299	2,145
31										26
32										27
33										28
34		152,486						152,486	24,660	177,146
35										29
36										30
37										31
38										32
39		531,649						531,649		531,649

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	47,006		47,006			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	19,449		19,449	1,439	20,888	4
5 NURSING CARE	277,172		277,172	20,509	297,681	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY	85,299		85,299	6,312	91,611	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	27,724		27,724	2,051	29,775	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER	11,384		11,384	842	12,226	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	2,564		2,564	190	2,754	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER	211,671		211,671	15,663	227,334	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)	682,269		682,269		682,269	34
35 UNIT COST MULTIPLIER				0.073995		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				13	369		289,997	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)			13		369		289,997	34
35 TOTAL COST TO BE ALLOCATED			18		388		4,297	35
31 VOLUNTEER PROGRAM COSTS			1.384615		1.051491		0.014817	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-	OPERATION
	INFO SERV	PURCHASING STORES	ADMITTING REGISTR	CASHIERS A/R, PFS		ALL OTHER	TENANCE & REPAIRS	OF PLANT
	ACCUM COST	GROSS REVENUE	GROSS REVENUE	GROSS REVENUE		ACCUM COST	SQUARE FEET	SQUARE FEET
	5.02	5.03	5.04	5.05		5.06	6	7
1 ADMINISTRATIVE AND GENERAL	4,703	5,700	2,195	1,589		14,405		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES	16,276					17,540		4
5 NURSING CARE	231,967					249,974		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY	71,386					76,928		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	23,202					25,003		14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER	9,527					10,267		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	2,145					2,312		25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER	177,146					190,899		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)	536,352	5,700	2,195	1,589		587,328		34
35 TOTAL COST TO BE ALLOCATED	41,639	5,612	2,165	1,560		63,907		35
36 UNIT COST MULTIPLIER	0.077634	0.984561	0.986333	0.981750		0.108810		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 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				22,186			183	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)				22,186			183	34
35 TOTAL COST TO BE ALLOCATED				22,335			181	35
36 UNIT COST MULTIPLIER				1.006716			0.989071	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	8,526							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)	8,526							34
35 TOTAL COST TO BE ALLOCATED	8,518							35
36 UNIT COST MULTIPLIER	0.999062							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	0.511416		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.505538		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.253954		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.173633		6
7	MEDICAL SUPPLIES	71	0.354311		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)				682,269	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				6,541	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				104.31	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	5,821				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	607,189				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		209			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		21,801			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)			511		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			53,302		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

	CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	1,249,649		1
2	CAPITAL DRG OUTLIER PAYMENTS	19,407		2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	42.89		3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0362		7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1828		8
9	SUM OF LINES 7 AND 8	0.2190		9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0453		10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	56,609		11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	1,325,665		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	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS 0	(COLS.0-4) 2A		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					
90 CLINIC					90
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

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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)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
194.04 NRCC-MERCY SPEC CLIN ENT						194.04
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-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 LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204