

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: 11-25-2013 TIME: 08:58
 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 07/01/2012 AND ENDING 06/30/2013, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		115,899	8,037	-123,170	1
2 SUBPROVIDER - IPF		-184			2
3 SUBPROVIDER - IRF		-1,657			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY		54,404			7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY			154		9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		168,462	8,191	-123,170	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:

0	COMPONENT NAME	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)				
						6	7	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	19340	4	07/01/1991	N	P	N	4
5	SUBPROVIDER - IRF	MERCY MEDICAL CENTER-REHABILIT	16-T080	19340	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	19340		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	19340		07/01/1998	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE	MERCY HOSPICE	16-1527	19340		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	19340		07/01/1991				18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2012				TO: 06/30/2013				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
		MEDICAID		MEDICAID		MEDICAID			
		PAID	UNPAID	PAID	UNPAID	PAID	UNPAID		
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,179	135	314	101	207	47	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.		33					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: 07/01/2012	ENDING: 06/30/2013	36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					BEGINNING:	ENDING:	38	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1 N	2 N 39

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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

OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS)
 ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE,
 ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4
 DIRECT GME FTE UNWEIGHTED COUNT.

UNWEIGHTED	UNWEIGHTED
IME	DIRECT GME
FTE COUNT	FTE COUNT
3	4

61.10

OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS)
 ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE,
 ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4
 DIRECT GME FTE UNWEIGHTED COUNT.

61.20

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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

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

INPATIENT PSYCHIATRIC FACILITY PPS

70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO. Y 70
 71 IF LINE 70 YES: N 71
 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.

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: N 76
 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.

LONG TERM CARE HOSPITAL PPS

80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO. N 80

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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. 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 2 105
 106 IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR
 OUTPATIENT SERVICES. N 106
 107 COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R
 TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION
 WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF
 YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN
 APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER
 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. 107
 108 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE?
 SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO. N 108
 109 IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED
 BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY. PHY- OCCUP- RESPI-
 SICAL- ATIONAL SPEECH RATORY N 109

MISCELLANEOUS COST REPORTING INFORMATION

115 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, N
 ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 115
 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.
 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: 118.01
 PREMIUMS: 10,670 PAID LOSSES: 55,008 SELF INSURANCE: 73,287
 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. Y N 120
 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.
 121 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER
 'Y' FOR YES OR 'N' FOR NO. Y 121

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TRANSPLANT CENTER INFORMATION

	1	2	
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

	1	2	
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	902022 140

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 PART A	TITLE XVIII PART B	TITLE V	TITLE 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	161
161.10	CORF			161.10

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
-----	--	---	-----

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.	0.75	169
170	IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS)	07/01/2012 06/30/2013	170

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE		
1	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.	N		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	10/15/2013	Y	10/15/2013
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: ROBERT	LAST NAME: LAUER	TITLE: MGR, REGIONAL REIMB	41
42	EMPLOYER: TRINITY HEALTH			42
43	PHONE NUMBER: 743-343-0490	E-MAIL ADDRESS: LAUERR@TRINITY-HEALTH.ORG		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		37,280,420		23.80	1
2	NON-PHYSICIAN ANESTHETIST PART A				1,566,324.15		2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE			19,808	102.00	194.20	4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B			301,659	2,148.01	140.44	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		2,742,507	149,144.37	18.68	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)			6,395,258	274,089.46	23.90	10
	OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)			509,358	10,455.50	48.72	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE			843,338	5,268.00	160.09	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS			6,809,368	143,013.00	47.61	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)			9,883,502			17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS			1,587,783	1,587,783		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B			124,244			21
22	PHYSICIAN PART A - ADMINISTRATIVE			1,515			22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B			17,263			23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS DEPARTMENT			499,449	18,679.42	18.43	26
27	ADMINISTRATIVE & GENERAL		-155,234	3,764,337	162,095.93	23.22	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS			318,296	16,585.27	19.19	29
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE			79,042	6,709.96	11.78	31
32	HOUSEKEEPING			427,478	33,952.33	12.59	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY			1,182,086	48,886.13	14.50	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		-473,396	708,690			35
36	CAFETERIA			473,396	31,123.16	15.21	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION			1,309,341	46,315.52	28.27	38
39	CENTRAL SERVICES AND SUPPLY			88,373	5,917.35	14.93	39
40	PHARMACY			1,563,593	46,952.45	33.30	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY			725,247	37,004.32	19.60	41
42	SOCIAL SERVICE			245,299	6,824.93	29.61	42
43	OTHER GENERAL SERVICE		-43,210	202,089			43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	36,978,761		36,978,761	1,564,176.14	23.64	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	9,137,765	198,444	9,336,209	423,233.83	22.06	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	27,840,996	-198,444	27,642,552	1,140,942.31	24.23	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	8,162,064		8,162,064	158,736.50	51.42	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	9,885,017		9,885,017		35.76	5
6	TOTAL (SUM OF LINES 3 THRU 5)	45,888,077	-198,444	45,689,633	1,299,678.81	35.15	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	10,202,541	-198,444	10,004,097	461,046.77	21.70	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	349,189	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	2,485,945	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)	4,019,809	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	102,904	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	37,779	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	112,038	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	150,640	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	2,661,859	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	86,424	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)	10,006,587	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	212,112	25

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 08:58

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	723,564	11,584,395	1
2	HOSPITAL	509,357	9,883,502	2
3	SUBPROVIDER - IPF		233,396	3
4	SUBPROVIDER - IRF	10,251	210,450	4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF	36,809	690,560	8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA	99,586	393,142	11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE	67,561	55,119	13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS		118,226	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						1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)						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)			1.31	1.31	4
5 OTHER ADMINISTRATIVE PERSONNEL			5.98	5.98	5
6 DIRECT NURSING SERVICE			12.29	12.29	6
7 NURSING SUPERVISOR					7
8 PHYSICAL THERAPY SERVICE			4.91	4.91	8
9 PHYSICAL THERAPY SUPERVISOR					9
10 OCCUPATIONAL THERAPY SERVICE			1.83	1.83	10
11 OCCUPATIONAL THERAPY SUPERVISOR					11
12 SPEECH PATHOLOGY SERVICE			0.52	0.52	12
13 SPEECH PATHOLOGY SUPERVISOR					13
14 MEDICAL SOCIAL SERVICE					14
15 MEDICAL SOCIAL SERVICE SUPERVISOR					15
16 HOME HEALTH AIDE			9.34	9.34	16
17 HOME HEALTH AIDE SUPERVISOR					17
18 ALL OTHER					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	5,846		269	149	6,264	21
22 SKILLED NURSING VISIT CHARGES	759,850		34,970	19,370	814,190	22
23 PHYSICAL THERAPY VISITS	2,051		12	93	2,156	23
24 PHYSICAL THERAPY VISIT CHARGES	298,410		1,740	13,485	313,635	24
25 OCCUPATIONAL THERAPY VISITS	1,033		6	27	1,066	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	149,785		870	3,915	154,570	26
27 SPEECH PATHOLOGY VISITS	186		1		187	27
28 SPEECH PATHOLOGY VISIT CHARGES	31,620		170		31,790	28
29 MEDICAL SOCIAL SERVICE VISITS	102		7	4	113	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	18,360		1,260	720	20,340	30
31 HOME HEALTH AIDE VISITS	554		2	13	569	31
32 HOME HEALTH AIDE VISIT CHARGES	33,240		120	780	34,140	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	9,772		297	286	10,355	33
34 OTHER CHARGES	17,060		641	49	17,750	34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	1,308,325		39,771	38,319	1,386,415	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	9,772		297	286	10,355	36
37 TOTAL NUMBER OF OUTLIER EPISODES						37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						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	53						1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	13						6
7 TREATMENT CAPACITY PER DAY PER STATION	3						7
8 UTILIZATION (SEE INSTRUCTIONS)	67.00						8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
ESRD PPS					1	2	
10.01 IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							10.01
10.02 DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS FOR 'NEW' PROVIDERS.)					Y		10.02
10.03 IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (SEE INSTRUCTIONS)							10.03
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							13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							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
ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (SEE INSTR.)							
	EPA DESCRIPTION	NET COST OF ESAs FOR RENAL PATIENTS	NET COST OF ESAs FOR HOME PATIENTS	NUMBER OF ESA UNITS RENAL DIALYSIS DEPT.	NUMBER OF ESA UNITS HOME DIALYSIS DEPT.		
22	EPOETIN	122,116		4	5		22

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

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

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS.
		2	3	2 + 3)
				4
3	RUX			3
4	RUL	15		4
5	RVX			5
6	RVL	11		6
7	RHX			7
8	RHL	8		8
9	RMX	9		9
10	RML			10
11	RLX			11
12	RUC	1,153		12
13	RUB	1,871		13
14	RUA	346		14
15	RVC	532		15
16	RVB	996		16
17	RVA	144		17
18	RHC	295		18
19	RHB	239		19
20	RHA	85		20
21	RMC	279		21
22	RMB	145		22
23	RMA	78		23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1			28
29	HE2			29
30	HE1	39		30
31	HD2	13		31
32	HD1	2		32
33	HC2			33
34	HC1	32		34
35	HB2			35
36	HB1	37		36
37	LE2	12		37
38	LE1	16		38
39	LD2			39
40	LD1	105		40
41	LC2			41
42	LC1	29		42
43	LB2			43
44	LB1	9		44
45	CE2			45
46	CE1	17		46
47	CD2	1		47
48	CD1	118		48
49	CC2	2		49
50	CC1	88		50
51	CB2	9		51
52	CB1	62		52
53	CA2			53
54	CA1	70		54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1	8		66
67	BA2			67
68	BA1	6		68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1		24		24 70
71	PD2				71
72	PD1		26		26 72
73	PC2				73
74	PC1		55		55 74
75	PB2				75
76	PB1		5		5 76
77	PA2				77
78	PA1		18		18 78
199	AAA		22		22 199
200	TOTAL		7,031		7,031 200

		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	3,647,842	60.34%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (ALL OTHER)	439,296	7.27%	Y	206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	6,045,023			207

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	6,889	117		275	7,281
3	INPATIENT RESPITE CARE					3
4	GENERAL INPATIENT CARE	27				27
5	TOTAL HOSPICE DAYS	6,916	117		275	7,308

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	423				423
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE					7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	16.35				17.28
9	UNDUPLICATED CENSUS COUNT	213				213

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)				0.361272	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				5,889,549	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				25,620,172	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				9,255,851	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.				3,366,302	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)				45,101	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				134,107	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				48,449	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.				3,348	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)				3,369,650	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	6,220,803	875,726	7,096,529		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	2,247,402	316,375	2,563,777		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	90,479	89,109	179,588		22
23	COST OF CHARITY CARE	2,156,923	227,266	2,384,189		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				4,858,345	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				147,484	27
27	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				4,710,861	28
28	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,701,902	29
29	COST OF UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				4,086,091	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				7,455,741	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		2,430,628	2,430,628	-15,794	1
1.01	00101				11,422	1.01
1.02	00102				4,372	1.02
1.03	00103					1.03
2	00200				2,987,051	2
3	00300		724,242	724,242	-724,242	3
4	00400	499,449	721,974	1,221,423	-236,697	4
5.02	00550	634,957	5,625,911	6,260,868	-54,556	5.02
5.03	00560	402,410	336,278	738,688	4,361	5.03
5.04	00570	274,434	139,361	413,795	-703	5.04
5.05	00580	176,912	403,318	580,230	-242	5.05
5.06	00590	2,275,624	7,678,721	9,954,345	-54,028	5.06
6	00600	318,296	1,730,973	2,049,269	-10,467	6
7	00700		1,576,870	1,576,870		7
8	00800	79,042	82,389	161,431	308,304	8
9	00900	427,478	516,509	943,987	-19,204	9
10	01000	1,182,086	1,262,745	2,444,831	-828,161	10
11	01100				958,418	11
12	01200					12
13	01300	1,309,341	637,662	1,947,003	-10,913	13
14	01400	88,373	127,402	215,775	-96,220	14
15	01500	1,563,593	4,318,588	5,882,181	-1,592,818	15
16	01600	725,247	378,441	1,103,688	-65,258	16
17	01700	245,299	331,519	576,818	-43,478	17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	5,721,403	2,197,443	7,918,846	-489,226	30
31	03100	967,759	523,981	1,491,740	-160,363	31
40	04000	708,755	204,531	913,286	-17,889	40
41	04100	639,073	313,418	952,491	-27,678	41
43	04300	433,505	152,061	585,566	-27,395	43
44	04400	2,742,507	1,301,506	4,044,013	-62,428	44
ANCILLARY SERVICE COST CENTERS						
50	05000	1,357,875	3,119,741	4,477,616	-1,903,140	50
51	05100	188,113	44,322	232,435	-2,310	51
52	05200	267,410	128,520	395,930	-50,850	52
53	05300	895,772	606,748	1,502,520		53
54	05400	1,536,226	2,332,286	3,868,512	-952,254	54
59	05900	546,269	2,545,589	3,091,858	-1,771,985	59
60	06000	1,087,063	1,735,269	2,822,332	-260,914	60
62.30	06250					62.30
65	06500	755,364	316,465	1,071,829	-37,028	65
66	06600	1,149,006	658,866	1,807,872	-13,234	66
68	06800	254,222	84,827	339,049	-32	68
69	06900	365,990	136,330	502,320	-28,877	69
71	07100				2,342,963	71
72	07200				1,672,470	72
73	07300				1,368,243	73
74	07400	504,818	415,866	920,684	-59,232	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	190,960	700,059	891,019	-252,826	90
91	09100	1,718,359	2,511,652	4,230,011	-156,411	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
94	09400					94
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,667,686	1,567,691	3,235,377	-221,236	101
SPECIAL PURPOSE COST CENTERS						
113	11300				718,337	113
116	11600	245,647	462,045	707,692	-87,868	116
118		34,146,323	51,082,747	85,229,070	39,984	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
191	19100					191
194	07950					194

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 08:58

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
194.01 07958 NRCC-REPSITE					194.01
194.02 07959 NRCC-LIFELINE					194.02
194.03 07960 NRCC-OUTREACH					194.03
194.04 07951 NRCC-MERCY SPEC CLIN ENT	488,715	193,356	682,071	-29,336	194.04
194.05 07952 NRCC-MERCY SPEC CLIN GASTRO	701,171	207,533	908,704	-13,665	194.05
194.09 07953 NRCC-SENIOR SERVICES	24,724	30,356	55,080	-1,825	194.09
194.12 07954 NRCC-FREE CLINIC	3,311	2,318	5,629	-337	194.12
194.13 07955 NRCC-TENDER CARE	26,097	7,696	33,793	216,909	194.13
194.16 07956 NRCC-MLC NORTH	1,890,079	1,049,260	2,939,339	-211,730	194.16
194.19 07957 OTHER					194.19
200 TOTAL (SUM OF LINES 118-199)	37,280,420	52,573,266	89,853,686		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	2,414,834	135,636	2,550,470	1
1.01	00101	11,422		11,422	1.01
1.02	00102	4,372		4,372	1.02
1.03	00103				1.03
2	00200	2,987,051	181,220	3,168,271	2
3	00300				3
4	00400	984,726	1,597,435	2,582,161	4
5.02	00550	6,206,312	-195,990	6,010,322	5.02
5.03	00560	743,049	-26	743,023	5.03
5.04	00570	413,092		413,092	5.04
5.05	00580	579,988		579,988	5.05
5.06	00590	9,900,317	-2,401,166	7,499,151	5.06
6	00600	2,038,802	-59,816	1,978,986	6
7	00700	1,576,870		1,576,870	7
8	00800	469,735	-47,753	421,982	8
9	00900	924,783		924,783	9
10	01000	1,616,670	-450,659	1,166,011	10
11	01100	958,418		958,418	11
12	01200				12
13	01300	1,936,090	-405	1,935,685	13
14	01400	119,555	-471	119,084	14
15	01500	4,289,363		4,289,363	15
16	01600	1,038,430	-35,822	1,002,608	16
17	01700	533,340	-266,378	266,962	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	7,429,620	-183,135	7,246,485	30
31	03100	1,331,377		1,331,377	31
40	04000	895,397		895,397	40
41	04100	924,813	-71,426	853,387	41
43	04300	558,171	-1,050	557,121	43
44	04400	3,981,585	-200,980	3,780,605	44
ANCILLARY SERVICE COST CENTERS					
50	05000	2,574,476	-226,500	2,347,976	50
51	05100	230,125		230,125	51
52	05200	345,080		345,080	52
53	05300	1,502,520	-1,068,732	433,788	53
54	05400	2,916,258	-145,023	2,771,235	54
59	05900	1,319,873	-219,785	1,100,088	59
60	06000	2,561,418	-52,883	2,508,535	60
62.30	06250				62.30
65	06500	1,034,801		1,034,801	65
66	06600	1,794,638	-4,532	1,790,106	66
68	06800	339,017	-948	338,069	68
69	06900	473,443		473,443	69
71	07100	2,342,963		2,342,963	71
72	07200	1,672,470		1,672,470	72
73	07300	1,368,243		1,368,243	73
74	07400	861,452	-14,350	847,102	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	638,193		638,193	90
91	09100	4,073,600	-204,989	3,868,611	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	3,014,141	-73,260	2,940,881	101
SPECIAL PURPOSE COST CENTERS					
113	11300	718,337	-718,337		113
116	11600	619,824		619,824	116
118		85,269,054	-4,730,125	80,538,929	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
191	19100				191
194	07950				194

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	
194.01 07958 NRCC-REPSITE				194.01
194.02 07959 NRCC-LIFELINE				194.02
194.03 07960 NRCC-OUTREACH				194.03
194.04 07951 NRCC-MERCY SPEC CLIN ENT	652,735		652,735	194.04
194.05 07952 NRCC-MERCY SPEC CLIN GASTRO	895,039		895,039	194.05
194.09 07953 NRCC-SENIOR SERVICES	53,255		53,255	194.09
194.12 07954 NRCC-FREE CLINIC	5,292		5,292	194.12
194.13 07955 NRCC-TENDERCARE	250,702		250,702	194.13
194.16 07956 NRCC-MLC NORTH	2,727,609		2,727,609	194.16
194.19 07957 OTHER				194.19
200 TOTAL (SUM OF LINES 118-199)	89,853,686	-4,730,125	85,123,561	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
	1	2	3	4	5
1 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A	LAUNDRY & LINEN SERVICE	8		308,520
2 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
3 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
4 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
5 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
6 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
7 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
8 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
9 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
10 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
11 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
12 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
13 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
14 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
15 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
16 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
17 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
18 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
19 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
20 LAUNDRY EXPENSE ACCRUAL REVERSAL REC	A				
500 TOTAL RECLASSIFICATIONS					308,520
CODE LETTER - A					500
1 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-1970 BLDG	1.01		11,422
2 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLUFF BLDG	1.02		4,372
500 TOTAL RECLASSIFICATIONS					15,794
CODE LETTER - B					500
1 INTEREST TO CAPITAL	C				
2 INTEREST TO CAPITAL	C				
3					
4 BANK CHARGES TO A&G	C	A&G-ALL OTHER	5.06		5,905
500 TOTAL RECLASSIFICATIONS					5,905
CODE LETTER - C					500
1 DIETARY EXPENSE ACCRUAL REVERSAL REC	D	DIETARY	10		147,885
2 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
3 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
4 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
5 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
6 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
7 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
8 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
9 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
10 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
11 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
12 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
13 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
14 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
15 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
16 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
17 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
18 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
19 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
20 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
21 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
22 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
23 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
24 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
25 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
26 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
27 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
28 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
29 DIETARY EXPENSE ACCRUAL REVERSAL REC	D				
500 TOTAL RECLASSIFICATIONS					147,885
CODE LETTER - D					500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 PRINTING TRANSFER EXP ACCRUAL REVERS	E	A&G-PURCHASING, STORES	5.03		13,869	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
500 TOTAL RECLASSIFICATIONS					13,869	500
CODE LETTER - E						
1 CAFETERIA RECLASS	F	CAFETERIA	11	473,396		1
2 RECLASS CAFETERIA	F	CAFETERIA	11		485,022	2
500 TOTAL RECLASSIFICATIONS				473,396	485,022	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		2,987,051	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					39
40 EQUIPMENT DEPR RECLASS-751050	G					40
500 TOTAL RECLASSIFICATIONS					2,987,051	500
CODE LETTER - G						
1 CHILDCARE SALARY RECLASS	H	NRCC-TENDERCARE	194.13	155,234		1
2 CHILDCARE OTHER EXP RECLASS	H	NRCC-TENDERCARE	194.13		62,444	2
3 CHILDCARE OTHER EXP RECLASS	H					3
4 CHILDCARE OTHER EXP RECLASS	H					4
500 TOTAL RECLASSIFICATIONS				155,234	62,444	500
CODE LETTER - H						
1 CHARGEABLE DRUGS RECLASS	I	DRUGS CHARGED TO PATIENTS	73		1,490,359	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					1,490,359	500
CODE LETTER - I						
1 EPOETIN COST TO ESRD	J	RENAL DIALYSIS	74		122,116	1
500 TOTAL RECLASSIFICATIONS					122,116	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 CHARGED TO P	71		2,342,963	1
2 CHARGEABLE SUPPLIES AND IMPLANTS REC	K	IMPL. DEV. CHARGED TO PATIENT	72		1,672,470	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
32 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					32
33 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					33
34 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					34
35 CHARGEABLE SUPPLIES AND IMPLANTS REC	K					35
500 TOTAL RECLASSIFICATIONS					4,015,433	500
CODE LETTER - K						
1 PHYSICIANS TO DEPTS	L					1
2 PHYSICIANS TO DEPTS	L					2
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - L						
1 MLC PASTORAL TO MLC (1,635.73 HRS)	M	SKILLED NURSING FACILITY	44	43,210		1
500 TOTAL RECLASSIFICATIONS				43,210		500
CODE LETTER - M						
1 A&G MLC-NORTH	N					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - N						
1 INTEREST EXP TO LINE 113	O	INTEREST EXPENSE	113		718,337	1
500 TOTAL RECLASSIFICATIONS					718,337	500
CODE LETTER - O						
1 SNF MEDICAID PROVIDER TAX	P	SKILLED NURSING FACILITY	44		96,058	1
500 TOTAL RECLASSIFICATIONS					96,058	500
CODE LETTER - P						
GRAND TOTAL (INCREASES)				671,840	10,468,793	

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		6,494	2
3 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	ADULTS & PEDIATRICS	30		74,613	3
4 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	INTENSIVE CARE UNIT	31		20,678	4
5 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	SUBPROVIDER - IPF	40		4,010	5
6 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	SUBPROVIDER - IRF	41		1,217	6
7 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	NURSERY	43		1,605	7
8 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	SKILLED NURSING FACILITY	44		70,254	8
9 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	OPERATING ROOM	50		25,202	9
10 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	RADIOLOGY-DIAGNOSTIC	54		14,306	10
11 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	CARDIAC CATHETERIZATION	59		197	11
12 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	LABORATORY	60		24	12
13 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	RESPIRATORY THERAPY	65		33	13
14 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	PHYSICAL THERAPY	66		2,378	14
15 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	ELECTROCARDIOLOGY	69		3,106	15
16 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	RENAL DIALYSIS	74		1,914	16
17 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	CLINIC	90		1,181	17
18 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	EMERGENCY	91		39,657	18
19 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	NRCC-MERCY SPEC CLIN ENT	194.04		2	19
20 LAUNDRY EXPENSE ACCRUAL REVERSAL REC A	A	NRCC-MLC NORTH	194.16		41,649	20
500 TOTAL RECLASSIFICATIONS					308,520	500
CODE LETTER - A						
1 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLDG & FIXT	1		11,422	9 1
2 BUILDING DEPRECIATION RECLASS	B	CAP REL COSTS-BLDG & FIXT	1		4,372	9 2
500 TOTAL RECLASSIFICATIONS					15,794	500
CODE LETTER - B						
1 INTEREST TO CAPITAL	C					11 1
2 INTEREST TO CAPITAL	C					11 2
3						3
4 BANK CHARGES TO A&G	C	OTHER CAP REL COSTS	3		5,905	4
500 TOTAL RECLASSIFICATIONS					5,905	500
CODE LETTER - C						
1 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	EMPLOYEE BENEFITS DEPARTMENT	4		15,476	1
2 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	A&G-INFO SERVICE	5.02		86	2
3 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	A&G-ALL OTHER	5.06		36,625	3
4 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	NURSING ADMINISTRATION	13		1,295	4
5 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	PHARMACY	15		46	5
6 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	MEDICAL RECORDS & LIBRARY	16		467	6
7 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	SOCIAL SERVICE	17		108	7
8 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	ADULTS & PEDIATRICS	30		42,062	8
9 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	INTENSIVE CARE UNIT	31		7,999	9
10 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	SUBPROVIDER - IPF	40		9,130	10
11 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	SUBPROVIDER - IRF	41		1,733	11
12 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	SKILLED NURSING FACILITY	44		20,486	12
13 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	OPERATING ROOM	50		1,994	13
14 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	RADIOLOGY-DIAGNOSTIC	54		514	14
15 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	CARDIAC CATHETERIZATION	59		40	15
16 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	LABORATORY	60		55	16
17 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	RESPIRATORY THERAPY	65		25	17
18 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	PHYSICAL THERAPY	66		63	18
19 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	SPEECH PATHOLOGY	68		32	19
20 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	ELECTROCARDIOLOGY	69		419	20
21 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	RENAL DIALYSIS	74		31	21
22 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	CLINIC	90		154	22
23 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	EMERGENCY	91		7,708	23
24 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	HOME HEALTH AGENCY	101		62	24
25 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	HOSPICE	116		152	25
26 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	NRCC-SENIOR SERVICES	194.09		387	26
27 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	NRCC-FREE CLINIC	194.12		25	27
28 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	NRCC-TENDER CARE	194.13		512	28
29 DIETARY EXPENSE ACCRUAL REVERSAL REC D	D	NRCC-MLC NORTH	194.16		199	29
500 TOTAL RECLASSIFICATIONS					147,885	500
CODE LETTER - D						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PRINTING TRANSFER EXP ACCRUAL REVERS E		EMPLOYEE BENEFITS DEPARTMENT	4		727	1
2 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-INFO SERVICE	5.02		333	2
3 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-CASHIERS, PFS	5.05		242	3
4 PRINTING TRANSFER EXP ACCRUAL REVERS E		A&G-ALL OTHER	5.06		1,816	4
5 PRINTING TRANSFER EXP ACCRUAL REVERS E		MAINTENANCE & REPAIRS	6		21	5
6 PRINTING TRANSFER EXP ACCRUAL REVERS E		HOUSEKEEPING	9		2	6
7 PRINTING TRANSFER EXP ACCRUAL REVERS E		DIETARY	10		1,086	7
8 PRINTING TRANSFER EXP ACCRUAL REVERS E		NURSING ADMINISTRATION	13		2,036	8
9 PRINTING TRANSFER EXP ACCRUAL REVERS E		CENTRAL SERVICES & SUPPLY	14		62	9
10 PRINTING TRANSFER EXP ACCRUAL REVERS E		PHARMACY	15		7	10
11 PRINTING TRANSFER EXP ACCRUAL REVERS E		MEDICAL RECORDS & LIBRARY	16		81	11
12 PRINTING TRANSFER EXP ACCRUAL REVERS E		SOCIAL SERVICE	17		160	12
13 PRINTING TRANSFER EXP ACCRUAL REVERS E		ADULTS & PEDIATRICS	30		235	13
14 PRINTING TRANSFER EXP ACCRUAL REVERS E		INTENSIVE CARE UNIT	31		361	14
15 PRINTING TRANSFER EXP ACCRUAL REVERS E		SUBPROVIDER - IPF	40		134	15
16 PRINTING TRANSFER EXP ACCRUAL REVERS E		NURSERY	43		156	16
17 PRINTING TRANSFER EXP ACCRUAL REVERS E		SKILLED NURSING FACILITY	44		76	17
18 PRINTING TRANSFER EXP ACCRUAL REVERS E		OPERATING ROOM	50		125	18
19 PRINTING TRANSFER EXP ACCRUAL REVERS E		LABORATORY	60		131	19
20 PRINTING TRANSFER EXP ACCRUAL REVERS E		RESPIRATORY THERAPY	65		146	20
21 PRINTING TRANSFER EXP ACCRUAL REVERS E		PHYSICAL THERAPY	66		3,598	21
22 PRINTING TRANSFER EXP ACCRUAL REVERS E		ELECTROCARDIOLOGY	69		221	22
23 PRINTING TRANSFER EXP ACCRUAL REVERS E		RENAL DIALYSIS	74		465	23
24 PRINTING TRANSFER EXP ACCRUAL REVERS E		EMERGENCY	91		113	24
25 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-SENIOR SERVICES	194.09		1,251	25
26 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-FREE CLINIC	194.12		22	26
27 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-TENDER CARE	194.13		257	27
28 PRINTING TRANSFER EXP ACCRUAL REVERS E		NRCC-MLC NORTH	194.16		5	28
500 TOTAL RECLASSIFICATIONS					13,869	500
CODE LETTER - E						
1 CAFETERIA RECLASS	F	DIETARY	10	473,396		1
2 RECLASS CAFETERIA	F	DIETARY	10		485,022	2
500 TOTAL RECLASSIFICATIONS				473,396	485,022	500
CODE LETTER - F						

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 EQUIPMENT DEPR RECLASS-751000	G	EMPLOYEE BENEFITS DEPARTMENT	4		2,455	9 1
2 EQUIPMENT DEPR RECLASS-751000	G	A&G-INFO SERVICE	5.02		54,137	9 2
3 EQUIPMENT DEPR RECLASS-751000	G	A&G-PURCHASING, STORES	5.03		9,435	9 3
4 EQUIPMENT DEPR RECLASS-751000	G	A&G-ADMITTING, REGIST	5.04		77	9 4
5 EQUIPMENT DEPR RECLASS-751000	G					9 5
6 EQUIPMENT DEPR RECLASS-751000	G	A&G-ALL OTHER	5.06		21,276	9 6
7 EQUIPMENT DEPR RECLASS-751000	G	MAINTENANCE & REPAIRS	6		10,357	9 7
8 EQUIPMENT DEPR RECLASS-751000	G	LAUNDRY & LINEN SERVICE	8		216	9 8
9 EQUIPMENT DEPR RECLASS-751000	G	HOUSEKEEPING	9		2,456	9 9
10 EQUIPMENT DEPR RECLASS-751000	G	DIETARY	10		14,606	9 10
11 EQUIPMENT DEPR RECLASS-751000	G	NURSING ADMINISTRATION	13		7,316	9 11
12 EQUIPMENT DEPR RECLASS-751000	G	CENTRAL SERVICES & SUPPLY	14		82,339	9 12
13 EQUIPMENT DEPR RECLASS-751000	G	PHARMACY	15		130,777	9 13
14 EQUIPMENT DEPR RECLASS-751000	G	MEDICAL RECORDS & LIBRARY	16		64,516	9 14
15 EQUIPMENT DEPR RECLASS-751000	G					9 15
16 EQUIPMENT DEPR RECLASS-751000	G	ADULTS & PEDIATRICS	30		148,912	9 16
17 EQUIPMENT DEPR RECLASS-751000	G	INTENSIVE CARE UNIT	31		58,876	9 17
18 EQUIPMENT DEPR RECLASS-751000	G	SUBPROVIDER - IPF	40		2,628	9 18
19 EQUIPMENT DEPR RECLASS-751000	G	SUBPROVIDER - IRF	41		14,605	9 19
20 EQUIPMENT DEPR RECLASS-751000	G	NURSERY	43		17,832	9 20
21 EQUIPMENT DEPR RECLASS-751000	G	SKILLED NURSING FACILITY	44		37,387	9 21
22 EQUIPMENT DEPR RECLASS-751000	G	OPERATING ROOM	50		313,955	9 22
23 EQUIPMENT DEPR RECLASS-751000	G	DELIVERY ROOM & LABOR ROOM	52		25,941	9 23
24 EQUIPMENT DEPR RECLASS-751000	G	RADIOLOGY-DIAGNOSTIC	54		888,002	9 24
25 EQUIPMENT DEPR RECLASS-751000	G	CARDIAC CATHETERIZATION	59		590,105	9 25
26 EQUIPMENT DEPR RECLASS-751000	G	LABORATORY	60		93,511	9 26
27 EQUIPMENT DEPR RECLASS-751000	G	RESPIRATORY THERAPY	65		17,841	9 27
28 EQUIPMENT DEPR RECLASS-751000	G	PHYSICAL THERAPY	66		7,095	9 28
29 EQUIPMENT DEPR RECLASS-751000	G	ELECTROCARDIOLOGY	69		15,250	9 29
30 EQUIPMENT DEPR RECLASS-751000	G	RENAL DIALYSIS	74		26,728	9 30
31 EQUIPMENT DEPR RECLASS-751000	G	CLINIC	90		9,538	9 31
32 EQUIPMENT DEPR RECLASS-751000	G	EMERGENCY	91		30,461	9 32
33 EQUIPMENT DEPR RECLASS-751000	G	HOME HEALTH AGENCY	101		54,417	9 33
34 EQUIPMENT DEPR RECLASS-751000	G	HOSPICE	116		369	9 34
35 EQUIPMENT DEPR RECLASS-751000	G	NRCC-MERCY SPEC CLIN ENT	194.04		23,657	9 35
36 EQUIPMENT DEPR RECLASS-751000	G	NRCC-MERCY SPEC CLIN GASTRO	194.05		8,604	9 36
37 EQUIPMENT DEPR RECLASS-751000	G	NRCC-SENIOR SERVICES	194.09		187	9 37
38 EQUIPMENT DEPR RECLASS-751000	G	NRCC-MLC NORTH	194.16		21,993	9 38
39 EQUIPMENT DEPR RECLASS-751020	G	HOME HEALTH AGENCY	101		38,214	9 39
40 EQUIPMENT DEPR RECLASS-751050	G	LABORATORY	60		140,980	9 40
500 TOTAL RECLASSIFICATIONS					2,987,051	500
CODE LETTER - G						
1 CHILDCARE SALARY RECLASS	H	EMPLOYEE BENEFITS DEPARTMENT	4	155,234		1
2 CHILDCARE OTHER EXP RECLASS	H	EMPLOYEE BENEFITS DEPARTMENT	4		62,444	2
3 CHILDCARE OTHER EXP RECLASS	H					3
4 CHILDCARE OTHER EXP RECLASS	H					4
500 TOTAL RECLASSIFICATIONS				155,234	62,444	500
CODE LETTER - H						
1 CHARGEABLE DRUGS RECLASS	I	DIETARY	10		1,835	1
2 CHARGEABLE DRUGS RECLASS	I	PHARMACY	15		1,398,926	2
3 CHARGEABLE DRUGS RECLASS	I	RADIOLOGY-DIAGNOSTIC	54		1,436	3
4 CHARGEABLE DRUGS RECLASS	I	CLINIC	90		2,647	4
5 CHARGEABLE DRUGS RECLASS	I	HOSPICE	116		85,512	5
6 CHARGEABLE DRUGS RECLASS	I	NRCC-MERCY SPEC CLIN GASTRO	194.05		3	6
500 TOTAL RECLASSIFICATIONS					1,490,359	500
CODE LETTER - I						
1 EPOETIN COST TO ESRD	J	DRUGS CHARGED TO PATIENTS	73		122,116	1
500 TOTAL RECLASSIFICATIONS					122,116	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE		Wkst A-7 REF.		
		COST CENTER	LINE #		SALARY	OTHER
	1	6	7	8	9	10
1 CHARGEABLE SUPPLIES AND IMPLANTS REC K		EMPLOYEE BENEFITS DEPARTMENT	4		361	1
2 CHARGEABLE SUPPLIES AND IMPLANTS REC K		A&G-PURCHASING, STORES	5.03		73	2
3 CHARGEABLE SUPPLIES AND IMPLANTS REC K		A&G-ADMITTING, REGIST	5.04		626	3
4 CHARGEABLE SUPPLIES AND IMPLANTS REC K		A&G-ALL OTHER	5.06		216	4
5 CHARGEABLE SUPPLIES AND IMPLANTS REC K		MAINTENANCE & REPAIRS	6		89	5
6 CHARGEABLE SUPPLIES AND IMPLANTS REC K		HOUSEKEEPING	9		16,746	6
7 CHARGEABLE SUPPLIES AND IMPLANTS REC K		DIETARY	10		101	7
8 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NURSING ADMINISTRATION	13		266	8
9 CHARGEABLE SUPPLIES AND IMPLANTS REC K		CENTRAL SERVICES & SUPPLY	14		7,325	9
10 CHARGEABLE SUPPLIES AND IMPLANTS REC K		PHARMACY	15		63,062	10
11 CHARGEABLE SUPPLIES AND IMPLANTS REC K		MEDICAL RECORDS & LIBRARY	16		194	11
12 CHARGEABLE SUPPLIES AND IMPLANTS REC K		ADULTS & PEDIATRICS	30		223,404	12
13 CHARGEABLE SUPPLIES AND IMPLANTS REC K		INTENSIVE CARE UNIT	31		72,449	13
14 CHARGEABLE SUPPLIES AND IMPLANTS REC K		SUBPROVIDER - IPF	40		1,987	14
15 CHARGEABLE SUPPLIES AND IMPLANTS REC K		SUBPROVIDER - IRF	41		10,123	15
16 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NURSERY	43		7,802	16
17 CHARGEABLE SUPPLIES AND IMPLANTS REC K		SKILLED NURSING FACILITY	44		73,493	17
18 CHARGEABLE SUPPLIES AND IMPLANTS REC K		OPERATING ROOM	50		1,561,864	18
19 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RECOVERY ROOM	51		2,310	19
20 CHARGEABLE SUPPLIES AND IMPLANTS REC K		DELIVERY ROOM & LABOR ROOM	52		24,909	20
21 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RADIOLOGY-DIAGNOSTIC	54		47,996	21
22 CHARGEABLE SUPPLIES AND IMPLANTS REC K		CARDIAC CATHETERIZATION	59		1,181,643	22
23 CHARGEABLE SUPPLIES AND IMPLANTS REC K		LABORATORY	60		26,213	23
24 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RESPIRATORY THERAPY	65		18,983	24
25 CHARGEABLE SUPPLIES AND IMPLANTS REC K		PHYSICAL THERAPY	66		100	25
26 CHARGEABLE SUPPLIES AND IMPLANTS REC K		ELECTROCARDIOLOGY	69		9,881	26
27 CHARGEABLE SUPPLIES AND IMPLANTS REC K		RENAL DIALYSIS	74		152,210	27
28 CHARGEABLE SUPPLIES AND IMPLANTS REC K		CLINIC	90		239,306	28
29 CHARGEABLE SUPPLIES AND IMPLANTS REC K		EMERGENCY	91		78,472	29
30 CHARGEABLE SUPPLIES AND IMPLANTS REC K		HOME HEALTH AGENCY	101		128,543	30
31 CHARGEABLE SUPPLIES AND IMPLANTS REC K		HOSPICE	116		1,835	31
32 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NRCC-MERCY SPEC CLIN ENT	194.04		5,677	32
33 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NRCC-MERCY SPEC CLIN GASTRO	194.05		5,058	33
34 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NRCC-FREE CLINIC	194.12		290	34
35 CHARGEABLE SUPPLIES AND IMPLANTS REC K		NRCC-MLC NORTH	194.16		51,826	35
500 TOTAL RECLASSIFICATIONS					4,015,433	500
CODE LETTER - K						
1 PHYSICIANS TO DEPTS	L					1
2 PHYSICIANS TO DEPTS	L					2
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - L						
1 MLC PASTORAL TO MLC (1,635.73 HRS)	M	SOCIAL SERVICE	17	43,210		1
500 TOTAL RECLASSIFICATIONS				43,210		500
CODE LETTER - M						
1 A&G MLC-NORTH	N					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - N						
1 INTEREST EXP TO LINE 113	O	OTHER CAP REL COSTS	3		718,337	11 1
500 TOTAL RECLASSIFICATIONS					718,337	500
CODE LETTER - O						
1 SNF MEDICAID PROVIDER TAX	P	NRCC-MLC NORTH	194.16		96,058	1
500 TOTAL RECLASSIFICATIONS					96,058	500
CODE LETTER - P						
GRAND TOTAL (DECREASES)				671,840	10,468,793	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	550,895	87,589		87,589		638,484	1
2 LAND IMPROVEMENTS	2,475,441	93,612		93,612		2,569,053	2
3 BUILDINGS AND FIXTURES	71,813,353	1,869,156		1,869,156	17,821	73,664,688	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	32,273,380	3,487,819		3,487,819	1,200,548	34,560,651	6
7 HIT DESIGNATED ASSETS	14,508,538	1,442,784		1,442,784		15,951,322	7
8 SUBTOTAL (SUM OF LINES 1-7)	121,621,607	6,980,960		6,980,960	1,218,369	127,384,198	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	121,621,607	6,980,960		6,980,960	1,218,369	127,384,198	44,121,113 10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	2,430,628						2,430,628 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)	2,430,628						2,430,628 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	RATIOS		INSURANCE	TAXES	OTHER	TOTAL
			FOR RATIO (COL. 1 - COL. 2)	(SEE INSTR.)			CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	68,993,895		68,993,895	0.541629				1
1.01 CAP REL COSTS-1970 BLDG	6,288,140		6,288,140	0.049364				1.01
1.02 CAP REL COSTS-BLUFF BLDG	1,507,009		1,507,009	0.011831				1.02
1.03 RAD ONCOL BLDG	81,181		81,181	0.000637				1.03
2 CAP REL COSTS-MVBLE EQUIP	50,511,973		50,511,973	0.396539				2
3 TOTAL (SUM OF LINES 1-2)	127,382,198		127,382,198	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	2,414,834			135,636			2,550,470 1
1.01 CAP REL COSTS-1970 BLDG	11,422						11,422 1.01
1.02 CAP REL COSTS-BLUFF BLDG	4,372						4,372 1.02
1.03 RAD ONCOL BLDG							1.03
2 CAP REL COSTS-MVBLE EQUIP	3,168,271						3,168,271 2
3 TOTAL	5,598,899			135,636			5,734,535 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)	A	-375,258	INTEREST EXPENSE	113	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	-1,736,909			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	334,361			12
13 LAUNDRY AND LINEN SERVICE	B	-47,753	LAUNDRY & LINEN SERVICE	8	13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-449,068	DIETARY	10	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33					33
33.08 EXTERNAL PERSONNEL SRVC	B	-240	EMPLOYEE BENEFITS DEPARTMENT	4	33.08
33.10 CHILD CARE REVENUE	B	-109,623	EMPLOYEE BENEFITS DEPARTMENT	4	33.10
33.12 MANAGEMENT REV ADMIN	B	-211,044	A&G-ALL OTHER	5.06	33.12
33.14 CONFERENCES REVENUE	B	-184,000	A&G-ALL OTHER	5.06	33.14
33.16 EXTERNAL FIN INTEREST	B	6,800	RADIOLOGY-DIAGNOSTIC	54	33.16
33.18 MOBILE ULTRASOUND REV	B	-9,534	RADIOLOGY-DIAGNOSTIC	54	33.18
33.19 RADIOLOGY REVENUE	B	-1,660	RADIOLOGY-DIAGNOSTIC	54	33.19
33.32 OTHER REVENUE COPIES	B	-1,083	MEDICAL RECORDS & LIBRARY	16	33.32
33.33 OTHER REVENUE COPIES	B	-26	A&G-PURCHASING, STORES	5.03	33.33
33.34 MED RECORD REVENUE	B	-34,705	MEDICAL RECORDS & LIBRARY	16	33.34
33.38 DME OTHER INCOME	B	-71,363	HOME HEALTH AGENCY	101	33.38
33.62 CLINICAL LAB REVENUE	B	-7,717	LABORATORY	60	33.62
33.65 CE AND CPR REVENUE	B	-405	NURSING ADMINISTRATION	13	33.65
33.66 CE AND CPR REVENUE	B	-2,865	A&G-ALL OTHER	5.06	33.66
33.84 EMPLOYEE WELLNESS	B	-2,122	EMPLOYEE BENEFITS DEPARTMENT	4	33.84
33.90 WELLNESS REVENUE	B	-15,751	EMPLOYEE BENEFITS DEPARTMENT	4	33.90
34					34
34.14 RENTAL SPACE REVENUE	B	-105,909	A&G-ALL OTHER	5.06	34.14
34.15 RENTAL SPACE REVENUE	B	-59,816	MAINTENANCE & REPAIRS	6	34.15
35					35
35.01 OTHER OPERATING REVENUE	B	-141,095	A&G-ALL OTHER	5.06	35.01
35.02 OTHER OPERATING REVENUE	B	-1,591	DIETARY	10	35.02
35.03 OTHER OPERATING REVENUE	B	-471	CENTRAL SERVICES & SUPPLY	14	35.03
35.04 OTHER OPERATING REVENUE	B	-34	MEDICAL RECORDS & LIBRARY	16	35.04
35.05 OTHER OPERATING REVENUE	B	-3,535	ADULTS & PEDIATRICS	30	35.05
35.06 OTHER OPERATING REVENUE	B	-1,050	NURSERY	43	35.06
35.07 OTHER OPERATING REVENUE	B	-3,500	OPERATING ROOM	50	35.07
35.08 OTHER OPERATING REVENUE	B	-2,736	RADIOLOGY-DIAGNOSTIC	54	35.08

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
35.09 OTHER OPERATING REVENUE	B	-1,000	LABORATORY	60	35.09
35.10 OTHER OPERATING REVENUE	B	-4,532	PHYSICAL THERAPY	66	35.10
35.11 OTHER OPERATING REVENUE	B	-948	SPEECH PATHOLOGY	68	35.11
35.12 OTHER OPERATING REVENUE	B	-338	RENAL DIALYSIS	74	35.12
35.13 OTHER OPERATING REVENUE	B	-360	EMERGENCY	91	35.13
35.14 OTHER OPERATING REVENUE	B	-1,897	HOME HEALTH AGENCY	101	35.14
36					36
36.01 CRNA PT B-SAL, WAGE	A	-574,305	ANESTHESIOLOGY	53	36.01
36.02 CRNA PT B-BENEFITS	A	-124,244	ANESTHESIOLOGY	53	36.02
36.11 AHA DUES-LOBBYING PORTION	A	-2,195	A&G-ALL OTHER	5.06	36.11
36.12 CATH HOSP ASSOC-LOBBYING	A	-447	A&G-ALL OTHER	5.06	36.12
37					37
38 IOWA MEDICAID PROVIDER TAX-HOSP	A	-579,646	A&G-ALL OTHER	5.06	38
39 IOWA MEDICAID PROVIDER TAX-SNF	A	-200,511	SKILLED NURSING FACILITY	44	39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,730,125			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	3,627,606	3,823,596	-195,990	1
2	2	CAP REL COSTS-MVBLE EQUIP	TIS CAPITAL	25,793		25,793	9 2
3	2	CAP REL COSTS-MVBLE EQUIP	IMPLEMENTATION COSTS	61,182		61,182	9 3
3.02	5.06	A&G-ALL OTHER	TH HOME OFFICE BILLING	5,295,764	6,485,979	-1,190,215	4.02
3.03	2	CAP REL COSTS-MVBLE EQUIP	TH CAPITAL	94,245		94,245	9 4.03
3.04	5.06	A&G-ALL OTHER	MALPRACTICE	137,965	2,306	135,659	4.04
3.05	1	CAP REL COSTS-BLDG & FIXT	PROPERTY INSURE	138,230	2,594	135,636	12 4.05
3.06	5.06	A&G-ALL OTHER	INTEGRATED RISK	60,418	394,673	-334,255	4.06
3.07	5.06	A&G-ALL OTHER	WORK COMP	150,640	118,842	31,798	4.07
3.08	4	EMPLOYEE BENEFITS DEPARTMENT	PENSION	4,093,666	2,208,000	1,885,666	4.08
3.09	4	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE STOP-LOSS	112,473	272,968	-160,495	4.09
3.10	5.06	A&G-ALL OTHER	IC RECOVERIES		-112,404	112,404	4.10
3.11	5.06	A&G-ALL OTHER	PHARMACY RECOVERIES		-65,969	65,969	4.11
3.13	113	INTEREST EXPENSE	INTER-COMPANY LOAN INTERE	375,258	718,337	-343,079	12 4.13
3.14	5.06	A&G-ALL OTHER	BOND ISSUE COST	4,537		4,537	4.14
3.15	5.06	A&G-ALL OTHER	PREMIUM AMORT	-13,972		-13,972	4.15
3.16	5.06	A&G-ALL OTHER	BANK SERV FEES	4,381		4,381	4.16
3.17	5.06	A&G-ALL OTHER	BANK TRUSTEE FEE	4,381		4,381	4.17
3.18	5.06	A&G-ALL OTHER	LETTER OF CREDIT FEES	10,716		10,716	4.18
4							4
5		TOTALS (SUM OF LINES 1-4)		14,183,283	13,848,922	334,361	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B MERCY MEDICAL CENTER		CHE 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	DIR-81000		6,508	136,700	72	4,732	237	1
2	17	SOCIAL SERVICE	DIR-97600		8,000	136,700	115	7,558	378	2
3	40	SUBPROVIDER - IPF	DIR-43000		4,000	138,700	60	4,001	200	3
4	41	SUBPROVIDER - IRF	DIR-46000		90,833	171,400	390	32,138	1,607	4
5	44	SKILLED NURSING FACILITY	DIR-47215		2,046	136,700	24	1,577	79	5
6	50	OPERATING ROOM	DIR-26010		54,700	204,100	247	24,237	1,212	6
7	53	ANESTHESIOLOGY	DIR-28000		18,360	200,300	102	9,822	491	7
8	54	RADIOLOGY-DIAGNOSTIC	DIR-17000		58,991	231,100	476	52,886	2,644	8
9	59	CARDIAC CATHETERIZATION	DIR-13300		56,125	204,100	192	18,840	942	9
10	60	LABORATORY	DIR-19000	(41)	263,666	219,500	2,080	219,500	10,975	10
11	74	RENAL DIALYSIS	DIR-17500		26,000	154,100	232	17,188	859	11
12	91	EMERGENCY	DIR-22010		158,277	204,100	953	93,513	4,676	12
13	91	EMERGENCY	DIR-81050		40,667	204,100	212	20,802	1,040	13
15	17	SOCIAL SERVICE	CALL-97600		70,391					15
16	30	ADULTS & PEDIATRICS	CALL-33500		179,600					16
17	50	OPERATING ROOM	CALL-26010		192,537					17
18	59	CARDIAC CATHETERIZATION	CALL-13300		182,500					18
20	5.06	A&G-ALL OTHER	PRO-81000		3,592					20
21	17	SOCIAL SERVICE	PRO-97600		195,545					21
22	53	ANESTHESIOLOGY	PRO-28000		50,000					22
23	54	RADIOLOGY-DIAGNOSTIC	PRO-17000		131,788					23
24	74	RENAL DIALYSIS	PRO-17500		5,200					24
25	91	EMERGENCY	PRO-81050		120,000					25
27	41	SUBPROVIDER - IRF	EMP-46000		20,610	142,500	115	7,879	394	27
28	53	ANESTHESIOLOGY	EMP-28000		321,467	19,808	102	9,822	491	28
200		TOTAL			2,261,403	828,591	5,372	524,495	26,225	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	DIR-81000				4,732	1,776	1,776	1
2	17 SOCIAL SERVICE	DIR-97600				7,558	442	442	2
3	40 SUBPROVIDER - IPF	DIR-43000				4,001			3
4	41 SUBPROVIDER - IRF	DIR-46000				32,138	58,695	58,695	4
5	44 SKILLED NURSING FACILITY	DIR-47215				1,577	469	469	5
6	50 OPERATING ROOM	DIR-26010				24,237	30,463	30,463	6
7	53 ANESTHESIOLOGY	DIR-28000				9,822	8,538	8,538	7
8	54 RADIOLOGY-DIAGNOSTIC	DIR-17000				52,886	6,105	6,105	8
9	59 CARDIAC CATHETERIZATION	DIR-13300				18,840	37,285	37,285	9
10	60 LABORATORY	DIR-19000	(41)			219,500	44,166	44,166	10
11	74 RENAL DIALYSIS	DIR-17500				17,188	8,812	8,812	11
12	91 EMERGENCY	DIR-22010				93,513	64,764	64,764	12
13	91 EMERGENCY	DIR-81050				20,802	19,865	19,865	13
15	17 SOCIAL SERVICE	CALL-97600						70,391	15
16	30 ADULTS & PEDIATRICS	CALL-33500						179,600	16
17	50 OPERATING ROOM	CALL-26010						192,537	17
18	59 CARDIAC CATHETERIZATION	CALL-13300						182,500	18
20	5.06 A&G-ALL OTHER	PRO-81000						3,592	20
21	17 SOCIAL SERVICE	PRO-97600						195,545	21
22	53 ANESTHESIOLOGY	PRO-28000						50,000	22
23	54 RADIOLOGY-DIAGNOSTIC	PRO-17000						131,788	23
24	74 RENAL DIALYSIS	PRO-17500						5,200	24
25	91 EMERGENCY	PRO-81050						120,000	25
27	41 SUBPROVIDER - IRF	EMP-46000				7,879	12,731	12,731	27
28	53 ANESTHESIOLOGY	EMP-28000				9,822	9,986	311,645	28
200	TOTAL					524,495	304,097	1,736,909	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	CAP	CAP REL	CAP REL	CAP	
	FOR COST					
	ALLOCATION	FIXTURES			EQUIPMENT	
	(FROM WKST	1			2	
	A, COL.7)					
	0		1.01	1.02		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,550,470	2,550,470				1
1.01 CAP REL COSTS-1970 BLDG	11,422		11,422			1.01
1.02 CAP REL COSTS-BLUFF BLDG	4,372			4,372		1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP	3,168,271				3,168,271	2
4 EMPLOYEE BENEFITS DEPARTMENT	2,582,161	16,474	1,006		2,604	4
5.02 A&G-INFO SERVICE	6,010,322	77,528			57,421	5.02
5.03 A&G-PURCHASING, STORES	743,023	68,207			10,007	5.03
5.04 A&G-ADMITTING, REGIST	413,092	19,479			81	5.04
5.05 A&G-CASHIERS, PFS	579,988	22,890				5.05
5.06 A&G-ALL OTHER	7,499,151	250,647	231	2,240	22,567	5.06
6 MAINTENANCE & REPAIRS	1,978,986	34,971	106		10,985	6
7 OPERATION OF PLANT	1,576,870					7
8 LAUNDRY & LINEN SERVICE	421,982	14,566	315		229	8
9 HOUSEKEEPING	924,783	17,153	173		2,605	9
10 DIETARY	1,166,011	106,444	756		9,444	10
11 CAFETERIA	958,418				6,048	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,935,685	16,560			7,760	13
14 CENTRAL SERVICES & SUPPLY	119,084	41,921			87,334	14
15 PHARMACY	4,289,363				138,711	15
16 MEDICAL RECORDS & LIBRARY	1,002,608	59,074			68,430	16
17 SOCIAL SERVICE	266,962	29,335				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,246,485	729,816			157,946	30
31 INTENSIVE CARE UNIT	1,331,377	72,557			62,448	31
40 SUBPROVIDER - IPF	895,397	37,485			2,787	40
41 SUBPROVIDER - IRF	853,387		1,288		15,491	41
43 NURSERY	557,121	16,127			18,914	43
44 SKILLED NURSING FACILITY	3,780,605		3,877		39,655	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,347,976	215,040			333,002	50
51 RECOVERY ROOM	230,125					51
52 DELIVERY ROOM & LABOR ROOM	345,080	48,092			27,515	52
53 ANESTHESIOLOGY	433,788					53
54 RADIOLOGY-DIAGNOSTIC	2,771,235	181,457			941,880	54
59 CARDIAC CATHETERIZATION	1,100,088	90,129			625,906	59
60 LABORATORY	2,508,535	78,510			248,717	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,034,801	32,731			18,923	65
66 PHYSICAL THERAPY	1,790,106	19,248	1,144		7,525	66
68 SPEECH PATHOLOGY	338,069		36			68
69 ELECTROCARDIOLOGY	473,443	28,930			16,175	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,342,963					71
72 IMPL. DEV. CHARGED TO PATIENTS	1,672,470					72
73 DRUGS CHARGED TO PATIENTS	1,368,243	35,520				73
74 RENAL DIALYSIS	847,102	3,006	537		28,350	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	638,193				10,117	90
91 EMERGENCY	3,868,611	137,773			32,309	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,940,881		923	556	98,251	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	619,824			1	391	116
118 SUBTOTALS (SUM OF LINES 1-117)	80,538,929	2,501,670	10,392	2,797	3,110,528	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,743				190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL 1970 BLDG 1.01	CAP REL BLUFF BLDG 1.02	CAP MOVABLE EQUIPMENT 2	
191 RESEARCH			125			191
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			148			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	652,735				25,092	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	895,039	30,057	688	1,056	9,126	194.05
194.09 NRCC-SENIOR SERVICES	53,255		69		198	194.09
194.12 NRCC-FREE CLINIC	5,292					194.12
194.13 NRCC-TENDER CARE	250,702			519		194.13
194.16 NRCC-MLC NORTH	2,727,609				23,327	194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	85,123,561	2,550,470	11,422	4,372	3,168,271	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS. 0-4) 4A	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	A&G ADMITTING REGISTR 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	2,602,245					4
5.02 A&G-INFO SERVICE	44,734	6,190,005	6,190,005			5.02
5.03 A&G-PURCHASING, STORES	28,351	849,588	66,625	916,213		5.03
5.04 A&G-ADMITTING, REGIST	19,334	451,986	35,445		487,431	5.04
5.05 A&G-CASHIERS, PFS	12,464	615,342	48,255			5.05
5.06 A&G-ALL OTHER	160,322	7,935,158	622,275			5.06
6 MAINTENANCE & REPAIRS	22,425	2,047,473	160,563			6
7 OPERATION OF PLANT		1,576,870	123,658			7
8 LAUNDRY & LINEN SERVICE	5,569	442,661	34,713			8
9 HOUSEKEEPING	30,117	974,831	76,446			9
10 DIETARY	49,929	1,332,584	104,501			10
11 CAFETERIA	33,352	997,818	78,249			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	92,246	2,052,251	160,938			13
14 CENTRAL SERVICES & SUPPLY	6,226	254,565	19,963			14
15 PHARMACY	110,158	4,538,232	355,888			15
16 MEDICAL RECORDS & LIBRARY	51,095	1,181,207	92,630			16
17 SOCIAL SERVICE	14,238	310,535	24,352			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	403,097	8,537,344	669,535	93,271	49,629	30
31 INTENSIVE CARE UNIT	68,181	1,534,563	120,340	19,764	10,516	31
40 SUBPROVIDER - IPF	49,933	985,602	77,291	7,463	3,971	40
41 SUBPROVIDER - IRF	45,024	915,190	71,769	6,944	3,695	41
43 NURSERY	30,541	622,703	48,832	7,595	4,041	43
44 SKILLED NURSING FACILITY	196,259	4,020,396	315,279	25,335	13,480	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	95,665	2,991,683	234,608	81,558	43,396	50
51 RECOVERY ROOM	13,253	243,378	19,086	13,817	7,352	51
52 DELIVERY ROOM & LABOR ROOM	18,840	439,527	34,468	6,680	3,554	52
53 ANESTHESIOLOGY	63,109	496,897	38,967	21,909	11,658	53
54 RADIOLOGY-DIAGNOSTIC	108,230	4,002,802	313,900	122,907	65,321	54
59 CARDIAC CATHETERIZATION	38,486	1,854,609	145,438	56,127	29,865	59
60 LABORATORY	76,586	2,912,348	228,386	103,608	55,129	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	53,217	1,139,672	89,373	11,888	6,325	65
66 PHYSICAL THERAPY	80,950	1,898,973	148,917	20,139	10,716	66
68 SPEECH PATHOLOGY	17,910	356,015	27,919	3,417	1,818	68
69 ELECTROCARDIOLOGY	25,785	544,333	42,687	17,531	9,328	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,342,963	183,735	8,390	4,464	71
72 IMPL. DEV. CHARGED TO PATIENTS		1,672,470	131,155	26,631	14,170	72
73 DRUGS CHARGED TO PATIENTS		1,403,763	110,083	113,517	60,401	73
74 RENAL DIALYSIS	35,565	914,560	71,720	39,411	20,970	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	13,454	661,764	51,896	11,277	6,001	90
91 EMERGENCY	121,062	4,159,755	326,208	69,224	36,833	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	117,492	3,158,103	247,658	22,731	12,095	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	17,306	637,522	49,994	5,079	2,703	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,370,505	80,198,041	5,803,745	916,213	487,431	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,743	1,470			190
191 RESEARCH		125	10			191

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (COLS. 0-4) 4A	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	A&G ADMITTING REGISTR 5.04	
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		148	12			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	34,431	712,258	55,855			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	49,399	985,365	77,272			194.05
194.09 NRCC-SENIOR SERVICES	1,742	55,264	4,334			194.09
194.12 NRCC-FREE CLINIC	233	5,525	433			194.12
194.13 NRCC-TENDER CARE	12,775	263,996	20,703			194.13
194.16 NRCC-MLC NORTH	133,160	2,884,096	226,171			194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,602,245	85,123,561	6,190,005	916,213	487,431	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	A&G	SUBTOTAL (COLS. 0-4)	A&G	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
	CASHIERS A/R, PFS 5.05		ALL OTHER 5.06			
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 DEPARTMENT						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	663,597					5.05
5.06 A&G-ALL OTHER		8,557,433	8,557,433			5.06
6 MAINTENANCE & REPAIRS		2,208,036	246,781	2,454,817		6
7 OPERATION OF PLANT		1,700,528	190,060		1,890,588	7
8 LAUNDRY & LINEN SERVICE		477,374	53,354	17,356	13,367	8
9 HOUSEKEEPING		1,051,277	117,496	20,438	15,740	9
10 DIETARY		1,437,085	160,616	126,828	97,677	10
11 CAFETERIA		1,076,067	120,267			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,213,189	247,357	19,732	15,197	13
14 CENTRAL SERVICES & SUPPLY		274,528	30,683	49,949	38,469	14
15 PHARMACY		4,894,120	546,991			15
16 MEDICAL RECORDS & LIBRARY		1,273,837	142,370	70,387	54,209	16
17 SOCIAL SERVICE		334,887	37,429	34,952	26,919	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	67,544	9,417,323	1,052,545	869,578	669,705	30
31 INTENSIVE CARE UNIT	14,313	1,699,496	189,944	86,451	66,581	31
40 SUBPROVIDER - IPF	5,404	1,079,731	120,676	44,663	34,398	40
41 SUBPROVIDER - IRF	5,029	1,002,627	112,059			41
43 NURSERY	5,500	688,671	76,969	19,215	14,799	43
44 SKILLED NURSING FACILITY	18,347	4,392,837	490,965			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	59,062	3,410,307	381,153	256,221	197,329	50
51 RECOVERY ROOM	10,006	293,639	32,819			51
52 DELIVERY ROOM & LABOR ROOM	4,837	489,066	54,660	57,301	44,131	52
53 ANESTHESIOLOGY	15,866	585,297	65,416			53
54 RADIOLOGY-DIAGNOSTIC	89,108	4,594,038	513,453	216,206	166,512	54
59 CARDIAC CATHETERIZATION	40,646	2,126,685	237,689	107,388	82,706	59
60 LABORATORY	75,030	3,374,501	377,151	93,545	72,044	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	8,609	1,255,867	140,362	38,999	30,035	65
66 PHYSICAL THERAPY	14,584	2,093,329	233,961	22,934	17,663	66
68 SPEECH PATHOLOGY	2,475	391,644	43,772			68
69 ELECTROCARDIOLOGY	12,695	626,574	70,029	34,470	26,548	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,075	2,545,627	284,512			71
72 IMPL. DEV. CHARGED TO PATIENTS	19,285	1,863,711	208,298			72
73 DRUGS CHARGED TO PATIENTS	82,206	1,769,970	197,821	42,322	32,594	73
74 RENAL DIALYSIS	28,540	1,075,201	120,170	3,581	2,758	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	8,167	739,105	82,606			90
91 EMERGENCY	50,130	4,642,150	518,830	164,156	126,426	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	16,461	3,457,048	386,377			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	3,678	698,976	78,121			116
118 SUBTOTALS (SUM OF LINES 1-117)	663,597	79,811,781	7,963,762	2,396,672	1,845,807	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		20,213	2,259	22,332	17,199	190
191 RESEARCH		135	15			191

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	A&G	SUBTOTAL (COLS.0-4)	A&G		MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	CASHIERS A/R, PFS		ALL	OTHER			
	5.05			5.06	6	7	
194 OTHER NON-REIMB							194
194.01 NRCC-REPSITE		160		18			194.01
194.02 NRCC-LIFELINE							194.02
194.03 NRCC-OUTREACH							194.03
194.04 NRCC-MERCY SPEC CLIN ENT		768,113		85,848			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO		1,062,637		118,766	35,813	27,582	194.05
194.09 NRCC-SENIOR SERVICES		59,598		6,661			194.09
194.12 NRCC-FREE CLINIC		5,958		666			194.12
194.13 NRCC-TENDER CARE		284,699		31,819			194.13
194.16 NRCC-MLC NORTH		3,110,267		347,619			194.16
194.19 OTHER							194.19
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 TOTAL (SUM OF LINES 118-201)	663,597	85,123,561		8,557,433	2,454,817	1,890,588	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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 DEPARTMENT						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	561,451					8
9 HOUSEKEEPING		1,204,951				9
10 DIETARY		12,916	1,835,122			10
11 CAFETERIA		15,162		1,211,496		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		7,300		51,229	2,554,004	13
14 CENTRAL SERVICES & SUPPLY	13,663	17,408		6,545		14
15 PHARMACY				51,937		15
16 MEDICAL RECORDS & LIBRARY		10,429		40,931		16
17 SOCIAL SERVICE		5,990		9,360		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	161,191	431,054	732,077	259,732	977,908	30
31 INTENSIVE CARE UNIT	43,504	67,359	37,267	39,587	149,066	31
40 SUBPROVIDER - IPF	4,219	24,601	17,790	30,672	115,492	40
41 SUBPROVIDER - IRF	2,561	49,176	69,408	28,827	108,557	41
43 NURSERY	3,377	2,808	28,886	15,793	59,481	43
44 SKILLED NURSING FACILITY	147,803	104,956	949,694	150,355	566,121	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	53,020	144,693		63,301	238,360	50
51 RECOVERY ROOM				6,441	24,257	51
52 DELIVERY ROOM & LABOR ROOM		11,418		10,092	37,997	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	30,096			65,138		54
59 CARDIAC CATHETERIZATION	414	62,894		19,372		59
60 LABORATORY	49	27,142		54,752		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	69	9,867		34,203		65
66 PHYSICAL THERAPY	5,003	22,328		49,504		66
68 SPEECH PATHOLOGY		5,214		7,324		68
69 ELECTROCARDIOLOGY	6,535	16,124		19,102		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		9,680				73
74 RENAL DIALYSIS	4,027	26,821		25,185		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	2,484	10,429		6,505		90
91 EMERGENCY	83,432	79,152		73,504	276,765	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		17,863		81,711		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				10,394		116
118 SUBTOTALS (SUM OF LINES 1-117)	561,447	1,192,784	1,835,122	1,211,496	2,554,004	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,487				190
191 RESEARCH						191

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
194 OTHER NON-REIMB		4,680				194
194.01 NRCC-REPSITE						194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	4					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 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	561,451	1,204,951	1,835,122	1,211,496	2,554,004	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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 DEPARTMENT						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	431,245					14
15 PHARMACY		5,493,048				15
16 MEDICAL RECORDS & LIBRARY			1,592,163			16
17 SOCIAL SERVICE				449,537		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS			162,084		14,733,197	30
31 INTENSIVE CARE UNIT			34,346		2,413,601	31
40 SUBPROVIDER - IPF			12,969		1,485,211	40
41 SUBPROVIDER - IRF			12,067		1,385,282	41
43 NURSERY			13,198		923,197	43
44 SKILLED NURSING FACILITY			44,026		6,846,757	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			141,728		4,886,112	50
51 RECOVERY ROOM			24,011		381,167	51
52 DELIVERY ROOM & LABOR ROOM			11,607	8,288	724,560	52
53 ANESTHESIOLOGY			38,073		688,786	53
54 RADIOLOGY-DIAGNOSTIC			213,581		5,799,024	54
59 CARDIAC CATHETERIZATION			97,537		2,734,685	59
60 LABORATORY			180,047		4,179,231	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			20,658		1,530,060	65
66 PHYSICAL THERAPY			34,997		2,479,719	66
68 SPEECH PATHOLOGY			5,938		453,892	68
69 ELECTROCARDIOLOGY			30,465		829,847	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	388,120		14,579		3,232,838	71
72 IMPL. DEV. CHARGED TO PATIENTS	43,125		46,279		2,161,413	72
73 DRUGS CHARGED TO PATIENTS		5,493,048	197,266		7,742,701	73
74 RENAL DIALYSIS			68,487	418,084	1,744,314	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			19,597		860,726	90
91 EMERGENCY			120,295	23,165	6,107,875	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			39,501		3,982,500	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			8,827		796,318	116
118 SUBTOTALS (SUM OF LINES 1-117)	431,245	5,493,048	1,592,163	449,537	79,103,013	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					69,490	190
191 RESEARCH					150	191

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	
194 OTHER NON-REIMB					4,680	194
194.01 NRCC-REPSITE					178	194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT					853,965	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO					1,244,798	194.05
194.09 NRCC-SENIOR SERVICES					66,259	194.09
194.12 NRCC-FREE CLINIC					6,624	194.12
194.13 NRCC-TENDER CARE					316,518	194.13
194.16 NRCC-MLC NORTH					3,457,886	194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	431,245	5,493,048	1,592,163	449,537	85,123,561	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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 DEPARTMENT				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 SERVICES-SALARY & FRINGES APPRVD				21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		14,733,197		30
31 INTENSIVE CARE UNIT		2,413,601		31
40 SUBPROVIDER - IPF		1,485,211		40
41 SUBPROVIDER - IRF		1,385,282		41
43 NURSERY		923,197		43
44 SKILLED NURSING FACILITY		6,846,757		44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		4,886,112		50
51 RECOVERY ROOM		381,167		51
52 DELIVERY ROOM & LABOR ROOM		724,560		52
53 ANESTHESIOLOGY		688,786		53
54 RADIOLOGY-DIAGNOSTIC		5,799,024		54
59 CARDIAC CATHETERIZATION		2,734,685		59
60 LABORATORY		4,179,231		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		1,530,060		65
66 PHYSICAL THERAPY		2,479,719		66
68 SPEECH PATHOLOGY		453,892		68
69 ELECTROCARDIOLOGY		829,847		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,232,838		71
72 IMPL. DEV. CHARGED TO PATIENTS		2,161,413		72
73 DRUGS CHARGED TO PATIENTS		7,742,701		73
74 RENAL DIALYSIS	-122,116	1,622,198		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		860,726		90
91 EMERGENCY		6,107,875		91
92 OBSERVATION BEDS (NON-DISTINCT PART)				92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
101 HOME HEALTH AGENCY		3,982,500		101
SPECIAL PURPOSE COST CENTERS				
113 INTEREST EXPENSE				113
116 HOSPICE		796,318		116
118 SUBTOTALS (SUM OF LINES 1-117)	-122,116	78,980,897		118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		69,490		190
191 RESEARCH		150		191

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 OTHER NON-REIMB		4,680	194
194.01 NRCC-REPSITE		178	194.01
194.02 NRCC-LIFELINE			194.02
194.03 NRCC-OUTREACH			194.03
194.04 NRCC-MERCY SPEC CLIN ENT		853,965	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO		1,244,798	194.05
194.09 NRCC-SENIOR SERVICES		66,259	194.09
194.12 NRCC-FREE CLINIC		6,624	194.12
194.13 NRCC-TENDERCARE		316,518	194.13
194.16 NRCC-MLC NORTH		3,457,886	194.16
194.19 OTHER			194.19
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-122,116	85,001,445	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	CAP MOVABLE EQUIPMENT 2	
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 DEPARTMENT		16,474	1,006		2,604	4
5.02 A&G-INFO SERVICE		77,528			57,421	5.02
5.03 A&G-PURCHASING, STORES		68,207			10,007	5.03
5.04 A&G-ADMITTING, REGIST		19,479			81	5.04
5.05 A&G-CASHIERS, PFS		22,890				5.05
5.06 A&G-ALL OTHER		250,647	231	2,240	22,567	5.06
6 MAINTENANCE & REPAIRS		34,971	106		10,985	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE		14,566	315		229	8
9 HOUSEKEEPING		17,153	173		2,605	9
10 DIETARY		106,444	756		9,444	10
11 CAFETERIA					6,048	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		16,560			7,760	13
14 CENTRAL SERVICES & SUPPLY		41,921			87,334	14
15 PHARMACY					138,711	15
16 MEDICAL RECORDS & LIBRARY		59,074			68,430	16
17 SOCIAL SERVICE		29,335				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		729,816			157,946	30
31 INTENSIVE CARE UNIT		72,557			62,448	31
40 SUBPROVIDER - IPF		37,485			2,787	40
41 SUBPROVIDER - IRF			1,288		15,491	41
43 NURSERY		16,127			18,914	43
44 SKILLED NURSING FACILITY			3,877		39,655	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		215,040			333,002	50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM		48,092			27,515	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		181,457			941,880	54
59 CARDIAC CATHETERIZATION		90,129			625,906	59
60 LABORATORY		78,510			248,717	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		32,731			18,923	65
66 PHYSICAL THERAPY		19,248	1,144		7,525	66
68 SPEECH PATHOLOGY			36			68
69 ELECTROCARDIOLOGY		28,930			16,175	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS		35,520				73
74 RENAL DIALYSIS		3,006	537		28,350	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					10,117	90
91 EMERGENCY		137,773			32,309	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY			923	556	98,251	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE				1	391	116
118 SUBTOTALS (SUM OF LINES 1-117)		2,501,670	10,392	2,797	3,110,528	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		18,743				190
191 RESEARCH			125			191

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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	CAP MOVABLE EQUIPMENT 2	
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE						194.01
194.02 NRCC-LIFELINE				148		194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT					25,092	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO		30,057	688	1,056	9,126	194.05
194.09 NRCC-SENIOR SERVICES			69		198	194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDER CARE				519		194.13
194.16 NRCC-MLC NORTH					23,327	194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		2,550,470	11,422	4,372	3,168,271	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	A&G ADMITTING REGISTR 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	20,084	20,084				4
5.02 A&G-INFO SERVICE	134,949	345	135,294			5.02
5.03 A&G-PURCHASING, STORES	78,214	219	1,456	79,889		5.03
5.04 A&G-ADMITTING, REGIST	19,560	149	775		20,484	5.04
5.05 A&G-CASHIERS, PFS	22,890	96	1,055			5.05
5.06 A&G-ALL OTHER	275,685	1,238	13,601			5.06
6 MAINTENANCE & REPAIRS	46,062	173	3,509			6
7 OPERATION OF PLANT			2,703			7
8 LAUNDRY & LINEN SERVICE	15,110	43	759			8
9 HOUSEKEEPING	19,931	233	1,671			9
10 DIETARY	116,644	386	2,284			10
11 CAFETERIA	6,048	258	1,710			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	24,320	712	3,518			13
14 CENTRAL SERVICES & SUPPLY	129,255	48	436			14
15 PHARMACY	138,711	851	7,779			15
16 MEDICAL RECORDS & LIBRARY	127,504	395	2,025			16
17 SOCIAL SERVICE	29,335	110	532			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	887,762	3,103	14,634	8,123	2,092	30
31 INTENSIVE CARE UNIT	135,005	526	2,630	1,721	443	31
40 SUBPROVIDER - IPF	40,272	386	1,689	650	167	40
41 SUBPROVIDER - IRF	16,779	348	1,569	605	156	41
43 NURSERY	35,041	236	1,067	661	170	43
44 SKILLED NURSING FACILITY	43,532	1,515	6,891	2,206	568	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	548,042	739	5,128	7,103	1,829	50
51 RECOVERY ROOM		102	417	1,203	310	51
52 DELIVERY ROOM & LABOR ROOM	75,607	145	753	582	150	52
53 ANESTHESIOLOGY		487	852	1,908	491	53
54 RADIOLOGY-DIAGNOSTIC	1,123,337	836	6,861	10,801	2,691	54
59 CARDIAC CATHETERIZATION	716,035	297	3,179	4,888	1,259	59
60 LABORATORY	327,227	591	4,992	9,023	2,324	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	51,654	411	1,953	1,035	267	65
66 PHYSICAL THERAPY	27,917	625	3,255	1,754	452	66
68 SPEECH PATHOLOGY	36	138	610	298	77	68
69 ELECTROCARDIOLOGY	45,105	199	933	1,527	393	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			4,016	731	188	71
72 IMPL. DEV. CHARGED TO PATIENTS			2,867	2,319	597	72
73 DRUGS CHARGED TO PATIENTS	35,520		2,406	9,886	2,546	73
74 RENAL DIALYSIS	31,893	275	1,568	3,432	884	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	10,117	104	1,134	982	253	90
91 EMERGENCY	170,082	935	7,130	6,029	1,553	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	99,730	907	5,413	1,980	510	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	392	134	1,093	442	114	116
118 SUBTOTALS (SUM OF LINES 1-117)	5,625,387	18,295	126,853	79,889	20,484	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,743		32			190
191 RESEARCH	125					191

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE BENEFITS DEPARTMENT 4	A&G INFO SERV 5.02	A&G PURCHASING STORES 5.03	A&G ADMITTING REGISTR 5.04	
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE	148					194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	25,092	266	1,221			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	40,927	381	1,689			194.05
194.09 NRCC-SENIOR SERVICES	267	13	95			194.09
194.12 NRCC-FREE CLINIC		2	9			194.12
194.13 NRCC-TENDER CARE	519	99	452			194.13
194.16 NRCC-MLC NORTH	23,327	1,028	4,943			194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,734,535	20,084	135,294	79,889	20,484	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	A&G CASHIERS A/R, PFS 5.05	A&G ALL OTHER 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
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 DEPARTMENT						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	24,041					5.05
5.06 A&G-ALL OTHER		290,524				5.06
6 MAINTENANCE & REPAIRS		8,377	58,121			6
7 OPERATION OF PLANT		6,452		9,155		7
8 LAUNDRY & LINEN SERVICE		1,811	411	65	18,199	8
9 HOUSEKEEPING		3,989	484	76		9
10 DIETARY		5,452	3,003	473		10
11 CAFETERIA		4,083				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,397	467	74		13
14 CENTRAL SERVICES & SUPPLY		1,042	1,183	186	443	14
15 PHARMACY		18,568				15
16 MEDICAL RECORDS & LIBRARY		4,833	1,667	263		16
17 SOCIAL SERVICE		1,271	828	130		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,448	35,759	20,586	3,242	5,224	30
31 INTENSIVE CARE UNIT	519	6,448	2,047	322	1,410	31
40 SUBPROVIDER - IPF	196	4,096	1,057	167	137	40
41 SUBPROVIDER - IRF	182	3,804			83	41
43 NURSERY	199	2,613	455	72	109	43
44 SKILLED NURSING FACILITY	665	16,666			4,791	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,141	12,939	6,066	956	1,719	50
51 RECOVERY ROOM	363	1,114				51
52 DELIVERY ROOM & LABOR ROOM	175	1,856	1,357	214		52
53 ANESTHESIOLOGY	575	2,221				53
54 RADIOLOGY-DIAGNOSTIC	3,220	17,430	5,119	806	976	54
59 CARDIAC CATHETERIZATION	1,473	8,069	2,543	400	13	59
60 LABORATORY	2,719	12,803	2,215	349	2	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	312	4,765	923	145	2	65
66 PHYSICAL THERAPY	529	7,942	543	86	162	66
68 SPEECH PATHOLOGY	90	1,486				68
69 ELECTROCARDIOLOGY	460	2,377	816	129	212	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	220	9,658				71
72 IMPL. DEV. CHARGED TO PATIENTS	699	7,071				72
73 DRUGS CHARGED TO PATIENTS	2,979	6,715	1,002	158		73
74 RENAL DIALYSIS	1,034	4,079	85	13	131	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	296	2,804			81	90
91 EMERGENCY	1,817	17,612	3,887	612	2,704	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	597	13,116				101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	133	2,652				116
118 SUBTOTALS (SUM OF LINES 1-117)	24,041	270,370	56,744	8,938	18,199	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		77	529	83		190
191 RESEARCH		1				191

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	A&G CASHIERS A/R, PFS 5.05	A&G ALL OTHER 5.06	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		1				194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT		2,914				194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO		4,032	848	134		194.05
194.09 NRCC-SENIOR SERVICES		226				194.09
194.12 NRCC-FREE CLINIC		23				194.12
194.13 NRCC-TENDER CARE		1,080				194.13
194.16 NRCC-MLC NORTH		11,800				194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	24,041	290,524	58,121	9,155	18,199	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	
	KEEPING			ADMINIS-	SERVICES &	
	9	10	11	TRATION	SUPPLY	
				13	14	
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 DEPARTMENT						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	26,384					9
10 DIETARY	283	128,525				10
11 CAFETERIA	332		12,431			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	160		526	38,174		13
14 CENTRAL SERVICES & SUPPLY	381		67		133,041	14
15 PHARMACY			533			15
16 MEDICAL RECORDS & LIBRARY	228		420			16
17 SOCIAL SERVICE	131		96			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,441	51,272	2,664	14,615		30
31 INTENSIVE CARE UNIT	1,475	2,610	406	2,228		31
40 SUBPROVIDER - IPF	539	1,246	315	1,726		40
41 SUBPROVIDER - IRF	1,077	4,861	296	1,623		41
43 NURSERY	61	2,023	162	889		43
44 SKILLED NURSING FACILITY	2,298	66,513	1,543	8,462		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,168		650	3,563		50
51 RECOVERY ROOM			66	363		51
52 DELIVERY ROOM & LABOR ROOM	250		104	568		52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC			668			54
59 CARDIAC CATHETERIZATION	1,377		199			59
60 LABORATORY	594		562			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	216		351			65
66 PHYSICAL THERAPY	489		508			66
68 SPEECH PATHOLOGY	114		75			68
69 ELECTROCARDIOLOGY	353		196			69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					119,737	71
72 IMPL. DEV. CHARGED TO PATIENTS					13,304	72
73 DRUGS CHARGED TO PATIENTS	212					73
74 RENAL DIALYSIS	587		258			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	228		67			90
91 EMERGENCY	1,733		754	4,137		91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	391		838			101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			107			116
118 SUBTOTALS (SUM OF LINES 1-117)	26,118	128,525	12,431	38,174	133,041	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	164					190
191 RESEARCH						191

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WORKSHEET B
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COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
	9	10	11	13	14	
194 OTHER NON-REIMB	102					194
194.01 NRCC-REPSITE						194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT						194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO						194.05
194.09 NRCC-SENIOR SERVICES						194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDERCARE						194.13
194.16 NRCC-MLC NORTH						194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	26,384	128,525	12,431	38,174	133,041	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & 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 DEPARTMENT					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	166,442				15
16 MEDICAL RECORDS & LIBRARY		137,335			16
17 SOCIAL SERVICE			32,433		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		13,976		1,074,941	30
31 INTENSIVE CARE UNIT		2,962		160,752	31
40 SUBPROVIDER - IPF		1,118		53,761	40
41 SUBPROVIDER - IRF		1,040		32,423	41
43 NURSERY		1,138		44,896	43
44 SKILLED NURSING FACILITY		3,796		159,446	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		12,221		606,264	50
51 RECOVERY ROOM		2,070		6,008	51
52 DELIVERY ROOM & LABOR ROOM		1,001	598	83,360	52
53 ANESTHESIOLOGY		3,283		9,817	53
54 RADIOLOGY-DIAGNOSTIC		18,463		1,191,208	54
59 CARDIAC CATHETERIZATION		8,410		748,142	59
60 LABORATORY		15,525		378,926	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,781		63,815	65
66 PHYSICAL THERAPY		3,018		47,280	66
68 SPEECH PATHOLOGY		512		3,436	68
69 ELECTROCARDIOLOGY		2,627		55,327	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,257		135,807	71
72 IMPL. DEV. CHARGED TO PATIENTS		3,991		30,848	72
73 DRUGS CHARGED TO PATIENTS	166,442	17,010		244,876	73
74 RENAL DIALYSIS		5,906	30,164	80,309	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		1,690		17,756	90
91 EMERGENCY		10,373	1,671	231,029	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		3,406		126,888	101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE		761		5,828	116
118 SUBTOTALS (SUM OF LINES 1-117)	166,442	137,335	32,433	5,593,143	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				19,628	190
191 RESEARCH				126	191

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PART II

COST CENTER DESCRIPTION	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
194 OTHER NON-REIMB				102	194
194.01 NRCC-REPSITE				149	194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03
194.04 NRCC-MERCY SPEC CLIN ENT				29,493	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO				48,011	194.05
194.09 NRCC-SENIOR SERVICES				601	194.09
194.12 NRCC-FREE CLINIC				34	194.12
194.13 NRCC-TENDERCARE				2,150	194.13
194.16 NRCC-MLC NORTH				41,098	194.16
194.19 OTHER					194.19
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	166,442	137,335	32,433	5,734,535	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		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 DEPARTMENT		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 SERVICES-SALARY & FRINGES APPRVD		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	1,074,941	30
31	INTENSIVE CARE UNIT	160,752	31
40	SUBPROVIDER - IPF	53,761	40
41	SUBPROVIDER - IRF	32,423	41
43	NURSERY	44,896	43
44	SKILLED NURSING FACILITY	159,446	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	606,264	50
51	RECOVERY ROOM	6,008	51
52	DELIVERY ROOM & LABOR ROOM	83,360	52
53	ANESTHESIOLOGY	9,817	53
54	RADIOLOGY-DIAGNOSTIC	1,191,208	54
59	CARDIAC CATHETERIZATION	748,142	59
60	LABORATORY	378,926	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	63,815	65
66	PHYSICAL THERAPY	47,280	66
68	SPEECH PATHOLOGY	3,436	68
69	ELECTROCARDIOLOGY	55,327	69
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,807	71
72	IMPL. DEV. CHARGED TO PATIENTS	30,848	72
73	DRUGS CHARGED TO PATIENTS	244,876	73
74	RENAL DIALYSIS	80,309	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	17,756	90
91	EMERGENCY	231,029	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		92
OTHER REIMBURSABLE COST CENTERS			
94	HOME PROGRAM DIALYSIS		94
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
101	HOME HEALTH AGENCY	126,888	101
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
116	HOSPICE	5,828	116
118	SUBTOTALS (SUM OF LINES 1-117)	5,593,143	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,628	190
191	RESEARCH	126	191

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WORKSHEET B
PART II

COST CENTER DESCRIPTION	TOTAL	
	26	
194 OTHER NON-REIMB	102	194
194.01 NRCC-REPSITE	149	194.01
194.02 NRCC-LIFELINE		194.02
194.03 NRCC-OUTREACH		194.03
194.04 NRCC-MERCY SPEC CLIN ENT	29,493	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	48,011	194.05
194.09 NRCC-SENIOR SERVICES	601	194.09
194.12 NRCC-FREE CLINIC	34	194.12
194.13 NRCC-TENDERCARE	2,150	194.13
194.16 NRCC-MLC NORTH	41,098	194.16
194.19 OTHER		194.19
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	5,734,535	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					2,987,050	2
4 EMPLOYEE BENEFITS DEPARTMENT	1,140	9,036			2,455	4
5.02 A&G-INFO SERVICE	5,365				54,137	5.02
5.03 A&G-PURCHASING, STORES	4,720				9,435	5.03
5.04 A&G-ADMITTING, REGIST	1,348				76	5.04
5.05 A&G-CASHIERS, PFS	1,584					5.05
5.06 A&G-ALL OTHER	17,345	2,080	26,197		21,276	5.06
6 MAINTENANCE & REPAIRS	2,420	949			10,357	6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	1,008	2,827			216	8
9 HOUSEKEEPING	1,187	1,556			2,456	9
10 DIETARY	7,366	6,796			8,904	10
11 CAFETERIA					5,702	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,146				7,316	13
14 CENTRAL SERVICES & SUPPLY	2,901				82,339	14
15 PHARMACY					130,777	15
16 MEDICAL RECORDS & LIBRARY	4,088				64,516	16
17 SOCIAL SERVICE	2,030					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	50,504				148,912	30
31 INTENSIVE CARE UNIT	5,021				58,876	31
40 SUBPROVIDER - IPF	2,594				2,628	40
41 SUBPROVIDER - IRF		11,577			14,605	41
43 NURSERY	1,116				17,832	43
44 SKILLED NURSING FACILITY		34,853			37,387	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	14,881				313,955	50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM	3,328				25,941	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	12,557			9,780	888,002	54
59 CARDIAC CATHETERIZATION	6,237				590,105	59
60 LABORATORY	5,433				234,491	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,265				17,841	65
66 PHYSICAL THERAPY	1,332	10,278			7,095	66
68 SPEECH PATHOLOGY		321				68
69 ELECTROCARDIOLOGY	2,002				15,250	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENTS						72
73 DRUGS CHARGED TO PATIENTS	2,458					73
74 RENAL DIALYSIS	208	4,826			26,728	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					9,538	90
91 EMERGENCY	9,534				30,461	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		8,291	6,504		92,631	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	2,932,609	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,297					190
191 RESEARCH		1,122				191

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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 OTHER NON-REIMB						194
194.01 NRCC-REPSITE		1,329				194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT					23,657	194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	2,080	6,186	12,353		8,604	194.05
194.09 NRCC-SENIOR SERVICES		617			187	194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDER CARE			6,074			194.13
194.16 NRCC-MLC NORTH					21,993	194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,550,470	11,422	4,372		3,168,271	202
203 UNIT COST MULT-WS B PT I	14.450664	0.111278	0.085489		1.060669	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 BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	
	4	5A.02	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-1970 BLDG						1.01
1.02 CAP REL COSTS-BLUFF BLDG						1.02
1.03 RAD ONCOL BLDG						1.03
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT	36,936,205					4
5.02 A&G-INFO SERVICE	634,957	-6,190,005	78,933,556			5.02
5.03 A&G-PURCHASING, STORES	402,410		849,588	218,618,882		5.03
5.04 A&G-ADMITTING, REGIST	274,434		451,986		218,618,882	5.04
5.05 A&G-CASHIERS, PFS	176,912		615,342			5.05
5.06 A&G-ALL OTHER	2,275,624		7,935,158			5.06
6 MAINTENANCE & REPAIRS	318,296		2,047,473			6
7 OPERATION OF PLANT			1,576,870			7
8 LAUNDRY & LINEN SERVICE	79,042		442,661			8
9 HOUSEKEEPING	427,478		974,831			9
10 DIETARY	708,690		1,332,584			10
11 CAFETERIA	473,396		997,818			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,309,341		2,052,251			13
14 CENTRAL SERVICES & SUPPLY	88,373		254,565			14
15 PHARMACY	1,563,593		4,538,232			15
16 MEDICAL RECORDS & LIBRARY	725,247		1,181,207			16
17 SOCIAL SERVICE	202,089		310,535			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,721,403		8,537,344	22,255,085	22,255,085	30
31 INTENSIVE CARE UNIT	967,759		1,534,563	4,715,854	4,715,854	31
40 SUBPROVIDER - IPF	708,755		985,602	1,780,669	1,780,669	40
41 SUBPROVIDER - IRF	639,073		915,190	1,656,840	1,656,840	41
43 NURSERY	433,505		622,703	1,812,188	1,812,188	43
44 SKILLED NURSING FACILITY	2,785,717		4,020,396	6,045,024	6,045,024	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,357,875		2,991,683	19,460,155	19,460,155	50
51 RECOVERY ROOM	188,113		243,378	3,296,828	3,296,828	51
52 DELIVERY ROOM & LABOR ROOM	267,410		439,527	1,593,776	1,593,776	52
53 ANESTHESIOLOGY	895,772		496,897	5,227,705	5,227,705	53
54 RADIOLOGY-DIAGNOSTIC	1,536,226		4,002,802	29,331,326	29,331,326	54
59 CARDIAC CATHETERIZATION	546,269		1,854,609	13,392,388	13,392,388	59
60 LABORATORY	1,087,063		2,912,348	24,721,579	24,721,579	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	755,364		1,139,672	2,836,451	2,836,451	65
66 PHYSICAL THERAPY	1,149,006		1,898,973	4,805,235	4,805,235	66
68 SPEECH PATHOLOGY	254,222		356,015	815,325	815,325	68
69 ELECTROCARDIOLOGY	365,990		544,333	4,182,975	4,182,975	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS			2,342,963	2,001,806	2,001,806	71
72 IMPL. DEV. CHARGED TO PATIENTS			1,672,470	6,354,348	6,354,348	72
73 DRUGS CHARGED TO PATIENTS			1,403,763	27,085,861	27,085,861	73
74 RENAL DIALYSIS	504,818		914,560	9,403,699	9,403,699	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	190,960		661,764	2,690,834	2,690,834	90
91 EMERGENCY	1,718,359		4,159,755	16,517,216	16,517,216	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,667,686		3,158,103	5,423,745	5,423,745	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	245,647		637,522	1,211,970	1,211,970	116
118 SUBTOTALS (SUM OF LINES 1-117)	33,646,874	-6,190,005	74,008,036	218,618,882	218,618,882	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			18,743			190
191 RESEARCH			125			191

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	A&G INFO SERV ACCUM COST	A&G PURCHASING STORES GROSS REVENUE	A&G ADMITTING REGISTR GROSS REVENUE	
	4	5A.02	5.02	5.03	5.04	
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE				148		194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	488,715		712,258			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO	701,171		985,365			194.05
194.09 NRCC-SENIOR SERVICES	24,724		55,264			194.09
194.12 NRCC-FREE CLINIC	3,311		5,525			194.12
194.13 NRCC-TENDER CARE	181,331		263,996			194.13
194.16 NRCC-MLC NORTH	1,890,079		2,884,096			194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,602,245		6,190,005	916,213	487,431	202
203 UNIT COST MULT-WS B PT I	0.070452		0.078420	0.004191	0.002230	203
204 COST TO BE ALLOC PER B PT II	20,084		135,294	79,889	20,484	204
205 UNIT COST MULT-WS B PT II	0.000544		0.001714	0.000365	0.000094	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 DEPARTMENT						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	218,618,882					5.05
5.06 A&G-ALL OTHER		-8,557,433	76,566,128			5.06
6 MAINTENANCE & REPAIRS			2,208,036	142,573		6
7 OPERATION OF PLANT			1,700,528		142,573	7
8 LAUNDRY & LINEN SERVICE			477,374	1,008	1,008	8
9 HOUSEKEEPING			1,051,277	1,187	1,187	9
10 DIETARY			1,437,085	7,366	7,366	10
11 CAFETERIA			1,076,067			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			2,213,189	1,146	1,146	13
14 CENTRAL SERVICES & SUPPLY			274,528	2,901	2,901	14
15 PHARMACY			4,894,120			15
16 MEDICAL RECORDS & LIBRARY			1,273,837	4,088	4,088	16
17 SOCIAL SERVICE			334,887	2,030	2,030	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD						21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	22,255,085		9,417,323	50,504	50,504	30
31 INTENSIVE CARE UNIT	4,715,854		1,699,496	5,021	5,021	31
40 SUBPROVIDER - IPF	1,780,669		1,079,731	2,594	2,594	40
41 SUBPROVIDER - IRF	1,656,840		1,002,627			41
43 NURSERY	1,812,188		688,671	1,116	1,116	43
44 SKILLED NURSING FACILITY	6,045,024		4,392,837			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,460,155		3,410,307	14,881	14,881	50
51 RECOVERY ROOM	3,296,828		293,639			51
52 DELIVERY ROOM & LABOR ROOM	1,593,776		489,066	3,328	3,328	52
53 ANESTHESIOLOGY	5,227,705		585,297			53
54 RADIOLOGY-DIAGNOSTIC	29,331,326		4,594,038	12,557	12,557	54
59 CARDIAC CATHETERIZATION	13,392,388		2,126,685	6,237	6,237	59
60 LABORATORY	24,721,579		3,374,501	5,433	5,433	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,836,451		1,255,867	2,265	2,265	65
66 PHYSICAL THERAPY	4,805,235		2,093,329	1,332	1,332	66
68 SPEECH PATHOLOGY	815,325		391,644			68
69 ELECTROCARDIOLOGY	4,182,975		626,574	2,002	2,002	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,001,806		2,545,627			71
72 IMPL. DEV. CHARGED TO PATIENTS	6,354,348		1,863,711			72
73 DRUGS CHARGED TO PATIENTS	27,085,861		1,769,970	2,458	2,458	73
74 RENAL DIALYSIS	9,403,699		1,075,201	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	2,690,834		739,105			90
91 EMERGENCY	16,517,216		4,642,150	9,534	9,534	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	5,423,745		3,457,048			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	1,211,970		698,976			116
118 SUBTOTALS (SUM OF LINES 1-117)	218,618,882	-8,557,433	71,254,348	139,196	139,196	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			20,213	1,297	1,297	190
191 RESEARCH			135			191

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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 OTHER NON-REIMB						194
194.01 NRCC-REPSITE			160			194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT			768,113			194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO			1,062,637	2,080	2,080	194.05
194.09 NRCC-SENIOR SERVICES			59,598			194.09
194.12 NRCC-FREE CLINIC			5,958			194.12
194.13 NRCC-TENDERCARE			284,699			194.13
194.16 NRCC-MLC NORTH			3,110,267			194.16
194.19 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	663,597		8,557,433	2,454,817	1,890,588	202
203 UNIT COST MULT-WS B PT I	0.003035		0.111765	17.217966	13.260491	203
204 COST TO BE ALLOC PER B PT II	24,041		290,524	58,121	9,155	204
205 UNIT COST MULT-WS B PT II	0.000110		0.003794	0.407658	0.064213	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA MEALS SERVED 11	NURSING ADMINIS-TRATION 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 DEPARTMENT					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	821,138				8
9 HOUSEKEEPING		45,061			9
10 DIETARY		483	228,386		10
11 CAFETERIA		567		152,344	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		273		6,442	613,204
14 CENTRAL SERVICES & SUPPLY	19,983	651		823	14
15 PHARMACY				6,531	15
16 MEDICAL RECORDS & LIBRARY		390		5,147	16
17 SOCIAL SERVICE		224		1,177	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	235,746	16,120	91,109	32,661	234,791
31 INTENSIVE CARE UNIT	63,626	2,519	4,638	4,978	35,790
40 SUBPROVIDER - IPF	6,170	920	2,214	3,857	27,729
41 SUBPROVIDER - IRF	3,745	1,839	8,638	3,625	26,064
43 NURSERY	4,939	105	3,595	1,986	14,281
44 SKILLED NURSING FACILITY	216,166	3,925	118,192	18,907	135,923
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	77,543	5,411		7,960	57,229
51 RECOVERY ROOM				810	5,824
52 DELIVERY ROOM & LABOR ROOM		427		1,269	9,123
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	44,017			8,191	54
59 CARDIAC CATHETERIZATION	606	2,352		2,436	59
60 LABORATORY	71	1,015		6,885	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	101	369		4,301	65
66 PHYSICAL THERAPY	7,317	835		6,225	66
68 SPEECH PATHOLOGY		195		921	68
69 ELECTROCARDIOLOGY	9,558	603		2,402	69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENTS					72
73 DRUGS CHARGED TO PATIENTS		362			73
74 RENAL DIALYSIS	5,889	1,003		3,167	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	3,633	390		818	90
91 EMERGENCY	122,022	2,960		9,243	66,450
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		668		10,275	101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE				1,307	116
118 SUBTOTALS (SUM OF LINES 1-117)	821,132	44,606	228,386	152,344	613,204
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		280			190
191 RESEARCH					191

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	
	8	9	10	11	13	
194 OTHER NON-REIMB		175				194
194.01 NRCC-REPSITE						194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT	6					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 OTHER						194.19
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	561,451	1,204,951	1,835,122	1,211,496	2,554,004	202
203 UNIT COST MULT-WS B PT I	0.683747	26.740441	8.035177	7.952371	4.165015	203
204 COST TO BE ALLOC PER B PT II	18,199	26,384	128,525	12,431	38,174	204
205 UNIT COST MULT-WS B PT II	0.022163	0.585517	0.562753	0.081598	0.062253	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 DEPARTMENT					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	100				14
15 PHARMACY		1,000			15
16 MEDICAL RECORDS & LIBRARY			218,618,882		16
17 SOCIAL SERVICE				8,461	17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS			22,255,085		30
31 INTENSIVE CARE UNIT			4,715,854		31
40 SUBPROVIDER - IPF			1,780,669		40
41 SUBPROVIDER - IRF			1,656,840		41
43 NURSERY			1,812,188		43
44 SKILLED NURSING FACILITY			6,045,024		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM			19,460,155		50
51 RECOVERY ROOM			3,296,828		51
52 DELIVERY ROOM & LABOR ROOM			1,593,776	156	52
53 ANESTHESIOLOGY			5,227,705		53
54 RADIOLOGY-DIAGNOSTIC			29,331,326		54
59 CARDIAC CATHETERIZATION			13,392,388		59
60 LABORATORY			24,721,579		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY			2,836,451		65
66 PHYSICAL THERAPY			4,805,235		66
68 SPEECH PATHOLOGY			815,325		68
69 ELECTROCARDIOLOGY			4,182,975		69
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	90		2,001,806		71
72 IMPL. DEV. CHARGED TO PATIENTS	10		6,354,348		72
73 DRUGS CHARGED TO PATIENTS		1,000	27,085,861		73
74 RENAL DIALYSIS			9,403,699	7,869	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			2,690,834		90
91 EMERGENCY			16,517,216	436	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY			5,423,745		101
SPECIAL PURPOSE COST CENTERS					
116 HOSPICE			1,211,970		116
118 SUBTOTALS (SUM OF LINES 1-117)	100	1,000	218,618,882	8,461	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
191 RESEARCH					191

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WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
194 OTHER NON-REIMB					194
194.01 NRCC-REPSITE					194.01
194.02 NRCC-LIFELINE					194.02
194.03 NRCC-OUTREACH					194.03
194.04 NRCC-MERCY SPEC CLIN ENT					194.04
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 OTHER					194.19
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	431,245	5,493,048	1,592,163	449,537	202
203 UNIT COST MULT-WS B PT I	4,312.450000	5,493.048000	0.007283	53.130481	203
204 COST TO BE ALLOC PER B PT II	133,041	166,442	137,335	32,433	204
205 UNIT COST MULT-WS B PT II	1,330.410000	166.442000	0.000628	3.833235	205

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POST STEP DOWN ADJUSTMENTS

WORKSHEET B-2

DESCRIPTION		----- WORKSHEET B -----		
1		PART	LINE NO.	AMOUNT
		2	3	4
1				
2				
3				
4				
5	ADJUSTMENT FOR ESA COSTS IN RENAL DI	1	74	-122,116
6	ADJUSTMENT FOR ESA COSTS IN HOME PRO	1	94	
7				
8				
9				
10				
11				
12				
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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	14,733,197		14,733,197		14,733,197	30
31 INTENSIVE CARE UNIT	2,413,601		2,413,601		2,413,601	31
40 SUBPROVIDER - IPF	1,485,211		1,485,211		1,485,211	40
41 SUBPROVIDER - IRF	1,385,282		1,385,282	71,426	1,456,708	41
43 NURSERY	923,197		923,197		923,197	43
44 SKILLED NURSING FACILITY	6,846,757		6,846,757	469	6,847,226	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,886,112		4,886,112	30,463	4,916,575	50
51 RECOVERY ROOM	381,167		381,167		381,167	51
52 DELIVERY ROOM & LABOR ROOM	724,560		724,560		724,560	52
53 ANESTHESIOLOGY	688,786		688,786	18,524	707,310	53
54 RADIOLOGY-DIAGNOSTIC	5,799,024		5,799,024	6,105	5,805,129	54
59 CARDIAC CATHETERIZATION	2,734,685		2,734,685	37,285	2,771,970	59
60 LABORATORY	4,179,231		4,179,231	44,166	4,223,397	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	1,530,060		1,530,060		1,530,060	65
66 PHYSICAL THERAPY	2,479,719		2,479,719		2,479,719	66
68 SPEECH PATHOLOGY	453,892		453,892		453,892	68
69 ELECTROCARDIOLOGY	829,847		829,847		829,847	69
71 MEDICAL SUPPLIES CHARGED TO	3,232,838		3,232,838		3,232,838	71
72 IMPL. DEV. CHARGED TO PATIE	2,161,413		2,161,413		2,161,413	72
73 DRUGS CHARGED TO PATIENTS	7,742,701		7,742,701		7,742,701	73
74 RENAL DIALYSIS	1,622,198		1,622,198	8,812	1,631,010	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	860,726		860,726		860,726	90
91 EMERGENCY	6,107,875		6,107,875	84,629	6,192,504	91
92 OBSERVATION BEDS (NON-DISTI	947,992		947,992		947,992	92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,982,500		3,982,500		3,982,500	101
113 INTEREST EXPENSE						113
116 HOSPICE	796,318		796,318		796,318	116
200 SUBTOTAL (SEE INSTRUCTIONS)	79,928,889		79,928,889	301,879	80,230,768	200
201 LESS OBSERVATION BEDS	947,992		947,992		947,992	201
202 TOTAL (SEE INSTRUCTIONS)	78,980,897		78,980,897		79,282,776	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,202,084		21,202,084			30
31 INTENSIVE CARE UNIT	4,715,854		4,715,854			31
40 SUBPROVIDER - IPF	1,780,669		1,780,669			40
41 SUBPROVIDER - IRF	1,656,840		1,656,840			41
43 NURSERY	1,812,188		1,812,188			43
44 SKILLED NURSING FACILITY	6,045,024		6,045,024			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,201,427	12,258,728	19,460,155	0.251083	0.251083	0.252648 50
51 RECOVERY ROOM	1,095,366	2,201,462	3,296,828	0.115616	0.115616	0.115616 51
52 DELIVERY ROOM & LABOR ROOM	1,372,337	221,439	1,593,776	0.454618	0.454618	0.454618 52
53 ANESTHESIOLOGY	2,405,430	2,822,275	5,227,705	0.131757	0.131757	0.135300 53
54 RADIOLOGY-DIAGNOSTIC	9,926,909	19,404,417	29,331,326	0.197708	0.197708	0.197916 54
59 CARDIAC CATHETERIZATION	6,112,531	7,279,857	13,392,388	0.204197	0.204197	0.206981 59
60 LABORATORY	12,965,486	11,756,093	24,721,579	0.169052	0.169052	0.170838 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,517,937	318,514	2,836,451	0.539428	0.539428	0.539428 65
66 PHYSICAL THERAPY	4,235,403	569,832	4,805,235	0.516045	0.516045	0.516045 66
68 SPEECH PATHOLOGY	790,526	24,799	815,325	0.556701	0.556701	0.556701 68
69 ELECTROCARDIOLOGY	1,395,564	2,787,411	4,182,975	0.198387	0.198387	0.198387 69
71 MEDICAL SUPPLIES CHARGED TO	1,014,535	987,271	2,001,806	1.614961	1.614961	1.614961 71
72 IMPL. DEV. CHARGED TO PATIE	3,792,491	2,561,857	6,354,348	0.340147	0.340147	0.340147 72
73 DRUGS CHARGED TO PATIENTS	17,275,728	9,810,133	27,085,861	0.285858	0.285858	0.285858 73
74 RENAL DIALYSIS	162,404	9,241,295	9,403,699	0.172506	0.172506	0.173443 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	30,520	2,660,314	2,690,834	0.319873	0.319873	0.319873 90
91 EMERGENCY	3,203,071	13,314,145	16,517,216	0.369788	0.369788	0.374912 91
92 OBSERVATION BEDS (NON-DISTI	52,037	1,000,964	1,053,001	0.900276	0.900276	0.900276 92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		5,423,745	5,423,745			101
113 INTEREST EXPENSE						113
116 HOSPICE		1,211,970	1,211,970			116
200 SUBTOTAL (SEE INSTRUCTIONS)	112,762,361	105,856,521	218,618,882			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	112,762,361	105,856,521	218,618,882			202

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 + COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,074,941		1,074,941	67.48	8,681	585,794	30
31 INTENSIVE CARE UNIT	160,752		160,752	97.78	1,108	108,340	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	53,761		53,761	77.58	267	20,714	40
41 SUBPROVIDER - IRF	32,423		32,423	24.21	997	24,137	41
42 SUBPROVIDER I							42
43 NURSERY	44,896		44,896	66.02			43
44 SKILLED NURSING FACILITY	159,446		159,446	5.50	7,031	38,671	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,526,219		1,526,219		18,084	777,656	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	606,264	19,460,155	0.031154	6,476,569	201,771	50
51	RECOVERY ROOM	6,008	3,296,828	0.001822	616,770	1,124	51
52	DELIVERY ROOM & LABOR ROOM	83,360	1,593,776	0.052303	6,101	319	52
53	ANESTHESIOLOGY	9,817	5,227,705	0.001878			53
54	RADIOLOGY-DIAGNOSTIC	1,191,208	29,331,326	0.040612	5,449,749	221,325	54
59	CARDIAC CATHETERIZATION	748,142	13,392,388	0.055863	4,471,915	249,815	59
60	LABORATORY	378,926	24,721,579	0.015328	7,688,628	117,851	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	63,815	2,836,451	0.022498	1,797,853	40,448	65
66	PHYSICAL THERAPY	47,280	4,805,235	0.009839	815,959	8,028	66
68	SPEECH PATHOLOGY	3,436	815,325	0.004214	82,851	349	68
69	ELECTROCARDIOLOGY	55,327	4,182,975	0.013227	1,036,569	13,711	69
71	MEDICAL SUPPLIES CHARGED TO P	135,807	2,001,806	0.067842	582,219	39,499	71
72	IMPL. DEV. CHARGED TO PATIENT	30,848	6,354,348	0.004855	2,241,146	10,881	72
73	DRUGS CHARGED TO PATIENTS	244,876	27,085,861	0.009041	8,851,494	80,026	73
74	RENAL DIALYSIS	80,309	9,403,699	0.008540	108,787	929	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	17,756	2,690,834	0.006599	22,365	148	90
91	EMERGENCY	231,029	16,517,216	0.013987	1,856,753	25,970	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	69,165	1,053,001	0.065684	21,808	1,432	92
94	HOME PROGRAM DIALYSIS						94
200	TOTAL (SUM OF LINES 50-199)	4,003,373	174,770,508		42,127,536	1,013,626	200

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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	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 07/01/2012 TO 06/30/2013

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	15,930		8,681		30
31 INTENSIVE CARE UNIT	1,644		1,108		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	693		267		40
41 SUBPROVIDER - IRF	1,339		997		41
42 SUBPROVIDER I					42
43 NURSERY	680				43
44 SKILLED NURSING FACILITY	28,989		7,031		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	49,275		18,084		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	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
53 ANESTHESIOLOGY						53
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 CHARGED TO P						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 (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (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	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)		COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	19,460,155			6,476,569		5,914,768	50
51 RECOVERY ROOM	3,296,828			616,770		750,376	51
52 DELIVERY ROOM & LABOR ROOM	1,593,776			6,101		1,596	52
53 ANESTHESIOLOGY	5,227,705						53
54 RADIOLOGY-DIAGNOSTIC	29,331,326			5,449,749		6,951,982	54
59 CARDIAC CATHETERIZATION	13,392,388			4,471,915		4,396,310	59
60 LABORATORY	24,721,579			7,688,628		726,857	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	2,836,451			1,797,853		99,033	65
66 PHYSICAL THERAPY	4,805,235			815,959			66
68 SPEECH PATHOLOGY	815,325			82,851			68
69 ELECTROCARDIOLOGY	4,182,975			1,036,569		1,283,285	69
71 MEDICAL SUPPLIES CHARGED TO	2,001,806			582,219		644,547	71
72 IMPL. DEV. CHARGED TO PATIEN	6,354,348			2,241,146		1,587,096	72
73 DRUGS CHARGED TO PATIENTS	27,085,861			8,851,494		4,750,571	73
74 RENAL DIALYSIS	9,403,699			108,787		13,878	74
76 OTHER							76
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	2,690,834			22,365		1,760,003	90
91 EMERGENCY	16,517,216			1,856,753		2,916,981	91
92 OBSERVATION BEDS (NON-DISTIN	1,053,001			21,808		416,627	92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
200 TOTAL (SUM OF LINES 50-199)	174,770,508			42,127,536		32,213,910	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.251083	5,914,768			1,485,098			50
51 RECOVERY ROOM	0.115616	750,376			86,755			51
52 DELIVERY ROOM & LABOR ROOM	0.454618	1,596			726			52
53 ANESTHESIOLOGY	0.131757							53
54 RADIOLOGY-DIAGNOSTIC	0.197708	6,951,982			1,374,462			54
59 CARDIAC CATHETERIZATION	0.204197	4,396,310			897,713			59
60 LABORATORY	0.169052	726,857	345		122,877	58		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.539428	99,033	3		53,421	2		65
66 PHYSICAL THERAPY	0.516045							66
68 SPEECH PATHOLOGY	0.556701							68
69 ELECTROCARDIOLOGY	0.198387	1,283,285			254,587			69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961	644,547			1,040,918			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147	1,587,096			539,846			72
73 DRUGS CHARGED TO PATIENTS	0.285858	4,750,571		138,304	1,357,989		39,535	73
74 RENAL DIALYSIS	0.172506	13,878			2,394			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	0.319873	1,760,003			562,977			90
91 EMERGENCY	0.369788	2,916,981			1,078,665			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.900276	416,627			375,079			92
HOME PROGRAM DIALYSIS								
94								94
200 SUBTOTAL (SEE INSTRUCTIONS)		32,213,910	348	138,304	9,233,507	60	39,535	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		32,213,910	348	138,304	9,233,507	60	39,535	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 (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	606,264	19,460,155	0.031154	758	50
51	RECOVERY ROOM	6,008	3,296,828	0.001822		51
52	DELIVERY ROOM & LABOR ROOM	83,360	1,593,776	0.052303		52
53	ANESTHESIOLOGY	9,817	5,227,705	0.001878		53
54	RADIOLOGY-DIAGNOSTIC	1,191,208	29,331,326	0.040612	11,515	54
59	CARDIAC CATHETERIZATION	748,142	13,392,388	0.055863		59
60	LABORATORY	378,926	24,721,579	0.015328	51,684	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY	63,815	2,836,451	0.022498	2,676	65
66	PHYSICAL THERAPY	47,280	4,805,235	0.009839	994	66
68	SPEECH PATHOLOGY	3,436	815,325	0.004214		68
69	ELECTROCARDIOLOGY	55,327	4,182,975	0.013227	2,738	69
71	MEDICAL SUPPLIES CHARGED TO P	135,807	2,001,806	0.067842		71
72	IMPL. DEV. CHARGED TO PATIENT	30,848	6,354,348	0.004855		72
73	DRUGS CHARGED TO PATIENTS	244,876	27,085,861	0.009041	67,289	73
74	RENAL DIALYSIS	80,309	9,403,699	0.008540		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	17,756	2,690,834	0.006599		90
91	EMERGENCY	231,029	16,517,216	0.013987	28,955	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		1,053,001	1,053,001		92
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)	3,934,208	174,770,508		166,609	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	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
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 CHARGED TO P					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 (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (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	19,460,155			758		50
51 RECOVERY ROOM	3,296,828					51
52 DELIVERY ROOM & LABOR ROOM	1,593,776					52
53 ANESTHESIOLOGY	5,227,705					53
54 RADIOLOGY-DIAGNOSTIC	29,331,326			11,515		54
59 CARDIAC CATHETERIZATION	13,392,388					59
60 LABORATORY	24,721,579			51,684		60
62.30 BLOOD CLOTTING FOR HEMOPHILI						62.30
65 RESPIRATORY THERAPY	2,836,451			2,676		65
66 PHYSICAL THERAPY	4,805,235			994		66
68 SPEECH PATHOLOGY	815,325					68
69 ELECTROCARDIOLOGY	4,182,975			2,738		69
71 MEDICAL SUPPLIES CHARGED TO	2,001,806					71
72 IMPL. DEV. CHARGED TO PATIEN	6,354,348					72
73 DRUGS CHARGED TO PATIENTS	27,085,861			67,289		73
74 RENAL DIALYSIS	9,403,699					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	2,690,834					90
91 EMERGENCY	16,517,216			28,955		91
92 OBSERVATION BEDS (NON-DISTIN	1,053,001					92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)	174,770,508			166,609		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.251083						50
51 RECOVERY ROOM	0.115616						51
52 DELIVERY ROOM & LABOR ROOM	0.454618						52
53 ANESTHESIOLOGY	0.131757						53
54 RADIOLOGY-DIAGNOSTIC	0.197708						54
59 CARDIAC CATHETERIZATION	0.204197						59
60 LABORATORY	0.169052						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.539428						65
66 PHYSICAL THERAPY	0.516045						66
68 SPEECH PATHOLOGY	0.556701						68
69 ELECTROCARDIOLOGY	0.198387						69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147						72
73 DRUGS CHARGED TO PATIENTS	0.285858						73
74 RENAL DIALYSIS	0.172506						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	0.319873						90
91 EMERGENCY	0.369788						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.900276						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (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 (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	606,264	19,460,155	0.031154	50
51	RECOVERY ROOM	6,008	3,296,828	0.001822	51
52	DELIVERY ROOM & LABOR ROOM	83,360	1,593,776	0.052303	52
53	ANESTHESIOLOGY	9,817	5,227,705	0.001878	53
54	RADIOLOGY-DIAGNOSTIC	1,191,208	29,331,326	0.040612	49,137 54
59	CARDIAC CATHETERIZATION	748,142	13,392,388	0.055863	1,996 59
60	LABORATORY	378,926	24,721,579	0.015328	179,029 2,744 60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	63,815	2,836,451	0.022498	304 7 65
66	PHYSICAL THERAPY	47,280	4,805,235	0.009839	380,929 3,748 66
68	SPEECH PATHOLOGY	3,436	815,325	0.004214	130,332 549 68
69	ELECTROCARDIOLOGY	55,327	4,182,975	0.013227	1,932 26 69
71	MEDICAL SUPPLIES CHARGED TO P	135,807	2,001,806	0.067842	71
72	IMPL. DEV. CHARGED TO PATIENT	30,848	6,354,348	0.004855	72
73	DRUGS CHARGED TO PATIENTS	244,876	27,085,861	0.009041	326,886 2,955 73
74	RENAL DIALYSIS	80,309	9,403,699	0.008540	5,500 47 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	17,756	2,690,834	0.006599	90
91	EMERGENCY	231,029	16,517,216	0.013987	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		1,053,001	1,053,001	92
94	HOME PROGRAM DIALYSIS				94
200	TOTAL (SUM OF LINES 50-199)	3,934,208	174,770,508		1,074,049 12,072 200

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	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
53 ANESTHESIOLOGY						53
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 CHARGED TO P						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 (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	IRF (16-T080)	[]	NF	[]			
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)			
	7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS										
50 OPERATING ROOM	19,460,155						50			
51 RECOVERY ROOM	3,296,828						51			
52 DELIVERY ROOM & LABOR ROOM	1,593,776						52			
53 ANESTHESIOLOGY	5,227,705						53			
54 RADIOLOGY-DIAGNOSTIC	29,331,326			49,137			54			
59 CARDIAC CATHETERIZATION	13,392,388						59			
60 LABORATORY	24,721,579			179,029			60			
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30			
65 RESPIRATORY THERAPY	2,836,451			304			65			
66 PHYSICAL THERAPY	4,805,235			380,929			66			
68 SPEECH PATHOLOGY	815,325			130,332			68			
69 ELECTROCARDIOLOGY	4,182,975			1,932			69			
71 MEDICAL SUPPLIES CHARGED TO	2,001,806						71			
72 IMPL. DEV. CHARGED TO PATIEN	6,354,348						72			
73 DRUGS CHARGED TO PATIENTS	27,085,861			326,886			73			
74 RENAL DIALYSIS	9,403,699			5,500			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	2,690,834						90			
91 EMERGENCY	16,517,216						91			
92 OBSERVATION BEDS (NON-DISTIN	1,053,001						92			
OTHER REIMBURSABLE COST CENTERS										
94 HOME PROGRAM DIALYSIS							94			
200 TOTAL (SUM OF LINES 50-199)	174,770,508			1,074,049			200			

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	COST SERVICES SUBJECT TO DED & COINS 5	COST SVCES NOT SUBJECT TO DED & COINS 6	COST SERVICES SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.251083						50
51 RECOVERY ROOM	0.115616						51
52 DELIVERY ROOM & LABOR ROOM	0.454618						52
53 ANESTHESIOLOGY	0.131757						53
54 RADIOLOGY-DIAGNOSTIC	0.197708						54
59 CARDIAC CATHETERIZATION	0.204197						59
60 LABORATORY	0.169052						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.539428						65
66 PHYSICAL THERAPY	0.516045						66
68 SPEECH PATHOLOGY	0.556701						68
69 ELECTROCARDIOLOGY	0.198387						69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147						72
73 DRUGS CHARGED TO PATIENTS	0.285858						73
74 RENAL DIALYSIS	0.172506						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	0.319873						90
91 EMERGENCY	0.369788						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.900276						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE 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
53 ANESTHESIOLOGY						53
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 CHARGED TO P						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 (NON-DISTINC						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (16-5119)	[]		[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]			
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)			
	7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS										
50 OPERATING ROOM	19,460,155						50			
51 RECOVERY ROOM	3,296,828						51			
52 DELIVERY ROOM & LABOR ROOM	1,593,776						52			
53 ANESTHESIOLOGY	5,227,705						53			
54 RADIOLOGY-DIAGNOSTIC	29,331,326			71,004			54			
59 CARDIAC CATHETERIZATION	13,392,388						59			
60 LABORATORY	24,721,579			408,747			60			
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30			
65 RESPIRATORY THERAPY	2,836,451			3,176			65			
66 PHYSICAL THERAPY	4,805,235			1,599,033			66			
68 SPEECH PATHOLOGY	815,325			317,890			68			
69 ELECTROCARDIOLOGY	4,182,975						69			
71 MEDICAL SUPPLIES CHARGED TO	2,001,806						71			
72 IMPL. DEV. CHARGED TO PATIEN	6,354,348						72			
73 DRUGS CHARGED TO PATIENTS	27,085,861			1,831,527			73			
74 RENAL DIALYSIS	9,403,699						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	2,690,834						90			
91 EMERGENCY	16,517,216						91			
92 OBSERVATION BEDS (NON-DISTIN	1,053,001						92			
OTHER REIMBURSABLE COST CENTERS										
94 HOME PROGRAM DIALYSIS							94			
200 TOTAL (SUM OF LINES 50-199)	174,770,508			4,231,377			200			

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.251083						50
51 RECOVERY ROOM	0.115616						51
52 DELIVERY ROOM & LABOR ROOM	0.454618						52
53 ANESTHESIOLOGY	0.131757						53
54 RADIOLOGY-DIAGNOSTIC	0.197708						54
59 CARDIAC CATHETERIZATION	0.204197						59
60 LABORATORY	0.169052						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.539428						65
66 PHYSICAL THERAPY	0.516045						66
68 SPEECH PATHOLOGY	0.556701						68
69 ELECTROCARDIOLOGY	0.198387						69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961						71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147						72
73 DRUGS CHARGED TO PATIENTS	0.285858						73
74 RENAL DIALYSIS	0.172506						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	0.319873						90
91 EMERGENCY	0.369788						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.900276						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

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)	15,930	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,930	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,905	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)	8,681	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)	14,733,197	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	14,733,197	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)	14,733,197	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) 924.87 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,028,796 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) 8,028,796 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	2,413,601	1,644	1,468.13	1,108	1,626,688	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)					11,645,351	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					21,300,835	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 694,134 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,013,626 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,707,760 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 19,593,075 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) 1,025 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 924.87 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 947,992 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	1,074,941	14,733,197	0.072960	947,992	69,165	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[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)	693	1							
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	693	2							
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3							
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	693	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)	267	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)	1,485,211	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	1,485,211	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)	1,485,211	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)	2,143.16 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	572,224 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)	572,224 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	43,892 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	616,116 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	20,714 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	2,403 51
52	TOTAL PROGRAM EXCLUDABLE COST	23,117 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	592,999 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 [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (16-T080) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	1,339	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,339	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,339	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)	997	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)	1,456,708	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	1,456,708	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)	1,456,708	37

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)	1,087.91 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	1,084,646 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)	1,084,646 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	404,387 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,489,033 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	24,137 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	12,072 51
52	TOTAL PROGRAM EXCLUDABLE COST	36,209 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,452,824 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)	28,989	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	28,989	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,989	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)	7,031	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)	6,847,226	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	6,847,226	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)	6,847,226	37

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 08:58

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)	6,847,226	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	236.20	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	1,660,722	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)	1,660,722	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)	1,660,722	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,610,550	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	3,271,272	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		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		13,767,634			30
31 INTENSIVE CARE UNIT		3,037,112			31
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.252648	6,476,569	1,636,292		50
51 RECOVERY ROOM	0.115616	616,770	71,308		51
52 DELIVERY ROOM & LABOR ROOM	0.454618	6,101	2,774		52
53 ANESTHESIOLOGY	0.135300				53
54 RADIOLOGY-DIAGNOSTIC	0.197916	5,449,749	1,078,593		54
59 CARDIAC CATHETERIZATION	0.206981	4,471,915	925,601		59
60 LABORATORY	0.170838	7,688,628	1,313,510		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.539428	1,797,853	969,812		65
66 PHYSICAL THERAPY	0.516045	815,959	421,072		66
68 SPEECH PATHOLOGY	0.556701	82,851	46,123		68
69 ELECTROCARDIOLOGY	0.198387	1,036,569	205,642		69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961	582,219	940,261		71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147	2,241,146	762,319		72
73 DRUGS CHARGED TO PATIENTS	0.285858	8,851,494	2,530,270		73
74 RENAL DIALYSIS	0.173443	108,787	18,868		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	0.319873	22,365	7,154		90
91 EMERGENCY	0.374912	1,856,753	696,119		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.900276	21,808	19,633		92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		42,127,536	11,645,351		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		42,127,536			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
40 SUBPROVIDER - IPF		337,095			40
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.252648	758	192		50
51 RECOVERY ROOM	0.115616				51
52 DELIVERY ROOM & LABOR ROOM	0.454618				52
53 ANESTHESIOLOGY	0.135300				53
54 RADIOLOGY-DIAGNOSTIC	0.197916	11,515	2,279		54
59 CARDIAC CATHETERIZATION	0.206981				59
60 LABORATORY	0.170838	51,684	8,830		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.539428	2,676	1,444		65
66 PHYSICAL THERAPY	0.516045	994	513		66
68 SPEECH PATHOLOGY	0.556701				68
69 ELECTROCARDIOLOGY	0.198387	2,738	543		69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961				71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147				72
73 DRUGS CHARGED TO PATIENTS	0.285858	67,289	19,235		73
74 RENAL DIALYSIS	0.173443				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	0.319873				90
91 EMERGENCY	0.374912	28,955	10,856		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.900276				92
94 HOME PROGRAM DIALYSIS					94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		166,609	43,892		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		166,609			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		1,260,456		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.252648			50
51 RECOVERY ROOM	0.115616			51
52 DELIVERY ROOM & LABOR ROOM	0.454618			52
53 ANESTHESIOLOGY	0.135300			53
54 RADIOLOGY-DIAGNOSTIC	0.197916	49,137	9,725	54
59 CARDIAC CATHETERIZATION	0.206981			59
60 LABORATORY	0.170838	179,029	30,585	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.539428	304	164	65
66 PHYSICAL THERAPY	0.516045	380,929	196,577	66
68 SPEECH PATHOLOGY	0.556701	130,332	72,556	68
69 ELECTROCARDIOLOGY	0.198387	1,932	383	69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147			72
73 DRUGS CHARGED TO PATIENTS	0.285858	326,886	93,443	73
74 RENAL DIALYSIS	0.173443	5,500	954	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	0.319873			90
91 EMERGENCY	0.374912			91
92 OBSERVATION BEDS (NON-DISTINCT	0.900276			92
OTHER REIMBURSABLE COST CENTERS				
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,074,049	404,387	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,074,049		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.251083			50
51 RECOVERY ROOM	0.115616			51
52 DELIVERY ROOM & LABOR ROOM	0.454618			52
53 ANESTHESIOLOGY	0.131757			53
54 RADIOLOGY-DIAGNOSTIC	0.197708	71,004	14,038	54
59 CARDIAC CATHETERIZATION	0.204197			59
60 LABORATORY	0.169052	408,747	69,099	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.539428	3,176	1,713	65
66 PHYSICAL THERAPY	0.516045	1,599,033	825,173	66
68 SPEECH PATHOLOGY	0.556701	317,890	176,970	68
69 ELECTROCARDIOLOGY	0.198387			69
71 MEDICAL SUPPLIES CHARGED TO PAT	1.614961			71
72 IMPL. DEV. CHARGED TO PATIENTS	0.340147			72
73 DRUGS CHARGED TO PATIENTS	0.285858	1,831,527	523,557	73
74 RENAL DIALYSIS	0.172506			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	0.319873			90
91 EMERGENCY	0.369788			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.900276			92
94 HOME PROGRAM DIALYSIS				94
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,231,377	1,610,550	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,231,377		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	15,582,057	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	183,454	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	2,649,151	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	136.19	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)	0.0306	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS)	0.1724	31
32	SUM OF LINES 30 AND 31	0.2030	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0419	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	652,888	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)	16,418,399	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	20,209,432	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	20,209,432	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,324,986	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	804	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)	21,535,222	59
60	PRIMARY PAYER PAYMENTS	20,184	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	21,515,038	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,941,548	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	14,837	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	73,070	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	51,149	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	32,123	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	19,609,802	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SEQUESTRATION)		70
70.93	HVBP PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	62,114	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-48,850	70.94
71	AMOUNT DUE PROVIDER (SEE INSTRUCTIONS)	19,623,066	71
71.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	98,115	71.01
72	INTERIM PAYMENTS	19,409,052	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73)	115,899	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	80,403	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

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		19,315,144		6,107,408	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.		93,908		56,020	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 .03 .04 .05 .06 .07 .08 .09 .50 .51 .52 .53 .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)		19,409,052		6,163,428	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99				5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	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		197,525		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE 3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		197,525		4

TO BE COMPLETED BY CONTRACTOR

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

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ 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		1,419,462		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
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)		1,419,462		4

TO BE COMPLETED BY CONTRACTOR

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

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ 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	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,667,660		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE		NONE 3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,667,660		4

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 08:58

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	4,620	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	9,789	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,188	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	16,549	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	218,618,882	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	7,096,529	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)	1,385,156	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	27,703	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS)	1,357,453	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,480,623	30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS)	-123,170	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)	229,251	1
2	NET IPF PPS OUTLIER PAYMENT	4,193	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	1.898630	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	233,444	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)	233,444	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	233,444	18
19	DEDUCTIBLES	35,920	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	197,524	20
21	COINSURANCE		21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	197,524	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	1,156	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	809	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	198,333	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)	198,333	31
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	992	31.01
32	INTERIM PAYMENTS	197,525	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)	-184	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	1,315,134	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.038800	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	37,876	3
4	OUTLIER PAYMENTS	76,924	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3.668493	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)	1,429,934	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	1,429,934	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	1,429,934	19
20	DEDUCTIBLES	2,340	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	1,427,594	21
22	COINSURANCE	2,664	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	1,424,930	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	1,424,930	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 (OTHER)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,424,930	32
32.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	7,125	32.01
33	INTERIM PAYMENTS	1,419,462	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS LINES 32.01, 33 AND 34)	-1,657	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
11/25/2013 08:58

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	3,057,006	1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
4	SUBTOTAL (SUM OF LINES 1-3)	3,057,006	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	MEDICAL AND OTHER SERVICES		5
6	DEDUCTIBLES		6
7	COINSURANCE	377,533	7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	56,270	8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	56,270	9
10	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	56,270	10
11	UTILIZATION REVIEW		11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,735,743	12
13	INPATIENT PRIMARY PAYER PAYMENTS		13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,735,743	15
15.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	13,679	15.01
16	INTERIM PAYMENTS	2,667,660	16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS 15.01, 16 AND 17)	54,404	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	528,792			1
2	TEMPORARY INVESTMENTS	40,502,536			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	16,737,775			4
5	OTHER RECEIVABLES	1,825,574			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-6,489,665			6
7	INVENTORY	1,420,433			7
8	PREPAID EXPENSES	127,446			8
9	OTHER CURRENT ASSETS	2,937			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	54,655,828			11
FIXED ASSETS					
12	LAND	636,484			12
13	LAND IMPROVEMENTS	2,569,052			13
14	ACCUMULATED DEPRECIATION	-1,907,019			14
15	BUILDINGS	73,664,688			15
16	ACCUMULATED DEPRECIATION	-53,338,931			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	34,560,651			23
24	ACCUMULATED DEPRECIATION	-24,630,138			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS	15,951,322			27
28	ACCUMULATED DEPRECIATION	-10,938,124			28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	36,567,985			30
OTHER ASSETS					
31	INVESTMENTS				31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	46,868,846			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	46,868,846			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	138,092,659			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	4,873,031			37
38	SALARIES, WAGES & FEES PAYABLE	5,620,989			38
39	PAYROLL TAXES PAYABLE	539,132			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	343,664			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	3,074,418			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	14,451,234			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	18,305,210			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	1,567,102			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	19,872,312			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	34,323,546			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	103,769,113			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)	103,769,113			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	138,092,659			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		97,519,309							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		8,416,580							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		105,935,889							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN TEMPORARY RESTRICT ASSE									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		105,935,889							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 UNRESTRICTED INTER COM TRANSFER									13
14 ALL OTHER		2,166,776							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		2,166,776							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		103,769,113							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	24,356,135		24,356,135	1
3 SUBPROVIDER IPF	859,930		859,930	2
5 SUBPROVIDER IRF	1,670,568		1,670,568	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY	6,045,023		6,045,023	7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	32,931,656		32,931,656	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	4,785,120		4,785,120	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	4,785,120		4,785,120	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	37,716,776		37,716,776	17
18 ANCILLARY SERVICES	69,803,325		69,803,325	18
19 OUTPATIENT SERVICES		102,837,289	102,837,289	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		6,635,715	6,635,715	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 PHYSICIAN REVENUE	999,936	3,938,006	4,937,942	27.01
27.02 MLC-NORTH	11,060,081		11,060,081	27.02
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	119,580,118	113,411,010	232,991,128	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		89,853,686	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 MOVE BAD DEBT TO CONTRACTUAL ALLOW			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)		89,853,686	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	232,991,128	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	143,930,423	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	89,060,705	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	89,853,686	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-792,981	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	47,753	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	455,829	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	460,620	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (HIT :CARE 997,952, CAID 212,199)	1,210,151	24
24.01	OTHER (OTHER OPERATING REVENUE)	1,238,319	24.01
24.02	OTHER (NON OPERATING INVESTMENT EARNINGS)	5,864,128	24.02
24.03	OTHER (NON OPERATING DERIVATIVES)	-129,540	24.03
24.04	OTHER (NON OPERATING GAIN (LOSS))		24.04
24.05	OTHER (EXTERNAL FINANCIAL INTEREST)	-6,800	24.05
24.06	OTHER (TRANSFER FROM RESTRICTED FUNDS)	83,401	24.06
24.07		-14,300	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	9,209,561	25
26	TOTAL (LINE 5 PLUS LINE 25)	8,416,580	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)	8,416,580	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)			49,171			49,171 4
5 ADMINISTRATIVE AND GENERAL	109,620	25,842				135,462 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	747,113	176,125	46,375			969,613 6
7 PHYSICAL THERAPY	277,157	65,337				342,494 7
8 OCCUPATIONAL THERAPY	136,592	32,200				168,792 8
9 SPEECH PATHOLOGY	28,093	6,623				34,716 9
10 MEDICAL SOCIAL SERVICES	25,774	6,076	758			32,608 10
11 HOME HEALTH AIDE	123,695	29,160	12,498			165,353 11
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING	77,287	18,220				95,507 17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS	142,355	33,559			771,251	947,165 23
24 TOTAL (SUM OF LINES 1-23)	1,667,686	393,142	108,802		771,251	2,940,881 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		49,171		49,171	4
5		135,462		135,462	5
6		969,613		969,613	6
7		342,494		342,494	7
8		168,792		168,792	8
9		34,716		34,716	9
10		32,608		32,608	10
11		165,353		165,353	11
12					12
13					13
14					14
15					15
16					16
17		95,507		95,507	17
18					18
19					19
20					20
21					21
22					22
23		947,165		947,165	23
24		2,940,881		2,940,881	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.)	49,171				49,171				4
5 ADMINISTRATIVE AND GENERAL	135,462					135,462	135,462		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	969,613				38,240	1,007,853	48,664	1,056,517	6
7 PHYSICAL THERAPY	342,494					342,494	16,538	359,032	7
8 OCCUPATIONAL THERAPY	168,792					168,792	8,150	176,942	8
9 SPEECH PATHOLOGY	34,716					34,716	1,676	36,392	9
10 MEDICAL SOCIAL SERVICES	32,608				625	33,233	1,605	34,838	10
11 HOME HEALTH AIDE	165,353				10,306	175,659	8,482	184,141	11
12 SUPPLIES (SEE INSTRUCTIONS)									12
13 DRUGS									13
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING	95,507					95,507	4,612	100,119	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	947,165					947,165	45,735	992,900	23
24 TOTAL (SUM OF LINES 1-23)	2,940,881				49,171	2,940,881		2,940,881	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.)				59,631			4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-135,462	2,805,419	5
6 SKILLED NURSING CARE				46,375		1,007,853	6
7 PHYSICAL THERAPY						342,494	7
8 OCCUPATIONAL THERAPY						168,792	8
9 SPEECH PATHOLOGY						34,716	9
10 MEDICAL SOCIAL SERVICES				758		33,233	10
11 HOME HEALTH AIDE				12,498		175,659	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING						95,507	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						947,165	23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)				59,631	-135,462	2,805,419	24
25 COST TO BE ALLOC (PER W/S H)				49,171		135,462	25
26 UNIT COST MULTIPLIER				0.824588		0.048286	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	324,924		324,924			1
2 SKILLED NURSING CARE	1,329,817		1,329,817	118,135	1,447,952	2
3 PHYSICAL THERAPY	453,873		453,873	40,320	494,193	3
4 OCCUPATIONAL THERAPY	223,682		223,682	19,871	243,553	4
5 SPEECH PATHOLOGY	46,005		46,005	4,087	50,092	5
6 MEDICAL SOCIAL SERVICES	43,946		43,946	3,904	47,850	6
7 HOME HEALTH AIDE	231,225		231,225	20,541	251,766	7
8 SUPPLIES						8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING	126,566		126,566	11,244	137,810	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	1,202,462		1,202,462	106,822	1,309,284	19
20 TOTAL (SUM OF LINES 1-19)	3,982,500		3,982,500	324,924	3,982,500	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.				0.088836		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 DEPARTMENT GROSS SALARIES	RECON-CILIATION
	1	1.01	1.02	1.03	2	3	4	4A.02
1 ADMINISTRATIVE AND GENERAL		8,291	6,504		92,631		109,621	1
2 SKILLED NURSING CARE							747,113	2
3 PHYSICAL THERAPY							277,157	3
4 OCCUPATIONAL THERAPY							136,592	4
5 SPEECH PATHOLOGY							28,092	5
6 MEDICAL SOCIAL SERVICES							25,774	6
7 HOME HEALTH AIDE							123,695	7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING							77,287	13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS							142,355	19
19.50 TELEMEDICINE							0	19.50
20 TOTAL (SUM OF LINES 1-19)		8,291	6,504		92,631		1,667,686	20
22 UNIT COST MULTIPLIER			0.085486		1.060671		0.070452	22
22 UNIT COST MULTIPLIER		0.111326						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	107,453	5,423,745	5,423,745	5,423,745		167,166		1
2 SKILLED NURSING CARE	1,109,153					1,196,133		2
3 PHYSICAL THERAPY	378,558					408,245		3
4 OCCUPATIONAL THERAPY	186,565					201,195		4
5 SPEECH PATHOLOGY	38,371					41,380		5
6 MEDICAL SOCIAL SERVICES	36,654					39,528		6
7 HOME HEALTH AIDE	192,856					207,980		7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING	105,564					113,842		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	1,002,929					1,081,579		19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	3,158,103	5,423,745	5,423,745	5,423,745		3,457,048		20
21 TOTAL COST TO BE ALLOCATED	247,658	22,731	12,095	16,461		386,377		21
22 UNIT COST MULTIPLIER	0.078420		0.002230					22
22 UNIT COST MULTIPLIER		0.004191		0.003035		0.111765		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	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.
	8	9	10	11	12	13	14	15
1 ADMINISTRATIVE AND GENERAL		668		10,275				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)		668		10,275				20
21 TOTAL COST TO BE ALLOCATED		17,863		81,711				21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		26.741018		7.952409				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	1,447,952		1,447,952	11,855	122.14	1
2	PHYSICAL THERAPY	3	494,193	313,634	807,827	3,007	268.65	2
3	OCCUPATIONAL THERAPY	4	243,553		243,553	1,363	178.69	3
4	SPEECH PATHOLOGY	5	50,092	27,728	77,820	232	335.43	4
5	MEDICAL SOCIAL SERVICES	6	47,850		47,850	145	330.00	5
6	HOME HEALTH AIDE	7	251,766		251,766	3,704	67.97	6
7	TOTAL (SUM OF LINES 1-6)		2,535,406	341,362	2,876,768	20,306		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		102,789	102,789			15
16	COST OF DRUGS	9		6,846	6,846			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	4,017	2,247		490,636	274,449		765,085
2 PHYSICAL THERAPY	1,365	791		366,707	212,502		579,209
3 OCCUPATIONAL THERAPY	604	462		107,929	82,555		190,484
4 SPEECH PATHOLOGY	95	92		31,866	30,860		62,726
5 MEDICAL SOCIAL SERVICES	63	50		20,790	16,500		37,290
6 HOME HEALTH AIDE	284	285		19,303	19,371		38,674
7 TOTAL (SUM OF LINES 1-6)	6,428	3,927		1,037,231	636,237		1,673,468

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
		3	4	
8 SKILLED NURSING CARE	99914	2	948	8
8.01 SKILLED NURSING CARE	99916	1,419	1,299	8.01
9 PHYSICAL THERAPY	99914	517	336	9
9.01 PHYSICAL THERAPY	99916	848	455	9.01
10 OCCUPATIONAL THERAPY	99914	227	182	10
10.01 OCCUPATIONAL THERAPY	99916	377	280	10.01
11 SPEECH PATHOLOGY	99914	16	27	11
11.01 SPEECH PATHOLOGY	99916	79	65	11.01
12 MEDICAL SOCIAL SERVICES	99914	20	15	12
12.01 MEDICAL SOCIAL SERVICES	99916	43	35	12.01
13 HOME HEALTH AIDE	99914	78	47	13
13.01 HOME HEALTH AIDE	99916	206	238	13.01
14 TOTAL (SUM OF LINES 8-13)		6,428	3,927	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		1,281					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	0.516045	607,765	313,634	COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY				COL 2, LINE 3	2
3 SPEECH PATHOLOGY	0.556701	49,808	27,728	COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	1.614961	63,648	102,789	COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	0.285858	23,948	6,846	COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 16-7154

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2 TOTAL CHARGES	963,604	1,281		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	963,604	1,281		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	963,604	1,281		7
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1,135,866	654,725	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	18,664	17,567	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	11,926	11,645	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	1,166,456	683,937	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	1,166,456	683,937	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	1,166,456	683,937	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)	1,166,456	683,937	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	1,166,456	683,937	31
31.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	6,009	3,264	31.01
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	1,160,447	680,519	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 32 AND 33)		154	34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2			35

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

HHA NO.: 16-7154

WORKSHEET H-5

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,160,447		680,519
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE
	.02			3.01
	PROGRAM .03			3.02
	TO .04			3.03
	PROVIDER .05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51			3.50
	PROVIDER .52			NONE
	TO .53			3.51
	PROGRAM .54			3.52
	.55			3.53
	.56			3.54
	.57			3.55
	.58			3.56
	.59			3.57
	.99			3.58
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				3.59
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		1,160,447		680,519
TO BE COMPLETED BY INTERMEDIARY				
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			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 16-2313

WORKSHEET I-1

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

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	260,695	HOURS OF SERVICE	9,429.00	4.53	1
2 LICENSED PRACTICAL NURSES	11,399	HOURS OF SERVICE	533.00	0.26	2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	148,466	HOURS OF SERVICE	10,927.00	5.25	4
5 SOCIAL WORKERS		HOURS OF SERVICE			5
6 DIETICIANS		HOURS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	84,258	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	504,818				9
10 EMPLOYEE BENEFITS	118,226	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	24,321	PERCENTAGE OF TIME			13
14 SUPPLIES	14,727	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	185,010	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	847,102				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	3,543	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	28,350	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS DEPARTMENT	35,565	SALARY			20
21 ADMINISTRATIVE AND GENERAL	280,811	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	33,160	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY	-122,116	REQUISITIONS			25
26 OTHER ALLOCATED COSTS	515,783	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	1,622,198				27
28 LABORATORY	11,798	CHARGES	69,787		28
29 RESPIRATORY THERAPY		CHARGES			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)	1,633,996				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 16-2313

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE		
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS	
	1	2	3	4	DEPARTMENT	6	
					5		
1 TOTAL RENAL DEPT COSTS	36,703	52,671	260,695	159,865	153,791	-122,116	1
2 MAINTENANCE							
3 HEMODIALYSIS	36,054	51,618	256,105	157,050	151,078	-122,116	2
4 INTERMITTENT PERITONEAL							3
5 TRAINING							
6 HEMODIALYSIS							4
7 INTERMITTENT PERITONEAL							5
8 CAPD							6
9 CCPD							7
10 HOME							
11 HEMODIALYSIS							8
12 INTERMITTENT PERITONEAL							9
13 CAPD							10
14 CCPD							11
15 OTHER BILLABLE SERVICES							
16 INPATIENT DIALYSIS	649	1,053	4,590	2,815	2,713		12
17 METHOD II HOME PATIENT							13
18 EPO (INCL IN RENAL DEPT)						122,116	14
19 ARANESP (INCL IN RENAL DEPT)							15
20 OTHER							16
21 TOTAL (SUM OF LINES 2-16)	36,703	52,671	260,695	159,865	153,791	-122,116	17
22 MEDICAL EDUC PGM COSTS							18
23 TOTAL RENAL COSTS (LINES 17+18)							19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 16-2313

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX:

[XX] 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	14,727	11,798	568,134	1,065,862	1,633,996	1
2 HEMODIALYSIS	14,467	11,590	555,846	1,042,809	1,598,655	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	260	208	12,288	23,053	35,341	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)	14,727	11,798	568,134	1,065,862	1,633,996	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					1,633,996	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 16-2313

WORKSHEET I-3

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

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)			DEPARTMENT	
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	36,703	52,671	260,695	159,865	153,791	1
	MAINTENANCE						
2	HEMODIALYSIS	4,945	98.00	9,262.91	13,110.23	495,914	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	89	2.00	166.00	235.00	8,904	
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	5,034	100.00	9,428.91	13,345.23	504,818	17
18	UNIT COST MULTIPLIER	7.291021	526.710000	27.648477	11.979187	0.304646	18
	(LINE 1 ÷ LINE 17)						

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
 PERIOD FROM 07/01/2012 TO 06/30/2013

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

VERSION: 2013.11
 11/25/2013 08:58

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 16-2313

WORKSHEET I-3
 (CONTINUED)

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

		DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1	TOTAL RENAL DEPT COSTS MAINTENANCE	-122,116	14,727	11,798	568,134	1,065,862	1
2	HEMODIALYSIS	122,116	78,186	9,290,186			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		1,404	166,804			13
13	METHOD II HOME PATIENT						14
14	EPO						15
15	ARANESP						16
16	OTHER						17
17	TOTAL STATISTICAL BASIS	122,116	79,590	9,456,990		568,134	18
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)	-1.000000	0.185036	0.001248		1.876075	

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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KPMG LLP COMPU-MAX MICRO SYSTEM
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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	NUMBER OF PROGRAM TREATMENTS 4.01	NUMBER OF PROGRAM TREATMENTS 4.02	TOTAL PROGRAM EXPENSES (SEE INSTR.) 5	
1 MAINTENANCE - HEMODIALYSIS	8,332	1,598,655	191.87					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	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 & 6)	8,332	1,598,655						11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))	8,332							12

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 16-2313

WORKSHEET I-4
(CONTINUED)

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

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
1 MAINTENANCE - HEMODIALYSIS							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
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 & 6)	6	6.01	6.02	7	7.01	7.02	11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 16-2313

WORKSHEET I-1

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

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES		HOURS OF SERVICE		1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		2
3 NURSES AIDES		HOURS OF SERVICE		3
4 TECHNICIANS		HOURS OF SERVICE		4
5 SOCIAL WORKERS		HOURS OF SERVICE		5
6 DIETICIANS		HOURS OF SERVICE		6
7 PHYSICIANS		ACCUMULATED COST		7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		8
9 SUBTOTAL (SUM OF LINES 1-8)				9
10 EMPLOYEE BENEFITS		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		PERCENTAGE OF TIME		13
14 SUPPLIES		REQUISITIONS		14
15 DRUGS		REQUISITIONS		15
16 OTHER		ACCUMULATED COST		16
17 SUBTOTAL (SUM OF LINES 9-16)				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET		18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME		19
20 EMPLOYEE BENEFITS DEPARTMENT		SALARY		20
21 ADMINISTRATIVE AND GENERAL		ACCUMULATED COST		21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING		SQUARE FEET		22
23 MEDICAL EDUCATION PROGRAM COSTS				23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		24
25 PHARMACY		REQUISITIONS		25
26 OTHER ALLOCATED COSTS		ACCUMULATED COST		26
27 SUBTOTAL (SUM OF LINES 17-26)				27
28 LABORATORY		CHARGES		28
29 RESPIRATORY THERAPY		CHARGES		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)				31

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 16-2313

WORKSHEET I-2

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

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
	BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	DRUGS
	1	2	3	4	5	6
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					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	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)					17
18	MEDICAL EDUC PGM COSTS					18
19	TOTAL RENAL COSTS (LINES 17+18)					19

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 16-2313

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [XX] 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						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19

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

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: 16-2313

WORKSHEET I-3

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT

[XX] HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs (HOURS)	SALARY OTHER (HOURS)	EMPLOYEE BENEFITS DEPARTMENT (SALARY)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)				
	1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS					1
	MAINTENANCE					
2	HEMODIALYSIS					2
3	INTERMITTENT PERITONEAL TRAINING					3
4	HEMODIALYSIS					4
5	INTERMITTENT PERITONEAL					5
6	CAPD					6
7	CCPD					7
	HOME					
8	HEMODIALYSIS					8
9	INTERMITTENT PERITONEAL					9
10	CAPD					10
11	CCPD					11
	OTHER BILLABLE SERVICES					
12	INPT DIAL TRTMNTS					
13	METHOD II HOME PATIENT					13
14	EPO					14
15	ARANESP					15
16	OTHER					16
17	TOTAL STATISTICAL BASIS					17
18	UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)					18

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

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: 16-2313

WORKSHEET I-3
(CONTINUED)

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

	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL	OVERHEAD (ACCUM. COST)	
	6	7	8	9	10	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18

PROVIDER CCN: 16-0080 MERCY MEDICAL CENTER
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 16-2313

WORKSHEET I-4
 (CONTINUED)

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

	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4)	AVERAGE PAYMENT RATE (COL. 6.01 ÷ COL. 4.01)	AVERAGE PAYMENT RATE (COL. 6.02 ÷ COL. 4.02)	
	6	6.01	6.02	7	7.01	7.02	
1 MAINTENANCE - HEMODIALYSIS							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
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 & 6)							11
12 TOTAL TREATMENTS (SUM OF LINES 1-8 PLUS (SUM OF LINES 9 AND 10 TIMES 3))							12

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 16-2313

WORKSHEET I-5

DESCRIPTION

DESCRIPTION	1	2	
1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)			1
2 TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11)(SEE INSTRUCTIONS)			2
2.01 TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11)(SEE INSTRUCTIONS)			2.01
2.02 TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11)(SEE INSTRUCTIONS)			2.02
2.03 TOTAL PAYMENT DUE (SEE INSTRUCTIONS)			2.03
2.04 OUTLIER PAYMENTS			2.04
3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	147		3
3.01 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.01
3.02 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.02
3.03 TOTAL DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			3.03
4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)	317,003		4
4.01 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.01
4.02 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.02
4.03 TOTAL COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			4.03
5 BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01 TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02 TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03 TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04 100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05 TOTAL BAD DEBTS (SUM OF LINE 5 THROUGH LINE 5.04)			5.05
6 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)			6
7 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			7
8 NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			8
9 PROGRAM PAYMENT (SEE INSTRUCTIONS)			9
10 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (SEE INSTRUCTIONS)			10
11 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (TRANSFER TO WKST E, PART B, LINE 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE RATE PERCENTAGE

12 TOTAL ALLOWABLE EXPENSES (SEE INSTRUCTIONS)	1,720,771		12
13 TOTAL COMPOSITE COSTS (FROM WKST I-4, COL. 2, LINE 11)	1,598,655		13
14 FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (LINE 13 DIVIDED BY LINE 12)	0.929034		14

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
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED COSTS-BLDG AND FIXT.						2
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.						3
4 PLANT OPERATION AND MAINTENANCE						4
5 TRANSPORTATION - STAFF						5
6 VOLUNTEER SERVICE COORDINATION						6
7 ADMINISTRATIVE AND GENERAL	46,606	10,458				57,064
8 INPATIENT CARE SERVICE						
9 INPATIENT - GENERAL CARE						7
10 INPATIENT - RESPITE CARE						8
11 VISITING SERVICES						
12 PHYSICIAN SERVICES				17,084		17,084
13 NURSING CARE	141,548	31,761	9,285			182,594
14 NURSING CARE-CONTINUOUS HOME CARE						11
15 PHYSICAL THERAPY						12
16 OCCUPATIONAL THERAPY						13
17 SPEECH/LANGUAGE PATHOLOGY						14
18 MEDICAL SOCIAL SERVICES	41,459	9,303	2,363			53,125
19 SPIRITUAL COUNSELING						16
20 DIETARY COUNSELING						17
21 COUNSELING - OTHER						18
22 HOME HEALTH AIDE AND HOMEMAKER	16,034	3,598	2,208			21,840
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				68,408		68,408
24 OTHER			2,104			2,104
25 OTHER HOSPICE SERVICE COSTS						
26 DRUGS, BIOLOGICAL & INFUSION THERAPY						22
27 ANALGESICS						23
28 SEDATIVES/HYPNOTICS						24
29 OTHER - SPECIFY						25
30 DURABLE MEDICAL EQUIPMENT/OXYGEN						26
31 PATIENT TRANSPORTATION						27
32 IMAGING SERVICES						28
33 LABS AND DIAGNOSTICS						29
34 MEDICAL SUPPLIES					2,907	2,907
35 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						31
36 RADIATION THERAPY						32
37 CHEMOTHERAPY						33
38 OTHER					214,698	214,698
39 HOSPICE NONREIMBURSABLE SERVICE						
40 BEREAVEMENT PROGRAM COSTS						35
41 VOLUNTEER PROGRAM COSTS						36
42 FUNDRAISING						37
43 OTHER PROGRAM COSTS						38
44 TOTAL (SUM OF LINES 1-38)	245,647	55,120	15,960	85,492	217,605	619,824

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		57,064		57,064	6
7					7
8					8
9		17,084		17,084	9
10		182,594		182,594	10
11					11
12					12
13					13
14					14
15		53,125		53,125	15
16					16
17					17
18					18
19		21,840		21,840	19
20		68,408		68,408	20
21		2,104		2,104	21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30		2,907		2,907	30
31					31
32					32
33					33
34		214,698		214,698	34
35					35
36					36
37					37
38					38
39		619,824		619,824	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									1
2									2
3									3
4									4
5									5
6		46,606							46,606
7									7
8									8
9									9
10					141,548				141,548
11									11
12									12
13									13
14									14
15			41,459						41,459
16									16
17									17
18									18
19							16,034		16,034
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35									35
36									36
37									37
38									38
39		46,606	41,459		141,548		16,034		245,647

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									1
2									2
3									3
4									4
5									5
6		10,458							10,458
7									7
8									8
9									9
10					31,761				31,761
11									11
12									12
13									13
14									14
15			9,303						9,303
16									16
17									17
18									18
19							3,598		3,598
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34
35									35
36									36
37									37
38									38
39		10,458	9,303		31,761		3,598		55,120

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								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								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES	17,084							17,084
13	NURSING CARE								13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES								18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER								22
23	HH AIDE & HMKR-CONT.HME CARE							68,408	68,408
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)	17,084						68,408	85,492

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	57,064							57,064	57,064	6
7										7
8										8
9		17,084						17,084	1,732	18,816
10		182,594						182,594	18,515	201,109
11										11
12										12
13										13
14										14
15	53,125							53,125	5,387	58,512
16										16
17										17
18										18
19		21,840						21,840	2,215	24,055
20		68,408						68,408	6,937	75,345
21		2,104						2,104	213	2,317
22										22
23										23
24										24
25										25
26										26
27										27
28										28
29										29
30	2,907							2,907	295	3,202
31										31
32										32
33										33
34	214,698							214,698	21,770	236,468
35										35
36										36
37										37
38										38
39	619,824							619,824		619,824

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	25,503		25,503			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES	23,092		23,092	764	23,856	4
5 NURSING CARE	260,563		260,563	8,621	269,184	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY	5,553		5,553	184	5,737	7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	70,152		70,152	2,321	72,473	10
11 SPIRITUAL COUNSELING						11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS	30,988		30,988	1,025	32,013	14
15 HH AIDE & HMKR-CONT. HOME C	90,334		90,334	2,989	93,323	15
16 OTHER	2,778		2,778	92	2,870	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	3,839		3,839	127	3,966	25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER	283,515	1	283,516	9,380	292,896	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)	796,317	1	796,318		796,318	34
35 UNIT COST MULTIPLIER				0.033086		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 DEPARTMENT GROSS SALARIES	RECON-CILIATION
	1	1.01	1.02	1.03	2	3	4	4A.02
1 ADMINISTRATIVE AND GENERAL							46,606	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE					369		141,548	5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY							41,459	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							16,034	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)					369		245,647	34
35 TOTAL COST TO BE ALLOCATED				1	391		17,306	35
31 VOLUNTEER PROGRAM COSTS					1.059621		0.070451	36

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 16-1527

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	A&G	A&G	A&G	A&G	RECON- CILIATION	A&G	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET
	INFO SERV	PURCHASING STORES	ADMITTING REGISTR	CASHIERS A/R, PFS		ALL OTHER		
	ACCUM COST	GROSS REVENUE	GROSS REVENUE	GROSS REVENUE		ACCUM COST		
	5.02	5.03	5.04	5.05		5.06	6	7
1 ADMINISTRATIVE AND GENERAL	3,283	1,211,970	1,211,970	1,211,970		15,000		1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES	18,816					20,292		4
5 NURSING CARE	211,472					228,055		5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY	2,921					3,150		7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE	58,512					63,100		10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS	25,185					27,160		14
15 HH AIDE & HMKR-CONT. HOME C	75,345					81,253		15
16 OTHER	2,317					2,499		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	3,202					3,453		25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER	236,468					255,013		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)	637,521	1,211,970	1,211,970	1,211,970		698,975		34
35 TOTAL COST TO BE ALLOCATED	49,994	5,079	2,703	3,678		78,121		35
36 UNIT COST MULTIPLIER	0.078419	0.004191	0.002230	0.003035		0.111765		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									1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES					188				4
5 NURSING CARE				2,482					5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY				725					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				280					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)					3,675				34
35 TOTAL COST TO BE ALLOCATED					10,394				35
36 UNIT COST MULTIPLIER					2.828299				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	1,211,970							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)	1,211,970							34
35 TOTAL COST TO BE ALLOCATED	8,827							35
36 UNIT COST MULTIPLIER	0.007283							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	0.516045	33	17
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.556701		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.285858		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.169052		6
7	MEDICAL SUPPLIES	71	1.614961		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)			17	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)				796,335	1
2 TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				7,308	2
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				108.97	3
4 UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	6,916				4
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	753,637				5
6 UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		117			6
7 AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		12,749			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)			275		12
13 AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			29,967		13

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER		1,235,636	1
3	CAPITAL DRG OUTLIER PAYMENTS		37,453	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		45.54	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.0306	7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS)		0.1724	8
10	SUM OF LINES 7 AND 8		0.2030	9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0420	10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		51,897	11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		1,324,986	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			POST STEP- DOWN ADJS	
	0	(COLS.0-4) 2A	24	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 DEPARTMENT					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 SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
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
53 ANESTHESIOLOGY					53
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 CHARGED TO PA					71
72 IMPL. DEV. CHARGED TO PATIENTS					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 (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
191 RESEARCH					191

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194 OTHER NON-REIMB						194
194.01 NRCC-REPSITE						194.01
194.02 NRCC-LIFELINE						194.02
194.03 NRCC-OUTREACH						194.03
194.04 NRCC-MERCY SPEC CLIN ENT						194.04
194.05 NRCC-MERCY SPEC CLIN GASTRO						194.05
194.09 NRCC-SENIOR SERVICES						194.09
194.12 NRCC-FREE CLINIC						194.12
194.13 NRCC-TENDERCARE						194.13
194.16 NRCC-MLC NORTH						194.16
194.19 OTHER						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

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

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period			
1	Wage index fiscal year ending date	06/30/2016	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	07/01/2012	06/30/2013 2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	01/01/2013	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	07/01/2011	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	07/01/2014	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)			
6	Effective date of pension plan		6
7	First day of the provider cost reporting period containing the pension plan effective date		7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)		8
If this date occurs after the period shown on line 2, stop here and see instructions.			
STEP 3: Average Pension Contributions During the Averaging Period			
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	07/01/2011	9
10	Ending date of averaging period from Line 5	07/01/2014	10
11	Enter provider contributions made during averaging period on Lines 9 & 10		11
11.01			11.01
11.02		06/30/2012	2,103,894 11.02
11.03		06/30/2013	2,103,894 11.03
11.04		06/30/2014	2,103,894 11.04
12	Total calendar months included in averaging period (36 unless Step 2 completed)	36	12
13	Total contributions made during averaging period	6,311,682	13
14	Average monthly contribution (Line 13 divided by Line 12)	175,325	14
15	Number of months in provider cost reporting period on Line 2	12	15
16	Average pension contributions (Line 14 times Line 15)	2,103,900	16
STEP 4: Total Pension Cost for Wage Index			
17	Annual prefunding installment (SEE INSTRUCTIONS)	382,045	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	382,045	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	2,485,945	19