

STATE COPY

Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 141302	Period: From 10/01/2014 To 09/30/2015	Worksheet 5-2 Part I Date/Time Prepared: 1/21/2016 11:31 pm
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		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1 MEDICAL CENTER DRIVE	PO Box:		Zip Code: 61036-		County: JO DAVIESS				1.00
2.00	City: GALENA	State: IL		Zip Code: 61036-		County: JO DAVIESS				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MIDWEST MEDICAL CENTER	141302	99914	1	02/01/2000	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	MIDWEST MEDICAL CENTER	142302	99914		02/01/2000	N	O	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	GALENA STAUSS NURSING HOME	146140	99914		02/17/2010	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	MIDWEST HEALTH CLINIC	148511	99914		12/09/2010	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2014	09/30/2015			20.00
21.00	Type of Control (see instructions)					2				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	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.						2	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

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		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2					26.00
27.00	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					27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00
		Beginning:		Ending:			
		1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						
		Y/N		Y/N			
		1.00		2.00			
39.00	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)	N	N				39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N				40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N			
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and wkst. L-1, Pt. I through Pt. III.	N	N	N			
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N			
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N			
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N					56.00
57.00	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 wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.	N					58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N					59.00
60.00	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					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
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)	0.00		0.00			
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)	0.00		0.00			
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)	0.00		0.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).	0.00		0.00			
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00		0.00			
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)	0.00		0.00			

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Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-2
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.10	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.		0.00	0.00	61.10	
61.20	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.		0.00	0.00	61.20	
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	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)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	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 nonprovider 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)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. 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)		0.00	0.00	0.000000	65.00

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Worksheet S-2
Part I
Date/Time Prepared:
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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider 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)	0.00	0.00	0.000000	66.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. 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)	0.00	0.00	0.000000	67.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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 or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME 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 or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
Title V and XIX Services					
			V	XIX	
		1.00	1.00	2.00	
90.00	Does this facility have title v and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	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	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title v and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title v or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00

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		V 1.00		XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00			97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	Y					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete wkst. D-2, Pt. II.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Y					108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	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 no for each therapy.	N	Y	Y	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N		110.00
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	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.	2					118.00
			Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	11,231		0			0118.01
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

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		1.00	2.00		
All Providers					
140.00	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. (see instructions)	N		140.00	
		1.00	2.00	3.00	
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.					
141.00	Name:	Contractor's Name:		141.00	
142.00	Street:	PO Box:		142.00	
143.00	City:	State:		143.00	
				1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y	144.00	
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		1.00	2.00	3.00	
		1.00	2.00	3.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	Y	Y	N	155.00
156.00	Subprovider - IPF	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	157.00
158.00	SUBPROVIDER				158.00
159.00	SNF	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	160.00
161.00	CMHC				161.00
161.10	CORF		N	N	161.10
					1.00
Multicampus					
165.00	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	165.00	
		0	1.00	2.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00 166.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		58,663	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00	
		1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014	09/30/2015	170.00	

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-2
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)

1.00

N

171.00

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MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-2
Part II
Date/Time Prepared:
1/22/2016 8:11 am

		Y/N 1.00	Date 2.00	
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				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	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		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	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	01/11/2016 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N 1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
PS&R Data				
16.00	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 16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/11/2015	Y 17.00
18.00	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 this cost report? If yes, see instructions.	N		N 18.00
19.00	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 19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N 20.00

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MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141302	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 1/22/2016 8:55 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	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.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	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.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PAUL	TRACZEK		41.00
42.00	Enter the employer/company name of the cost report preparer.	WIPFLI LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	7158586619	PTRACZEK@WIPFLI.COM		43.00

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MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-2
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	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)		16.00
17.00	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)	12/11/2015	17.00
18.00	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 this cost report? If yes, see instructions.		18.00
19.00	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.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CPA / PARTNER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

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MIDWEST MEDICAL CENTER

Non-CMS HFS Worksheet

VOLUNTARY CONTACT INFORMATION

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-2
Part V
Date/Time Prepared:
1/21/2016 11:31 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	TRACZEK	2.00
3.00	Title	CPA	3.00
4.00	Employer	WIPFLI LLP	4.00
5.00	Phone Number	(715)858-6619	5.00
6.00	E-mail Address	PTRACZEK@WIPFLI.COM	6.00
7.00	Department	HEALTHCARE	7.00
8.00	Mailing Address 1	3703 OAKWOOD HILLS PKWY / PO BOX 690	8.00
9.00	Mailing Address 2		9.00
10.00	City	EAU CLAIRE	10.00
11.00	State	WI	11.00
12.00	Zip	54701	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	MARIE	13.00
14.00	Last Name	WAMSLEY	14.00
15.00	Title	CONTROLLER	15.00
16.00	Employer	MIDWEST MEDICAL CENTER	16.00
17.00	Phone Number	(815)776-7277	17.00
18.00	E-mail Address	MWAMSLEY@MIDWESTMEDICALCENTE R.ORG	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	ONE MEDICAL CENTER DRIVE	20.00
21.00	Mailing Address 2		21.00
22.00	City	GALENA	22.00
23.00	State	IL	23.00
24.00	Zip	61036	24.00

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Health Financial Systems
HFS Supplemental Information

MIDWEST MEDICAL CENTER

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Non-CMS HFS Worksheet

Worksheet S-2
Part IX
Date/Time Prepared:
1/21/2016 11:31 pm

		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	7.00

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MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	25	9,125	8,121.36		0 1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						0 5.00
6.00 Hospital Adults & Peds. Swing Bed NF						0 6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		25	9,125	8,121.36		0 7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		25	9,125	8,121.36		0 14.00
15.00 CAH visits						0 15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			0 17.00
18.00 SUBPROVIDER	42.00	0	0			0 18.00
19.00 SKILLED NURSING FACILITY	44.00	5	1,825			0 19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	52	18,980			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					0 25.10
26.00 RURAL HEALTH CLINIC	88.00					0 26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					0 26.25
27.00 Total (sum of lines 14-26)		82				27.00
28.00 Observation Bed Days						0 28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

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MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	309	11	378			1.00
2.00 HMO and other (see instructions)	9	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	1,304	0	1,420			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	65			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,613	11	1,863			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	1,613	11	1,863	0.00	104.67	14.00
15.00 CAH visits	5,826	0	21,488			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	55	0	56	0.00	3.12	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			15,160	0.00	35.59	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	2,697	0	10,111	0.00	17.90	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	161.28	27.00
28.00 Observation Bed Days		0	98			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Component	Full Time Equivalents	Discharges				Total All Patients	
		Nonpaid workers	Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	117	6	137	1.00
2.00 HMO and other (see instructions)				4	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	117		6	137	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0		0	0	17.00
18.00 SUBPROVIDER	0.00	0	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE	0.00					49	21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-7

Date/Time Prepared:
1/21/2016 11:31 pm

		1.00	2.00	
1.00	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		1.00
2.00	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.	Y	02/01/2000	2.00

		Group	SNF Days	Swing Bed Days	SNF	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00	
3.00		RUX	0		0	0 3.00
4.00		RUL	0		0	0 4.00
5.00		RVX	0		0	0 5.00
6.00		RVL	0		0	0 6.00
7.00		RHX	0		0	0 7.00
8.00		RHL	0		0	0 8.00
9.00		RMX	0		0	0 9.00
10.00		RML	0		0	0 10.00
11.00		RLX	0		0	0 11.00
12.00		RUC	0		0	0 12.00
13.00		RUB	0		0	0 13.00
14.00		RUA	0		0	0 14.00
15.00		RVC	0		0	0 15.00
16.00		RVB	0		0	0 16.00
17.00		RVA	0		0	0 17.00
18.00		RHC	0		0	0 18.00
19.00		RHB	0		0	0 19.00
20.00		RHA	0		0	0 20.00
21.00		RMC	0		0	0 21.00
22.00		RMB	11		0	11 22.00
23.00		RMA	25		0	25 23.00
24.00		RLB	0		0	0 24.00
25.00		RLA	0		0	0 25.00
26.00		ES3	0		0	0 26.00
27.00		ES2	0		0	0 27.00
28.00		ES1	0		0	0 28.00
29.00		HE2	0		0	0 29.00
30.00		HE1	0		0	0 30.00
31.00		HD2	0		0	0 31.00
32.00		HD1	0		0	0 32.00
33.00		HC2	0		0	0 33.00
34.00		HC1	20		0	20 34.00
35.00		HB2	0		0	0 35.00
36.00		HB1	0		0	0 36.00
37.00		LE2	0		0	0 37.00
38.00		LE1	0		0	0 38.00
39.00		LD2	0		0	0 39.00
40.00		LD1	0		0	0 40.00
41.00		LC2	0		0	0 41.00
42.00		LC1	0		0	0 42.00
43.00		LB2	0		0	0 43.00
44.00		LB1	0		0	0 44.00
45.00		CE2	0		0	0 45.00
46.00		CE1	0		0	0 46.00
47.00		CD2	0		0	0 47.00
48.00		CD1	0		0	0 48.00
49.00		CC2	0		0	0 49.00
50.00		CC1	0		0	0 50.00
51.00		CB2	0		0	0 51.00
52.00		CB1	0		0	0 52.00
53.00		CA2	0		0	0 53.00
54.00		CA1	0		0	0 54.00
55.00		SE3	0		0	0 55.00
56.00		SE2	0		0	0 56.00
57.00		SE1	0		0	0 57.00
58.00		SSC	0		0	0 58.00
59.00		SSB	0		0	0 59.00
60.00		SSA	0		0	0 60.00
61.00		IB2	0		0	0 61.00
62.00		IB1	0		0	0 62.00
63.00		IA2	0		0	0 63.00
64.00		IA1	0		0	0 64.00
65.00		BB2	0		0	0 65.00
66.00		BB1	0		0	0 66.00
67.00		BA2	0		0	0 67.00
68.00		BA1	0		0	0 68.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-7

Date/Time Prepared:
1/21/2016 11:31 pm

	Group	SNF Days	Swing Bed Days	SNF	Total (sum of col. 2 + 3)	
					1.00	4.00
69.00	PE2	0	0	0	0	69.00
70.00	PE1	0	0	0	0	70.00
71.00	PD2	0	0	0	0	71.00
72.00	PD1	0	0	0	0	72.00
73.00	PC2	0	0	0	0	73.00
74.00	PC1	0	0	0	0	74.00
75.00	PB2	0	0	0	0	75.00
76.00	PB1	0	0	0	0	76.00
77.00	PA2	0	0	0	0	77.00
78.00	PA1	0	0	0	0	78.00
199.00	AAA	0	0	0	0	199.00
200.00	TOTAL	56	0	0	56	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

SNF SERVICES

201.00 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). 99914 0 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

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" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	1,147,659	3,134.48	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	36,614			207.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 141302
Component CCN: 148511

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-8
Date/Time Prepared:
1/21/2016 11:31 pm

		Rural Health Clinic (RHC) I		Cost
		1.00		
Clinic Address and Identification				
1.00	Street	ONE MEDICAL CENTER DRIVE		1.00
		City	State	ZIP Code
		1.00	2.00	3.00
2.00	City, State, ZIP Code, County	GALENA IL 61036		2.00
		1.00		
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0 3.00
		Grant Award	Date	
		1.00	2.00	
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
9.01		0		9.01
9.02		0		9.02
9.03		0		9.03
9.04		0		9.04
9.05		0		9.05
9.06		0		9.06
9.07		0		9.07
9.08		0		9.08
9.09		0		9.09
9.10		0		9.10
		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0 10.00
		Sunday	Monday	Tuesday
		from to	from to	from
		1.00 2.00	3.00 4.00	5.00
Facility hours of operations (1)				
11.00	Clinic	08:00	17:00	08:00 11.00
		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	Y		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0 13.00
		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number	Y/N	V	Total Visits
		1.00	2.00	3.00 4.00 5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			15.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-10

Date/Time Prepared:
1/21/2016 11:31 pm

		1.00	
Uncompensated and indigent care cost computation			
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.809920	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	2,742,941	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	5,390,659	6.00
7.00	Medicaid cost (line 1 times line 6)	4,366,003	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	1,623,062	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
Uncompensated care (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,623,062	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	
		3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	145,120	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	117,536	21.00
22.00	Partial payment by patients approved for charity care	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	117,536	23.00
		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	1,052,093	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	50,665	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	1,001,428	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	811,077	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	928,613	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,551,675	31.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		1,656,923	1,656,923	-1,556,106	100,817	1.00
1.01 00101 NEW CAP REL COSTS-ALU BLDG		0	0	107,015	107,015	1.01
1.02 00102 NEW CAP REL COSTS-2007 HOSPITAL		0	0	4,133,692	4,133,692	1.02
1.03 00103 NEW CAP REL COSTS-2007 MOB		0	0	0	0	1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		860,561	860,561	-824,478	36,083	2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO		0	0	1,229,322	1,229,322	2.01
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	1,880,009	1,880,009	-137,488	1,742,521	4.00
5.01 00570 ADMITTING	215,814	21,351	237,165	0	237,165	5.01
5.02 00550 INFORMATION TECHNOLOGY	250,287	341,650	591,937	32,718	624,655	5.02
5.03 00590 ADMINISTRATIVE AND GENERAL	418,708	1,285,339	1,704,047	-61,272	1,642,775	5.03
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	48,560	489,624	538,184	0	538,184	7.00
7.01 00701 OPERATION OF PLANT-SCC	71,141	193,222	264,363	0	264,363	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	0	52,925	52,925	-29,899	23,026	8.00
8.01 00801 LAUNDRY & LINEN SERVICE-SCC	0	31,392	31,392	29,899	61,291	8.01
9.00 00900 HOUSEKEEPING	113,477	25,257	138,734	0	138,734	9.00
9.01 00901 HOUSEKEEPING-SCC	73,195	16,568	89,763	0	89,763	9.01
10.00 01000 DIETARY	164,752	168,015	332,767	0	332,767	10.00
10.01 01001 DIETARY-SCC	210,379	203,283	413,662	99,579	513,241	10.01
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 CAFETERIA-SCC	0	0	0	0	0	11.01
13.00 01300 NURSING ADMINISTRATION	187,530	10,626	198,156	40,931	239,087	13.00
15.00 01500 PHARMACY	0	0	0	108,000	108,000	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	128,472	16,973	145,445	0	145,445	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	578,247	68,535	646,782	74,152	720,934	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	14,867	14,867	44.00
46.00 04600 OTHER LONG TERM CARE	1,147,659	227,033	1,374,692	55,035	1,429,727	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	138,169	139,578	277,747	12,986	290,733	50.00
53.00 05300 ANESTHESIOLOGY	170,794	4,633	175,427	3,605	179,032	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	293,926	756,608	1,050,534	19,661	1,070,195	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	261,387	368,355	629,742	0	629,742	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0	18,408	18,408	0	18,408	64.00
65.00 06500 RESPIRATORY THERAPY	0	21,339	21,339	0	21,339	65.00
66.00 06600 PHYSICAL THERAPY	761,877	75,126	837,003	-36,751	800,252	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	66,932	66,932	18,600	85,532	67.00
68.00 06800 SPEECH PATHOLOGY	0	31,780	31,780	0	31,780	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	66,915	70,721	137,636	0	137,636	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	423,966	423,966	-98,970	324,996	73.00
76.00 03020 SLEEP LAB	8,039	12,155	20,194	0	20,194	76.00
76.01 03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	8,438	8,438	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	1,368,444	321,543	1,689,987	-14,238	1,675,749	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	243,385	50,415	293,800	-52,113	241,687	90.00
91.00 09100 EMERGENCY	284,011	1,290,782	1,574,793	0	1,574,793	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	3,047,299	3,047,299	-3,047,299	0	113.00
118.00	7,205,168	14,248,926	21,454,094	129,886	21,583,980	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	46,636	46,636	-42,919	3,717	192.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
192.01 19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	0 192.01
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01 07951 ASSISTED LIVING UNITS	230,879	109,106	339,985	-80,154	259,831	194.01
194.02 07952 ADULT DAY CARE	94,965	52,739	147,704	-24,964	122,740	194.02
194.03 07953 GRANT FUNDED PROGRAMS	0	0	0	0	0	0 194.03
194.04 07954 IDLE SPACE	0	0	0	0	0	0 194.04
194.05 07955 COMMUNITY FITNESS CENTER	0	0	0	18,151	18,151	194.05
200.00 TOTAL (SUM OF LINES 118-199)	7,531,012	14,457,407	21,988,419	0	21,988,419	200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	0	100,817	1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG	0	107,015	1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL	-2,163	4,131,529	1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB	0	0	1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	36,083	2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO	-330,169	899,153	2.01
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	1,742,521	4.00
5.01	00570 ADMITTING	0	237,165	5.01
5.02	00550 INFORMATION TECHNOLOGY	-27	624,628	5.02
5.03	00590 ADMINISTRATIVE AND GENERAL	-233,963	1,408,812	5.03
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-21,500	516,684	7.00
7.01	00701 OPERATION OF PLANT-SCC	0	264,363	7.01
8.00	00800 LAUNDRY & LINEN SERVICE	0	23,026	8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	0	61,291	8.01
9.00	00900 HOUSEKEEPING	0	138,734	9.00
9.01	00901 HOUSEKEEPING-SCC	0	89,763	9.01
10.00	01000 DIETARY	0	332,767	10.00
10.01	01001 DIETARY-SCC	-94,884	418,357	10.01
11.00	01100 CAFETERIA	-72,833	-72,833	11.00
11.01	01101 CAFETERIA-SCC	-89,622	-89,622	11.01
13.00	01300 NURSING ADMINISTRATION	0	239,087	13.00
15.00	01500 PHARMACY	0	108,000	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-3,474	141,971	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-4,322	716,612	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	0	14,867	44.00
46.00	04600 OTHER LONG TERM CARE	-77,888	1,351,839	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-15,655	275,078	50.00
53.00	05300 ANESTHESIOLOGY	0	179,032	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-269,150	801,045	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	629,742	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	18,408	64.00
65.00	06500 RESPIRATORY THERAPY	0	21,339	65.00
66.00	06600 PHYSICAL THERAPY	-7,175	793,077	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	85,532	67.00
68.00	06800 SPEECH PATHOLOGY	0	31,780	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	137,636	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	324,996	73.00
76.00	03020 SLEEP LAB	0	20,194	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	8,438	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	-34,972	1,640,777	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-110,231	131,456	90.00
91.00	09100 EMERGENCY	-187,024	1,387,769	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,555,052	20,028,928	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	3,717	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	194.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

worksheet A

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
194.01	07951 ASSISTED LIVING UNITS	0	259,831	194.01
194.02	07952 ADULT DAY CARE	0	122,740	194.02
194.03	07953 GRANT FUNDED PROGRAMS	0	0	194.03
194.04	07954 IDLE SPACE	0	0	194.04
194.05	07955 COMMUNITY FITNESS CENTER	0	18,151	194.05
200.00	TOTAL (SUM OF LINES 118-199)	-1,555,052	20,433,367	200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST CENTERS USED IN COST REPORT

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet Non-CMS W

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-ALU BLDG	00101		1.01
1.02	NEW CAP REL COSTS-2007 HOSPITAL	00102		1.02
1.03	NEW CAP REL COSTS-2007 MOB	00103		1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	00201		2.01
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMITTING	00570	ADMITTING	5.01
5.02	INFORMATION TECHNOLOGY	00550	DATA PROCESSING	5.02
5.03	ADMINISTRATIVE AND GENERAL	00590		5.03
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT-SCC	00701		7.01
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
8.01	LAUNDRY & LINEN SERVICE-SCC	00801		8.01
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-SCC	00901		9.01
10.00	DIETARY	01000		10.00
10.01	DIETARY-SCC	01001		10.01
11.00	CAFETERIA	01100		11.00
11.01	CAFETERIA-SCC	01101		11.01
13.00	NURSING ADMINISTRATION	01300		13.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	SLEEP LAB	03020	ACUPUNCTURE	76.00
76.01	PAIN CLINIC / SERVICE	03950		76.01
76.02	SNF PHYSICAL THERAPY - SCC THERAPY	03530	OSTEOPATHIC THERAPY	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00	FAMILY PRACTICE	04040	FAMILY PRACTICE	93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST CENTERS USED IN COST REPORT

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet Non-CMS W
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
192.01	MIDWEST MEDICAL CLINIC	19201		192.01
194.00	OTHER NONREIMBURSABLE	07950		194.00
194.01	ASSISTED LIVING UNITS	07951		194.01
194.02	ADULT DAY CARE	07952		194.02
194.03	GRANT FUNDED PROGRAMS	07953		194.03
194.04	IDLE SPACE	07954		194.04
194.05	COMMUNITY FITNESS CENTER	07955		194.05
200.00	TOTAL (SUM OF LINES 118-199)			200.00

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Health Financial Systems
RECLASSIFICATIONS

MIDWEST MEDICAL CENTER

Provider CCN: 141302

In Lieu of Form CMS-2552-10

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6

Date/Time Prepared:
1/21/2016 11:31 pm

		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
A - RECLASS ADC AND ALU DIETARY EXPENSE					
1.00	DIETARY-SCC		10.01	0	99,579
2.00			0.00	0	0
	TOTALS			0	99,579
C - RECLASS ASSISTED LIVING BUILDING DEP					
1.00	NEW CAP REL COSTS-ALU BLDG		1.01	0	104,247
	TOTALS			0	104,247
D - RECLASS PT/MOB SPACE DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00	0	5,247
2.00	NEW CAP REL COSTS-BLDG & FIXT		1.00	0	37,672
	TOTALS			0	42,919
E - RECLASS NURSING HOME ADMIN AND GEN					
1.00	SKILLED NURSING FACILITY		44.00	0	9,349
2.00	OTHER LONG TERM CARE		46.00	0	97,234
	TOTALS			0	106,583
F - RECLASS PHARMACIST EXPENSE					
1.00	PHARMACY		15.00	0	108,000
	TOTALS			0	108,000
G - RECLASS PHYSICIAN HOSPITAL MED DIRCT					
1.00	ADULTS & PEDIATRICS		30.00	9,256	926
	TOTALS			9,256	926
H - RECLASS NEW HOSPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-2007 HOSPITAL		1.02	0	1,454,315
	TOTALS			0	1,454,315
I - RECLASS NEW HOSPITAL BOND AMORTIZATN					
1.00	NEW CAP REL COSTS-2007 HOSPITAL		1.02	0	40,737
	TOTALS			0	40,737
J - RECLASS NEW HOSPITAL MME DEPRECIATN					
1.00	NEW CAP REL COSTS-MVBLE EQUIP NEW HO		2.01	0	826,598
	TOTALS			0	826,598
K - RECLASS INTEREST EXPENSE - NEW HOSP					
1.00	NEW CAP REL COSTS-2007 HOSPITAL		1.02	0	2,601,937
2.00	NEW CAP REL COSTS-MVBLE EQUIP NEW HO		2.01	0	392,983
	TOTALS			0	2,994,920
M - RECLASS PHYSICIAN IP ROUND TIME					
1.00	ADULTS & PEDIATRICS		30.00	4,097	615
2.00			0.00	0	0
	TOTALS			4,097	615
P - RECLASS PHYSICIAN BENEFITS					
1.00	RURAL HEALTH CLINIC		88.00	0	123,323
2.00	CLINIC		90.00	0	10,560
3.00	ANESTHESIOLOGY		53.00	0	3,605
	TOTALS			0	137,488
U - RECLASS COMMUNITY FITNESS CTR USE					
1.00	COMMUNITY FITNESS CENTER		194.05	15,048	3,103
2.00	OCCUPATIONAL THERAPY		67.00	17,149	1,451
	TOTALS			32,197	4,554
V - RECLASS MEDICARE CERTIFIED SNF UNIT					
1.00	SKILLED NURSING FACILITY		44.00	4,103	970
	TOTALS			4,103	970
X - RECLASS SURGEON FEES					
1.00	OPERATING ROOM		50.00	0	12,380
2.00	RURAL HEALTH CLINIC		88.00	0	315
	TOTALS			0	12,695
Y - RECLASS PROPERTY INSURANCE EXP					
1.00	OTHER CAPITAL RELATED COSTS		3.00	0	55,969
	TOTALS			0	55,969
AA - RECLASS CLINIC MGR TIME TO HOSP/NH					
1.00	ADMINISTRATIVE AND GENERAL		5.03	9,881	0
	TOTALS			9,881	0
BB - RECLASS SR CARE ADMINISTRATOR TIME					
1.00	SKILLED NURSING FACILITY		44.00	445	0
2.00	ASSISTED LIVING UNITS		194.01	8,793	0
3.00	ADULT DAY CARE		194.02	2,676	0
	TOTALS			11,914	0

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Health Financial Systems
RECLASSIFICATIONS

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6

Date/Time Prepared:
1/21/2016 11:31 pm

		Increases			
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00	
DD - RECLASS NURSE PRACTITIONER MGMT TIME					
1.00	NURSING ADMINISTRATION	13.00	38,751	2,180	1.00
	TOTALS		38,751	2,180	
EE - RECLASS SENIOR CARE CAMPUS LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE-SCC	8.01	0	29,899	1.00
	TOTALS		0	29,899	
FF - RECLASS EXPENSES TO MATCH REVENUES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,030	1.00
2.00	SNF PHYSICAL THERAPY - SCC THERAPY	76.02	8,438	0	2.00
	TOTALS		8,438	9,030	
GG - RECLASS OUTSOURCE BILLING FEES					
1.00	ADMINISTRATIVE AND GENERAL	5.03	0	17,008	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	17,008	
HH - RECLASS HOSP MED DIRECTOR TIME					
1.00	ADULTS & PEDIATRICS	30.00	52,928	6,330	1.00
	TOTALS		52,928	6,330	
JJ - RECLASS CAP LEASE INTEREST EXPENSE					
1.00	INFORMATION TECHNOLOGY	5.02	0	32,718	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,661	2.00
	TOTALS		0	52,379	
KK - RECLASS ELIZABETH CLINIC DEPR					
1.00	CLINIC	90.00	0	4,363	1.00
	TOTALS		0	4,363	
LL - RECLASS NEW SR CARE ADMIN TIME					
1.00	ADMINISTRATIVE AND GENERAL	5.03	7,744	0	1.00
	TOTALS		7,744	0	
MM - RECLASS CLINIC MD SALARY					
1.00	ADMINISTRATIVE AND GENERAL	5.03	66,647	0	1.00
	TOTALS		66,647	0	
NN - ENT MD TIME IN OR					
1.00	OPERATING ROOM	50.00	0	921	1.00
	TOTALS		0	921	
500.00	Grand Total: Increases		245,956	6,113,225	500.00

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Health Financial Systems
RECLASSIFICATIONS

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Date/Time Prepared:
1/21/2016 11:31 pm

		Decreases			Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
A - RECLASS ADC AND ALU DIETARY EXPENSE						
1.00	ADULT DAY CARE	194.02	0	19,136	0	1.00
2.00	ASSISTED LIVING UNITS	194.01	0	80,443	0	2.00
	TOTALS		0	99,579		
C - RECLASS ASSISTED LIVING BUILDING DEP						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	104,247	9	1.00
	TOTALS		0	104,247		
D - RECLASS PT/MOB SPACE DEPRECIATION						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,247	9	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	37,672	9	2.00
	TOTALS		0	42,919		
E - RECLASS NURSING HOME ADMIN AND GEN						
1.00	ADMINISTRATIVE AND GENERAL	5.03	0	106,583	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	106,583		
F - RECLASS PHARMACIST EXPENSE						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	108,000	0	1.00
	TOTALS		0	108,000		
G - RECLASS PHYSICIAN HOSPITAL MED DIRCT						
1.00	RURAL HEALTH CLINIC	88.00	9,256	926	0	1.00
	TOTALS		9,256	926		
H - RECLASS NEW HOSPITAL DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,454,315	9	1.00
	TOTALS		0	1,454,315		
I - RECLASS NEW HOSPITAL BOND AMORTIZATN						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	40,737	9	1.00
	TOTALS		0	40,737		
J - RECLASS NEW HOSPITAL MME DEPRECIATN						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	826,598	9	1.00
	TOTALS		0	826,598		
K - RECLASS INTEREST EXPENSE - NEW HOSP						
1.00	INTEREST EXPENSE	113.00	0	2,994,920	11	1.00
2.00		0.00	0	0	11	2.00
	TOTALS		0	2,994,920		
M - RECLASS PHYSICIAN IP ROUND TIME						
1.00	RURAL HEALTH CLINIC	88.00	3,759	564	0	1.00
2.00	CLINIC	90.00	338	51	0	2.00
	TOTALS		4,097	615		
P - RECLASS PHYSICIAN BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	137,488	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	137,488		
U - RECLASS COMMUNITY FITNESS CTR USE						
1.00	PHYSICAL THERAPY	66.00	32,197	4,554	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		32,197	4,554		
V - RECLASS MEDICARE CERTIFIED SNF UNIT						
1.00	OTHER LONG TERM CARE	46.00	4,103	970	0	1.00
	TOTALS		4,103	970		
X - RECLASS SURGEON FEES						
1.00	RURAL HEALTH CLINIC	88.00	0	12,380	0	1.00
2.00	OPERATING ROOM	50.00	0	315	0	2.00
	TOTALS		0	12,695		
Y - RECLASS PROPERTY INSURANCE EXP						
1.00	ADMINISTRATIVE AND GENERAL	5.03	0	55,969	12	1.00
	TOTALS		0	55,969		
AA - RECLASS CLINIC MGR TIME TO HOSP/NH						
1.00	RURAL HEALTH CLINIC	88.00	9,881	0	0	1.00
	TOTALS		9,881	0		
BB - RECLASS SR CARE ADMINISTRATOR TIME						
1.00	OTHER LONG TERM CARE	46.00	11,914	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		11,914	0		
DD - RECLASS NURSE PRACTITIONER MGMT TIME						
1.00	RURAL HEALTH CLINIC	88.00	38,751	2,180	0	1.00
	TOTALS		38,751	2,180		

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Health Financial Systems
RECLASSIFICATIONS

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6

Date/Time Prepared:
1/21/2016 11:31 pm

		Decreases				
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
EE - RECLASS SENIOR CARE CAMPUS LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	29,899	0	1.00
	TOTALS		0	29,899		
FF - RECLASS EXPENSES TO MATCH REVENUES						
1.00	OTHER LONG TERM CARE	46.00	8,438	9,030	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		8,438	9,030		
GG - RECLASS OUTSOURCE BILLING FEES						
1.00	ASSISTED LIVING UNITS	194.01	0	8,504	0	1.00
2.00	ADULT DAY CARE	194.02	0	8,504	0	2.00
	TOTALS		0	17,008		
HH - RECLASS HOSP MED DIRECTOR TIME						
1.00	RURAL HEALTH CLINIC	88.00	52,928	6,330	0	1.00
	TOTALS		52,928	6,330		
JJ - RECLASS CAP LEASE INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	52,379	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	52,379		
KK - RECLASS ELIZABETH CLINIC DEPR						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,363	9	1.00
	TOTALS		0	4,363		
LL - RECLASS NEW SR CARE ADMIN TIME						
1.00	OTHER LONG TERM CARE	46.00	7,744	0	0	1.00
	TOTALS		7,744	0		
MM - RECLASS CLINIC MD SALARY						
1.00	CLINIC	90.00	66,647	0	0	1.00
	TOTALS		66,647	0		
NN - ENT MD TIME IN OR						
1.00	RURAL HEALTH CLINIC	88.00	0	921	0	1.00
	TOTALS		0	921		
500.00	Grand Total: Decreases		245,956	6,113,225		500.00

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Health Financial Systems
RECLASSIFICATIONS

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Non-CMS worksheet
Date/Time Prepared:
1/21/2016 11:31 pm

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - RECLASS ADC AND ALU DIETARY EXPENSE									
1.00	DIETARY-SCC	10.01	0	99,579	ADULT DAY CARE	194.02	0	19,136	1.00
2.00		0.00	0	0	ASSISTED LIVING UNITS	194.01	0	80,443	2.00
	TOTALS		0	99,579	TOTALS		0	99,579	
C - RECLASS ASSISTED LIVING BUILDING DEP									
1.00	NEW CAP REL COSTS-ALU BLDG	1.01	0	104,247	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	104,247	1.00
	TOTALS		0	104,247	TOTALS		0	104,247	
D - RECLASS PT/MOB SPACE DEPRECIATION									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,247	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,247	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	37,672	PHYSICIANS' PRIVATE OFFICES	192.00	0	37,672	2.00
	TOTALS		0	42,919	TOTALS		0	42,919	
E - RECLASS NURSING HOME ADMIN AND GEN									
1.00	SKILLED NURSING FACILITY	44.00	0	9,349	ADMINISTRATIVE AND GENERAL	5.03	0	106,583	1.00
2.00	OTHER LONG TERM CARE	46.00	0	97,234		0.00	0	0	2.00
	TOTALS		0	106,583	TOTALS		0	106,583	
F - RECLASS PHARMACIST EXPENSE									
1.00	PHARMACY	15.00	0	108,000	DRUGS CHARGED TO PATIENTS	73.00	0	108,000	1.00
	TOTALS		0	108,000	TOTALS		0	108,000	
G - RECLASS PHYSICIAN HOSPITAL MED DIRCT									
1.00	ADULTS & PEDIATRICS	30.00	9,256	926	RURAL HEALTH CLINIC	88.00	9,256	926	1.00
	TOTALS		9,256	926	TOTALS		9,256	926	
H - RECLASS NEW HOSPITAL DEPRECIATION									
1.00	NEW CAP REL COSTS-2007 HOSPITAL	1.02	0	1,454,315	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,454,315	1.00
	TOTALS		0	1,454,315	TOTALS		0	1,454,315	
I - RECLASS NEW HOSPITAL BOND AMORTIZATN									
1.00	NEW CAP REL COSTS-2007 HOSPITAL	1.02	0	40,737	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	40,737	1.00
	TOTALS		0	40,737	TOTALS		0	40,737	
J - RECLASS NEW HOSPITAL MME DEPRECIATN									
1.00	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	2.01	0	826,598	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	826,598	1.00
	TOTALS		0	826,598	TOTALS		0	826,598	
K - RECLASS INTEREST EXPENSE - NEW HOSP									
1.00	NEW CAP REL COSTS-2007 HOSPITAL	1.02	0	2,601,937	INTEREST EXPENSE	113.00	0	2,994,920	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	2.01	0	392,983		0.00	0	0	2.00
	TOTALS		0	2,994,920	TOTALS		0	2,994,920	
M - RECLASS PHYSICIAN IP ROUND TIME									
1.00	ADULTS & PEDIATRICS	30.00	4,097	615	RURAL HEALTH CLINIC	88.00	3,759	564	1.00
2.00		0.00	0	0	CLINIC	90.00	338	51	2.00
	TOTALS		4,097	615	TOTALS		4,097	615	
P - RECLASS PHYSICIAN BENEFITS									
1.00	RURAL HEALTH CLINIC	88.00	0	123,323	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	137,488	1.00
2.00	CLINIC	90.00	0	10,560		0.00	0	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	3,605		0.00	0	0	3.00
	TOTALS		0	137,488	TOTALS		0	137,488	
U - RECLASS COMMUNITY FITNESS CTR USE									
1.00	COMMUNITY FITNESS CENTER	194.05	15,048	3,103	PHYSICAL THERAPY	66.00	32,197	4,554	1.00
2.00	OCCUPATIONAL THERAPY	67.00	17,149	1,451		0.00	0	0	2.00
	TOTALS		32,197	4,554	TOTALS		32,197	4,554	
V - RECLASS MEDICARE CERTIFIED SNF UNIT									
1.00	SKILLED NURSING FACILITY	44.00	4,103	970	OTHER LONG TERM CARE	46.00	4,103	970	1.00
	TOTALS		4,103	970	TOTALS		4,103	970	
X - RECLASS SURGEON FEES									
1.00	OPERATING ROOM	50.00	0	12,380	RURAL HEALTH CLINIC	88.00	0	12,380	1.00
2.00	RURAL HEALTH CLINIC	88.00	0	315	OPERATING ROOM	50.00	0	315	2.00
	TOTALS		0	12,695	TOTALS		0	12,695	
Y - RECLASS PROPERTY INSURANCE EXP									
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	55,969	ADMINISTRATIVE AND GENERAL	5.03	0	55,969	1.00
	TOTALS		0	55,969	TOTALS		0	55,969	

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Health Financial Systems
RECLASSIFICATIONS

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
Non-CMS worksheet
Date/Time Prepared:
1/21/2016 11:31 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
AA - RECLASS CLINIC MGR TIME TO HOSP/NH									
1.00	ADMINISTRATIVE AND GENERAL	5.03	9,881		0 RURAL HEALTH CLINIC	88.00	9,881	0	1.00
	TOTALS		9,881	0	TOTALS		9,881	0	
BB - RECLASS SR CARE ADMINISTRATOR TIME									
1.00	SKILLED NURSING FACILITY	44.00	445		0 OTHER LONG TERM CARE	46.00	11,914	0	1.00
2.00	ASSISTED LIVING UNITS	194.01	8,793	0		0.00	0	0	2.00
3.00	ADULT DAY CARE	194.02	2,676	0		0.00	0	0	3.00
	TOTALS		11,914	0	TOTALS		11,914	0	
DD - RECLASS NURSE PRACTITIONER MGMT TIME									
1.00	NURSING ADMINISTRATION	13.00	38,751	2,180	0 RURAL HEALTH CLINIC	88.00	38,751	2,180	1.00
	TOTALS		38,751	2,180	TOTALS		38,751	2,180	
EE - RECLASS SENIOR CARE CAMPUS LAUNDRY									
1.00	LAUNDRY & LINEN SERVICE-SCC	8.01	0	29,899	0 LAUNDRY & LINEN SERVICE	8.00	0	29,899	1.00
	TOTALS		0	29,899	TOTALS		0	29,899	
FF - RECLASS EXPENSES TO MATCH REVENUES									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,030	0 OTHER LONG TERM CARE	46.00	8,438	9,030	1.00
2.00	SNF PHYSICAL THERAPY - SCC THERAPY	76.02	8,438	0		0.00	0	0	2.00
	TOTALS		8,438	9,030	TOTALS		8,438	9,030	
GG - RECLASS OUTSOURCE BILLING FEES									
1.00	ADMINISTRATIVE AND GENERAL	5.03	0	17,008	0 ASSISTED LIVING UNITS	194.01	0	8,504	1.00
2.00		0.00	0	0	0 ADULT DAY CARE	194.02	0	8,504	2.00
	TOTALS		0	17,008	TOTALS		0	17,008	
HH - RECLASS HOSP MED DIRECTOR TIME									
1.00	ADULTS & PEDIATRICS	30.00	52,928	6,330	0 RURAL HEALTH CLINIC	88.00	52,928	6,330	1.00
	TOTALS		52,928	6,330	TOTALS		52,928	6,330	
JJ - RECLASS CAP LEASE INTEREST EXPENSE									
1.00	INFORMATION TECHNOLOGY	5.02	0	32,718	0 INTEREST EXPENSE	113.00	0	52,379	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,661		0.00	0	0	2.00
	TOTALS		0	52,379	TOTALS		0	52,379	
KK - RECLASS ELIZABETH CLINIC DEPR									
1.00	CLINIC	90.00	0	4,363	0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,363	1.00
	TOTALS		0	4,363	TOTALS		0	4,363	
LL - RECLASS NEW SR CARE ADMIN TIME									
1.00	ADMINISTRATIVE AND GENERAL	5.03	7,744		0 OTHER LONG TERM CARE	46.00	7,744	0	1.00
	TOTALS		7,744	0	TOTALS		7,744	0	
MM - RECLASS CLINIC MD SALARY									
1.00	ADMINISTRATIVE AND GENERAL	5.03	66,647		0 CLINIC	90.00	66,647	0	1.00
	TOTALS		66,647	0	TOTALS		66,647	0	
NN - ENT MD TIME IN OR									
1.00	OPERATING ROOM	50.00	0	921	0 RURAL HEALTH CLINIC	88.00	0	921	1.00
	TOTALS		0	921	TOTALS		0	921	
500.00	Grand Total: Increases		245,956	6,113,225	Grand Total: Decreases		245,956	6,113,225	500.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

	Beginning Balances 1.00	Acquisitions			Disposals and Retirements 5.00	
		Purchases 2.00	Donation 3.00	Total 4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	559,916	0	0	0	1.00
2.00	Land Improvements	3,690,986	126,896	0	126,896	2.00
3.00	Buildings and Fixtures	38,636,243	147,225	0	147,225	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	8,743,182	156,313	0	156,313	6.00
7.00	HIT designated Assets	2,497,967	58,663	0	58,663	7.00
8.00	Subtotal (sum of lines 1-7)	54,128,294	489,097	0	489,097	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	54,128,294	489,097	0	489,097	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	559,916	0			1.00
2.00	Land Improvements	3,817,882	0			2.00
3.00	Buildings and Fixtures	38,783,468	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	8,899,495	0			6.00
7.00	HIT designated Assets	2,556,630	0			7.00
8.00	Subtotal (sum of lines 1-7)	54,617,391	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	54,617,391	0			10.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,656,923	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-ALU BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-2007 HOSPITAL	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-2007 MOB	0	0	0	0	0	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	860,561	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	2,517,484	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,656,923				1.00
1.01	NEW CAP REL COSTS-ALU BLDG	0	0				1.01
1.02	NEW CAP REL COSTS-2007 HOSPITAL	0	0				1.02
1.03	NEW CAP REL COSTS-2007 MOB	0	0				1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	860,561				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	0	0				2.01
3.00	Total (sum of lines 1-2)	0	2,517,484				3.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-7
Part III
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,478,502	0	4,478,502	0.082847	4,637	1.00
1.01	NEW CAP REL COSTS-ALU BLDG	2,673,151	0	2,673,151	0.049450	2,768	1.01
1.02	NEW CAP REL COSTS-2007 HOSPITAL	35,449,697	0	35,449,697	0.655778	36,703	1.02
1.03	NEW CAP REL COSTS-2007 MOB	0	0	0	0.000000	0	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,047,530	0	2,047,530	0.037877	2,120	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	9,408,595	0	9,408,595	0.174048	9,741	2.01
3.00	Total (sum of lines 1-2)	54,057,475	0	54,057,475	1.000000	55,969	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	4,637	96,180	0	1.00
1.01	NEW CAP REL COSTS-ALU BLDG	0	0	2,768	104,247	0	1.01
1.02	NEW CAP REL COSTS-2007 HOSPITAL	0	0	36,703	1,495,052	0	1.02
1.03	NEW CAP REL COSTS-2007 MOB	0	0	0	0	0	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2,120	33,963	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	0	0	9,741	496,756	0	2.01
3.00	Total (sum of lines 1-2)	0	0	55,969	2,226,198	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,637	0	0	100,817	1.00
1.01	NEW CAP REL COSTS-ALU BLDG	0	2,768	0	0	107,015	1.01
1.02	NEW CAP REL COSTS-2007 HOSPITAL	2,599,774	36,703	0	0	4,131,529	1.02
1.03	NEW CAP REL COSTS-2007 MOB	0	0	0	0	0	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,120	0	0	36,083	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	392,656	9,741	0	0	899,153	2.01
3.00	Total (sum of lines 1-2)	2,992,430	55,969	0	0	5,274,597	3.00

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Health Financial Systems
ADJUSTMENTS TO EXPENSES

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted			Ref.
				Cost Center	Line #	wkst. A-7	
1.00	2.00	3.00	4.00	5.00			
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-ALU BLDG (chapter 2)		0	NEW CAP REL COSTS-ALU BLDG	1.01	0	1.01
1.02	Investment income - NEW CAP REL COSTS-2007 HOSPITAL (chapter 2)		0	NEW CAP REL COSTS-2007 HOSPITAL	1.02	0	1.02
1.03	Investment income - NEW CAP REL COSTS-2007 MOB (chapter 2)		0	NEW CAP REL COSTS-2007 MOB	1.03	0	1.03
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - NEW CAP REL COSTS-MVBLE EQUIP NEW HO (chapter 2)	B	-327	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	2.01	11	2.01
3.00	Investment income - other (chapter 2)	B	-2,163	NEW CAP REL COSTS-2007 HOSPITAL	1.02	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-4,970	OPERATION OF PLANT	7.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-586,366			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-72,833	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,474	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-ALU BLDG		0	NEW CAP REL COSTS-ALU BLDG	1.01	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-2007 HOSPITAL		0	NEW CAP REL COSTS-2007 HOSPITAL	1.02	0	26.02

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Health Financial Systems
ADJUSTMENTS TO EXPENSES

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	wkst. A-7	Ref.
				Cost Center				
1.00	2.00	3.00	4.00	5.00				
26.03	Depreciation - NEW CAP REL COSTS-2007 MOB			0 NEW CAP REL COSTS-2007 MOB		1.03		0 26.03
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0 NEW CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
27.01	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP NEW HO			0 NEW CAP REL COSTS-MVBLE EQUIP NEW HO		2.01		0 27.01
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant			0		0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-329,842	NEW CAP REL COSTS-MVBLE EQUIP NEW HO		2.01		9 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY (3))			0		0.00		0 33.00
33.01	AR INSURANCE INTEREST INCOME	B	-1,473	ADMINISTRATIVE AND GENERAL		5.03		0 33.01
33.05	PROVIDER RHC REVENUE	A	-25,500	RURAL HEALTH CLINIC		88.00		0 33.05
33.06	PART B BILLING COSTS	A	-12,875	ADMINISTRATIVE AND GENERAL		5.03		0 33.06
33.07	SCHOOL ATHLETIC TRAINING REVENUE	A	-7,175	PHYSICAL THERAPY		66.00		0 33.07
33.08	HOSPITAL BED ASSESS (UP TO PAID AMT)	A	-155,318	ADMINISTRATIVE AND GENERAL		5.03		0 33.08
33.09	MARKETING EXPENSES - NONALLOW	A	-50,939	ADMINISTRATIVE AND GENERAL		5.03		0 33.09
34.00	LOBBYING EXPENSE ON DUES PAID	A	-9,523	ADMINISTRATIVE AND GENERAL		5.03		0 34.00
35.00	COMMUNITY GRANTS / DONATIONS / PROM	A	-3,835	ADMINISTRATIVE AND GENERAL		5.03		0 35.00
36.00	NH BED ASSESSMENT	A	-77,888	OTHER LONG TERM CARE		46.00		0 36.00
37.00			0			0.00		0 37.00
38.00			0			0.00		0 38.00
40.00	SENIOR CARE CAMPUS CAFETERIA	B	-89,622	CAFETERIA-SCC		11.01		0 40.00
41.00	OFFSET INTERNAL ALLOCATION FOR ADC/A	B	-94,884	DIETARY-SCC		10.01		0 41.00
42.00	RHC PROVIDER OR TIME	A	-9,472	RURAL HEALTH CLINIC		88.00		0 42.00
43.00	SLEEP AREA MISC RENTAL INCOME	B	-16,530	OPERATION OF PLANT		7.00		0 43.00
43.01			0			0.00		0 43.01
43.02	INTEREST INCOME	B	-27	INFORMATION TECHNOLOGY		5.02		0 43.02
43.03	INTEREST INCOME	B	-16	RADIOLOGY-DIAGNOSTIC		54.00		0 43.03
43.04			0			0.00		0 43.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-1,555,052					50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7.

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-2

Date/Time Prepared:
1/21/2016 11:31 pm

	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
Wkst. A Line #	Cost Center/Physician Identifier		Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	91.00	EMERGENCY	1,133,480	187,024	946,456	0	0	1.00
2.00	60.00	LABORATORY	23,250	0	23,250	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	269,135	269,134	1	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	4,323	4,322	1	0	0	4.00
5.00	50.00	OPERATING ROOM	15,656	15,655	1	0	0	5.00
6.00	90.00	CLINIC	110,232	110,231	1	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,556,076	586,366	969,710			200.00

	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
Wkst. A Line #	Cost Center/Physician Identifier		Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	1.00	2.00	15.00	16.00	17.00	18.00	
Wkst. A Line #	Cost Center/Physician Identifier		Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	91.00	EMERGENCY	0	0	0	187,024	1.00
2.00	60.00	LABORATORY	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	269,134	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	4,322	4.00
5.00	50.00	OPERATING ROOM	0	0	0	15,655	5.00
6.00	90.00	CLINIC	0	0	0	110,231	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	586,366	200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141302	Period: From 10/01/2014 To 09/30/2015	Worksheet A-8-3 Parts I-VI Date/Time Prepared: 1/21/2016 11:31 pm		
			Occupational Therapy	Cost		
				1.00		
PART I - GENERAL INFORMATION						
1.00	Total number of weeks worked (excluding aides) (see instructions)				22 1.00	
2.00	Line 1 multiplied by 15 hours per week				330 2.00	
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)				43 3.00	
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)				0 4.00	
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)				0 5.00	
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)				0 6.00	
7.00	Standard travel expense rate				5.50 7.00	
8.00	Optional travel expense rate per mile				0.00 8.00	
		Supervisors 1.00	Therapists 2.00	Assistants 3.00	Aides 4.00	Trainees 5.00
9.00	Total hours worked	0.00	378.24	0.00	0.00	0.00 9.00
10.00	AHSEA (see instructions)	0.00	74.20	0.00	0.00	0.00 10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	37.10	37.10	0.00		0.00 11.00
12.00	Number of travel hours (provider site)	0	0	0		0 12.00
12.01	Number of travel hours (offsite)	0	0	0		0 12.01
13.00	Number of miles driven (provider site)	0	0	0		0 13.00
13.01	Number of miles driven (offsite)	0	0	0		0 13.01
				1.00		
Part II - SALARY EQUIVALENCY COMPUTATION						
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0 14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					28,065 15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					0 16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					28,065 17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0 18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0 19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					28,065 20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.						
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					0.00 21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					0 22.00
23.00	Total salary equivalency (see instructions)					28,065 23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE						
Standard Travel Allowance						
24.00	Therapists (line 3 times column 2, line 11)					1,595 24.00
25.00	Assistants (line 4 times column 3, line 11)					0 25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					1,595 26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					237 27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					1,832 28.00
Optional Travel Allowance and Optional Travel Expense						
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0 29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0 30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0 31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0 32.00
33.00	Standard travel allowance and standard travel expense (line 28)					1,832 33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					0 34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0 35.00
Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE						
Standard Travel Expense						
36.00	Therapists (line 5 times column 2, line 11)					0 36.00
37.00	Assistants (line 6 times column 3, line 11)					0 37.00
38.00	Subtotal (sum of lines 36 and 37)					0 38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0 39.00
Optional Travel Allowance and Optional Travel Expense						
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0 40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0 41.00
42.00	Subtotal (sum of lines 40 and 41)					0 42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0 43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.						
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0 44.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY
OUTSIDE SUPPLIERS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-3
Parts I-VI
Date/Time Prepared:
1/21/2016 11:31 pm

		Occupational Therapy				Cost	
						1.00	
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)					0	46.00
		Therapists	Assistants	Aides	Trainees	Total	
		1.00	2.00	3.00	4.00	5.00	
PART V - OVERTIME COMPUTATION							
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00		48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00		49.00
CALCULATION OF LIMIT							
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50) (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00
DETERMINATION OF OVERTIME ALLOWANCE							
52.00	Adjusted hourly salary equivalency amount (see instructions)	74.20	0.00	0.00	0.00		52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0		53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0		54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0		55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00
						1.00	
Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT							
57.00	Salary equivalency amount (from line 23)					28,065	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					1,832	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0	59.00
60.00	Overtime allowance (from column 5, line 56)					0	60.00
61.00	Equipment cost (see instructions)					0	61.00
62.00	Supplies (see instructions)					0	62.00
63.00	Total allowance (sum of lines 57-62)					29,897	63.00
64.00	Total cost of outside supplier services (from your records)					23,212	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0	65.00
LINE 33 CALCULATION							
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					1,595	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					237	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					1,832	100.02
LINE 34 CALCULATION							
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					237	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	101.01
101.02	Line 34 = sum of lines 27 and 31					237	101.02
LINE 35 CALCULATION							
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0	102.01
102.02	Line 35 = sum of lines 31 and 32					0	102.02

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141302		Period: From 10/01/2014 To 09/30/2015		Worksheet A-8-3 Parts I-VI Date/Time Prepared: 1/21/2016 11:31 pm	
		Speech Pathology				Cost	
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					4	1.00
2.00	Line 1 multiplied by 15 hours per week					60	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					38	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					0.51	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	0.00	214.95	0.00	0.00	0.00	9.00
10.00	AHSEA (see instructions)	0.00	71.33	0.00	0.00	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	35.67	35.67	0.00			11.00
12.00	Number of travel hours (provider site)	0	4	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
						1.00	
Part II - SALARY EQUIVALENCY COMPUTATION							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					0	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					15,332	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					0	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					15,332	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					0	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					15,332	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					0.00	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					0	22.00
23.00	Total salary equivalency (see instructions)					15,332	23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE							
Standard Travel Allowance							
24.00	Therapists (line 3 times column 2, line 11)					1,355	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					1,355	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					19	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					1,374	28.00
Optional Travel Allowance and Optional Travel Expense							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					285	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					285	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					1,374	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					0	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE							
Standard Travel Expense							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
Optional Travel Allowance and Optional Travel Expense							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY
OUTSIDE SUPPLIERS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-3
Parts I-VI
Date/Time Prepared:
1/21/2016 11:31 pm

		Speech Pathology				Cost	
						1.00	
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)					0	46.00
		Therapists	Assistants	Aides	Trainees	Total	
		1.00	2.00	3.00	4.00	5.00	
PART V - OVERTIME COMPUTATION							
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00		48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00		49.00
CALCULATION OF LIMIT							
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50) (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00
DETERMINATION OF OVERTIME ALLOWANCE							
52.00	Adjusted hourly salary equivalency amount (see instructions)	71.33	0.00	0.00	0.00		52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0		53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0		54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0		55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00
						1.00	
Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT							
57.00	Salary equivalency amount (from line 23)					15,332	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35))					1,374	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0	59.00
60.00	Overtime allowance (from column 5, line 56)					0	60.00
61.00	Equipment cost (see instructions)					0	61.00
62.00	Supplies (see instructions)					0	62.00
63.00	Total allowance (sum of lines 57-62)					16,706	63.00
64.00	Total cost of outside supplier services (from your records)					7,015	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0	65.00
LINE 33 CALCULATION							
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					1,355	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					19	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					1,374	100.02
LINE 34 CALCULATION							
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					19	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					285	101.01
101.02	Line 34 = sum of lines 27 and 31					304	101.02
LINE 35 CALCULATION							
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					285	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0	102.01
102.02	Line 35 = sum of lines 31 and 32					285	102.02

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW ALU BLDG	NEW 2007 HOSPITAL	NEW 2007 MOB	
	0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	100,817	100,817			1.00	
1.01 00101 NEW CAP REL COSTS-ALU BLDG	107,015	0	107,015		1.01	
1.02 00102 NEW CAP REL COSTS-2007 HOSPITAL	4,131,529	0	0	4,131,529	1.02	
1.03 00103 NEW CAP REL COSTS-2007 MOB	0	0	0	0	1.03	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	36,083				2.00	
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO	899,153				2.01	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,742,521	0	0	0	4.00	
5.01 00570 ADMITTING	237,165	0	0	59,714	5.01	
5.02 00550 INFORMATION TECHNOLOGY	624,628	1,145	0	29,660	5.02	
5.03 00590 ADMINISTRATIVE AND GENERAL	1,408,812	14,988	32,175	358,361	5.03	
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00 00700 OPERATION OF PLANT	516,684	0	0	277,902	7.00	
7.01 00701 OPERATION OF PLANT-SCC	264,363	3,841	0	0	7.01	
8.00 00800 LAUNDRY & LINEN SERVICE	23,026	0	0	28,082	8.00	
8.01 00801 LAUNDRY & LINEN SERVICE-SCC	61,291	384	0	0	8.01	
9.00 00900 HOUSEKEEPING	138,734	0	0	21,298	9.00	
9.01 00901 HOUSEKEEPING-SCC	89,763	731	0	0	9.01	
10.00 01000 DIETARY	332,767	0	0	99,470	10.00	
10.01 01001 DIETARY-SCC	418,357	2,840	0	0	10.01	
11.00 01100 CAFETERIA	-72,833	0	0	153,426	11.00	
11.01 01101 CAFETERIA-SCC	-89,622	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	239,087	1,273	0	10,097	13.00	
15.00 01500 PHARMACY	108,000	0	0	60,976	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	141,971	0	0	54,192	16.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	716,612	0	0	698,105	30.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	42.00	
44.00 04400 SKILLED NURSING FACILITY	14,867	3,333	0	0	44.00	
46.00 04600 OTHER LONG TERM CARE	1,351,839	34,668	0	0	46.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	275,078	0	0	424,701	50.00	
53.00 05300 ANESTHESIOLOGY	179,032	0	0	4,260	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	801,045	0	0	286,421	54.00	
57.00 05700 CT SCAN	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000 LABORATORY	629,742	0	0	84,877	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01	
64.00 06400 INTRAVENOUS THERAPY	18,408	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	21,339	0	0	14,830	65.00	
66.00 06600 PHYSICAL THERAPY	793,077	0	0	368,774	66.00	
67.00 06700 OCCUPATIONAL THERAPY	85,532	0	0	29,344	67.00	
68.00 06800 SPEECH PATHOLOGY	31,780	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	137,636	0	0	53,798	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	324,996	0	0	0	73.00	
76.00 03020 SLEEP LAB	20,194	0	0	0	76.00	
76.01 03950 PAIN CLINIC / SERVICE	0	0	0	0	76.01	
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	8,438	0	0	0	76.02	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	1,640,777	0	0	527,169	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00 09000 CLINIC	131,456	0	0	0	90.00	
91.00 09100 EMERGENCY	1,387,769	0	0	437,086	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
93.00 04040 FAMILY PRACTICE	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,028,928	63,203	32,175	4,082,543	118.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW ALU BLDG	NEW 2007 HOSPITAL	NEW 2007 MOB	
			1.00	1.01	1.02	1.03	
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,428	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,717	0	0	0	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 ASSISTED LIVING UNITS	259,831	0	69,237	0	0	194.01
194.02	07952 ADULT DAY CARE	122,740	0	5,603	0	0	194.02
194.03	07953 GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954 IDLE SPACE	0	37,614	0	0	0	194.04
194.05	07955 COMMUNITY FITNESS CENTER	18,151	0	0	25,558	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	20,433,367	100,817	107,015	4,131,529	0	202.00

STATE COPY

Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		CAPITAL RELATED COSTS					
		NEW MVBLE EQUIP	NEW MVBLE EQUIP NEW HO	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	INFORMATION TECHNOLOGY	
		2.00	2.01	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	36,083					2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO	0	899,153				2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	1,742,521			4.00
5.01	00570 ADMITTING	0	0	60,637	357,516		5.01
5.02	00550 INFORMATION TECHNOLOGY	0	56,080	70,323	0	781,836	5.02
5.03	00590 ADMINISTRATIVE AND GENERAL	590	178,572	120,420	0	41,978	5.03
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	0	32,057	13,644	0	15,742	7.00
7.01	00701 OPERATION OF PLANT-SCC	6,537	0	20,831	0	0	7.01
8.00	00800 LAUNDRY & LINEN SERVICE	0	828	0	0	0	8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	0	0	0	0	0	8.01
9.00	00900 HOUSEKEEPING	0	4,987	31,884	0	0	9.00
9.01	00901 HOUSEKEEPING-SCC	0	0	20,566	0	0	9.01
10.00	01000 DIETARY	0	38,614	46,290	0	20,989	10.00
10.01	01001 DIETARY-SCC	1,373	0	59,110	0	0	10.01
11.00	01100 CAFETERIA	0	6,572	0	0	0	11.00
11.01	01101 CAFETERIA-SCC	0	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	0	321	52,690	0	5,247	13.00
15.00	01500 PHARMACY	0	4,742	0	0	10,494	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	1,389	36,097	0	26,236	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	9,114	71,354	162,469	35,758	83,956	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	45	0	1,274	0	0	44.00
46.00	04600 OTHER LONG TERM CARE	11,338	0	315,687	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	112,752	38,821	26,738	68,214	50.00
53.00	05300 ANESTHESIOLOGY	0	5,687	0	5,859	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	59	304,117	82,584	103,281	68,214	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	159	5,532	73,442	65,447	26,236	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	6,372	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,234	0	2,684	0	65.00
66.00	06600 PHYSICAL THERAPY	934	23,993	205,017	43,032	131,181	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	4,818	3,383	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,070	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	374	0	18,801	6,212	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	20,292	0	73.00
76.00	03020 SLEEP LAB	0	10,565	2,259	909	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	2,371	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	178	23,513	82,564	0	173,158	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	41,218	0	52,472	90.00
91.00	09100 EMERGENCY	2,933	13,914	79,798	36,479	57,719	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,634	896,823	1,643,615	357,516	781,836	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	231	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	INFORMATION TECHNOLOGY	
			NEW MVBLE EQUIP	NEW MVBLE EQUIP	NEW HO				
			2.00	2.01	4.00				
192.01	19201	MIDWEST MEDICAL CLINIC	0	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	ASSISTED LIVING UNITS	2,118	0	67,996	0	0	0	194.01
194.02	07952	ADULT DAY CARE	271	567	26,682	0	0	0	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	0	0	0	0	0	0	194.04
194.05	07955	COMMUNITY FITNESS CENTER	60	1,532	4,228	0	0	0	194.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	36,083	899,153	1,742,521	357,516	781,836	202.00	

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-SCC	
		5A.02	5.03	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL	2,155,896	2,155,896				5.03
6.00	00600 MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700 OPERATION OF PLANT	856,029	117,668	0	973,697		7.00
7.01	00701 OPERATION OF PLANT-SCC	295,572	0	0	0	295,572	7.01
8.00	00800 LAUNDRY & LINEN SERVICE	51,936	7,139	0	8,028	0	8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	61,675	0	0	0	932	8.01
9.00	00900 HOUSEKEEPING	196,903	27,066	0	6,089	0	9.00
9.01	00901 HOUSEKEEPING-SCC	111,060	0	0	0	1,773	9.01
10.00	01000 DIETARY	538,130	73,970	0	28,437	0	10.00
10.01	01001 DIETARY-SCC	481,680	0	0	0	6,889	10.01
11.00	01100 CAFETERIA	87,165	11,982	0	43,862	0	11.00
11.01	01101 CAFETERIA-SCC	-89,622	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	308,715	42,435	0	2,887	3,089	13.00
15.00	01500 PHARMACY	184,212	25,321	0	17,432	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	259,885	35,723	0	15,493	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,777,368	244,313	0	199,578	0	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	19,519	0	0	0	8,085	44.00
46.00	04600 OTHER LONG TERM CARE	1,713,532	0	0	0	84,105	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	946,304	130,077	0	121,416	0	50.00
53.00	05300 ANESTHESIOLOGY	194,838	26,782	0	1,218	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,645,721	226,218	0	81,884	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	885,435	121,710	0	24,265	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	24,780	3,406	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	40,087	5,510	0	4,240	0	65.00
66.00	06600 PHYSICAL THERAPY	1,566,008	215,260	0	105,427	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	123,077	16,918	0	8,389	0	67.00
68.00	06800 SPEECH PATHOLOGY	32,850	4,515	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	216,821	29,804	0	15,380	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	345,288	47,463	0	0	0	73.00
76.00	03020 SLEEP LAB	33,927	4,664	0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	10,809	1,486	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	2,447,359	336,407	0	150,710	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	225,146	30,948	0	0	0	90.00
91.00	09100 EMERGENCY	2,015,698	277,074	0	124,957	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	19,763,803	2,063,859	0	959,692	104,873	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,659	3,252	0	6,698	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,717	511	0	0	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 ASSISTED LIVING UNITS	399,182	54,871	0	0	92,000	194.01

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT-SCC	
		5A.02	5.03	6.00	7.00	7.01	
194.02	07952 ADULT DAY CARE	155,863	21,425	0	0	7,446	194.02
194.03	07953 GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954 IDLE SPACE	37,614	5,170	0	0	91,253	194.04
194.05	07955 COMMUNITY FITNESS CENTER	49,529	6,808	0	7,307	0	194.05
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	20,433,367	2,155,896	0	973,697	295,572	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description		LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE-SCC	HOUSEKEEPING	HOUSEKEEPING-SCC	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT-SCC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE	67,103					8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	0	62,607				8.01
9.00	00900 HOUSEKEEPING	3,330	0	233,388			9.00
9.01	00901 HOUSEKEEPING-SCC	0	0	0	112,833		9.01
10.00	01000 DIETARY	93	0	7,520	0	648,150	10.00
10.01	01001 DIETARY-SCC	0	0	0	3,855	0	10.01
11.00	01100 CAFETERIA	0	0	11,599	0	416,788	11.00
11.01	01101 CAFETERIA-SCC	0	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	0	0	763	1,729	0	13.00
15.00	01500 PHARMACY	0	0	4,610	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	4,097	0	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	24,912	0	52,774	0	231,362	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	0	227	0	4,525	0	44.00
46.00	04600 OTHER LONG TERM CARE	0	62,380	0	47,069	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,179	0	32,107	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	322	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,860	0	21,653	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	6,417	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	1,121	0	0	65.00
66.00	06600 PHYSICAL THERAPY	11,294	0	10,162	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	885	0	805	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,067	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 SLEEP LAB	0	0	0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	1,698	0	39,853	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	14,075	0	33,043	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	66,326	62,607	230,913	57,178	648,150	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,771	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description			LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE-SCC	HOUSEKEEPING	HOUSEKEEPING-S CC	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
194.01	07951	ASSISTED LIVING UNITS	0	0	0	51,488	0	194.01
194.02	07952	ADULT DAY CARE	0	0	0	4,167	0	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	0	0	0	0	0	194.04
194.05	07955	COMMUNITY FITNESS CENTER	777	0	704	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	67,103	62,607	233,388	112,833	648,150	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY-SCC	CAFETERIA	CAFETERIA-SCC	NURSING	PHARMACY	
		10.01	11.00	11.01	ADMINISTRATION 13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT-SCC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC						8.01
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 HOUSEKEEPING-SCC						9.01
10.00	01000 DIETARY						10.00
10.01	01001 DIETARY-SCC	492,424					10.01
11.00	01100 CAFETERIA	0	571,396				11.00
11.01	01101 CAFETERIA-SCC	20,211	0	-69,411			11.01
13.00	01300 NURSING ADMINISTRATION	0	17,173	0	376,791		13.00
15.00	01500 PHARMACY	0	0	0	0	231,575	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	24,028	0	0	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	98,708	0	376,791	0	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	1,191	0	0	0	0	44.00
46.00	04600 OTHER LONG TERM CARE	328,179	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	19,987	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	7,504	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	57,003	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	54,116	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	102,388	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,009	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,411	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	231,575	73.00
76.00	03020 SLEEP LAB	0	0	0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	124,467	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	38,531	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	349,581	564,325	0	376,791	231,575	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 ASSISTED LIVING UNITS	127,019	0	0	0	0	194.01

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description		DIETARY-SCC	CAFETERIA	CAFETERIA-SCC	NURSING	PHARMACY	
		10.01	11.00	11.01	ADMINISTRATION 13.00	15.00	
194.02	07952	ADULT DAY CARE	15,824	0	0	0	0 194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0 194.03
194.04	07954	IDLE SPACE	0	0	0	0	0 194.04
194.05	07955	COMMUNITY FITNESS CENTER	0	7,071	0	0	0 194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	-69,411	0	0 201.00
202.00		TOTAL (sum lines 118-201)	492,424	571,396	-69,411	376,791	231,575 202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

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From 10/01/2014
To 09/30/2015

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Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT-SCC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC						8.01
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 HOUSEKEEPING-SCC						9.01
10.00	01000 DIETARY						10.00
10.01	01001 DIETARY-SCC						10.01
11.00	01100 CAFETERIA						11.00
11.01	01101 CAFETERIA-SCC						11.01
13.00	01300 NURSING ADMINISTRATION						13.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	339,226					16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	310,957	0	3,316,763	0	3,316,763	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	0	0	33,547	0	33,547	44.00
46.00	04600 OTHER LONG TERM CARE	0	0	2,235,265	0	2,235,265	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	1,255,070	0	1,255,070	50.00
53.00	05300 ANESTHESIOLOGY	0	0	230,664	0	230,664	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	2,037,339	0	2,037,339	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	1,091,943	0	1,091,943	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	28,186	0	28,186	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	50,958	0	50,958	65.00
66.00	06600 PHYSICAL THERAPY	0	0	2,010,539	0	2,010,539	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	158,083	0	158,083	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	37,365	0	37,365	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	278,483	0	278,483	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	624,326	0	624,326	73.00
76.00	03020 SLEEP LAB	0	0	38,591	0	38,591	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	12,295	0	12,295	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	15,335	0	3,115,829	0	3,115,829	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	245	0	256,339	0	256,339	90.00
91.00	09100 EMERGENCY	12,689	0	2,516,067	0	2,516,067	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	339,226	0	19,327,652	0	19,327,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	35,380	0	35,380	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	4,228	0	4,228	192.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	19.00	24.00	25.00	26.00	
192.01	19201	MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	ASSISTED LIVING UNITS	0	0	724,560	0	724,560	194.01
194.02	07952	ADULT DAY CARE	0	0	204,725	0	204,725	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	0	0	134,037	0	134,037	194.04
194.05	07955	COMMUNITY FITNESS CENTER	0	0	72,196	0	72,196	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-69,411	0	-69,411	201.00
202.00		TOTAL (sum lines 118-201)	339,226	0	20,433,367	0	20,433,367	202.00

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Health Financial Systems
COST ALLOCATION STATISTICS

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet Non-CMS W

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	99	SQUARE FEET	1.00
1.01	NEW CAP REL COSTS-ALU BLDG	30	SQUARE FEET	1.01
1.02	NEW CAP REL COSTS-2007 HOSPITAL	31	SQUARE FEET	1.02
1.03	NEW CAP REL COSTS-2007 MOB	73	SQUARE FEET	1.03
2.00	NEW CAP REL COSTS-MVBLE EQUIP	98	DOLLAR VALUE	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP NEW HO	97	DOLLAR VALUE	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES	4.00
5.01	ADMITTING	49	GROSS CHARGES	5.01
5.02	INFORMATION TECHNOLOGY	48	NO. OF COMPUTERS	5.02
5.03	ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.03
6.00	MAINTENANCE & REPAIRS	75	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	8	SQUARE FT	7.00
7.01	OPERATION OF PLANT-SCC	79	SQUARE FT SCC	7.01
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	8.00
8.01	LAUNDRY & LINEN SERVICE-SCC	88	POUNDS OF LAUNDRY	8.01
9.00	HOUSEKEEPING	10	SQUARE FT	9.00
9.01	HOUSEKEEPING-SCC	71	SQUARE FT SCC	9.01
10.00	DIETARY	18	MEALS SERVED	10.00
10.01	DIETARY-SCC	78	MEALS SERVEDSCC	10.01
11.00	CAFETERIA	42	FTE	11.00
11.01	CAFETERIA-SCC	43	FTE'S -SCC	11.01
13.00	NURSING ADMINISTRATION	11	HOURS OF SERVICE	13.00
15.00	PHARMACY	16	GROSS CHARGES	15.00
16.00	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	16.00
19.00	NONPHYSICIAN ANESTHETISTS	41	TIME SPENT	19.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		CAPITAL RELATED COSTS					
		Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW ALU BLDG	NEW 2007 HOSPITAL		NEW 2007 MOB
			0	1.00	1.01		1.02
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101 NEW CAP REL COSTS-ALU BLDG					1.01	
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL					1.02	
1.03	00103 NEW CAP REL COSTS-2007 MOB					1.03	
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO					2.01	
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
5.01	00570 ADMITTING	0	0	0	59,714	0 5.01	
5.02	00550 INFORMATION TECHNOLOGY	11,962	1,145	0	29,660	0 5.02	
5.03	00590 ADMINISTRATIVE AND GENERAL	0	14,988	32,175	358,361	0 5.03	
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0 6.00	
7.00	00700 OPERATION OF PLANT	0	0	0	277,902	0 7.00	
7.01	00701 OPERATION OF PLANT-SCC	0	3,841	0	0	0 7.01	
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	28,082	0 8.00	
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	0	384	0	0	0 8.01	
9.00	00900 HOUSEKEEPING	0	0	0	21,298	0 9.00	
9.01	00901 HOUSEKEEPING-SCC	0	731	0	0	0 9.01	
10.00	01000 DIETARY	0	0	0	99,470	0 10.00	
10.01	01001 DIETARY-SCC	0	2,840	0	0	0 10.01	
11.00	01100 CAFETERIA	0	0	0	153,426	0 11.00	
11.01	01101 CAFETERIA-SCC	0	0	0	0	0 11.01	
13.00	01300 NURSING ADMINISTRATION	0	1,273	0	10,097	0 13.00	
15.00	01500 PHARMACY	0	0	0	60,976	0 15.00	
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	54,192	0 16.00	
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	0	698,105	0 30.00	
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	0 42.00	
44.00	04400 SKILLED NURSING FACILITY	0	3,333	0	0	0 44.00	
46.00	04600 OTHER LONG TERM CARE	0	34,668	0	0	0 46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	424,701	0 50.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	4,260	0 53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,932	0	0	286,421	0 54.00	
57.00	05700 CT SCAN	0	0	0	0	0 57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00	
60.00	06000 LABORATORY	0	0	0	84,877	0 60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0 60.01	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	14,830	0 65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	368,774	0 66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	29,344	0 67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	53,798	0 71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	21,850	0	0	0	0 73.00	
76.00	03020 SLEEP LAB	0	0	0	0	0 76.00	
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0 76.01	
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0 76.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	527,169	0 88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00	
90.00	09000 CLINIC	0	0	0	0	0 90.00	
91.00	09100 EMERGENCY	0	0	0	437,086	0 91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00	
93.00	04040 FAMILY PRACTICE	0	0	0	0	0 93.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0 99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	0 111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	0 113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,744	63,203	32,175	4,082,543	0 118.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,428	0 190.00	

STATE COPY

Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW ALU BLDG	NEW 2007 HOSPITAL	NEW 2007 MOB	
				1.00	1.01	1.02	1.03	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	ASSISTED LIVING UNITS	0	0	69,237	0	0	194.01
194.02	07952	ADULT DAY CARE	0	0	5,603	0	0	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	0	37,614	0	0	0	194.04
194.05	07955	COMMUNITY FITNESS CENTER	0	0	0	25,558	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	44,744	100,817	107,015	4,131,529	0	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		NEW MVBLE EQUIP	NEW MVBLE EQUIP NEW HO				
		2.00	2.01				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-ALU BLDG					1.01
1.02	00102	NEW CAP REL COSTS-2007 HOSPITAL					1.02
1.03	00103	NEW CAP REL COSTS-2007 MOB					1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP NEW HO					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00570	ADMITTING	0	0	59,714	0	59,714
5.02	00550	INFORMATION TECHNOLOGY	0	56,080	98,847	0	0
5.03	00590	ADMINISTRATIVE AND GENERAL	590	178,572	584,686	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	32,057	309,959	0	0
7.01	00701	OPERATION OF PLANT-SCC	6,537	0	10,378	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	828	28,910	0	0
8.01	00801	LAUNDRY & LINEN SERVICE-SCC	0	0	384	0	0
9.00	00900	HOUSEKEEPING	0	4,987	26,285	0	0
9.01	00901	HOUSEKEEPING-SCC	0	0	731	0	0
10.00	01000	DIETARY	0	38,614	138,084	0	0
10.01	01001	DIETARY-SCC	1,373	0	4,213	0	0
11.00	01100	CAFETERIA	0	6,572	159,998	0	0
11.01	01101	CAFETERIA-SCC	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	321	11,691	0	0
15.00	01500	PHARMACY	0	4,742	65,718	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,389	55,581	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,114	71,354	778,573	0	5,972
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	45	0	3,378	0	0
46.00	04600	OTHER LONG TERM CARE	11,338	0	46,006	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	112,752	537,453	0	4,465
53.00	05300	ANESTHESIOLOGY	0	5,687	9,947	0	978
54.00	05400	RADIOLOGY-DIAGNOSTIC	59	304,117	601,529	0	17,256
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	159	5,532	90,568	0	10,930
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,064
65.00	06500	RESPIRATORY THERAPY	0	1,234	16,064	0	448
66.00	06600	PHYSICAL THERAPY	934	23,993	393,701	0	7,187
67.00	06700	OCCUPATIONAL THERAPY	0	0	29,344	0	565
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	179
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	374	0	54,172	0	1,037
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	21,850	0	3,389
76.00	03020	SLEEP LAB	0	10,565	10,565	0	152
76.01	03950	PAIN CLINIC / SERVICE	0	0	0	0	0
76.02	03530	SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	178	23,513	550,860	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	2,933	13,914	453,933	0	6,092
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	FAMILY PRACTICE	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,634	896,823	5,153,122	0	59,714
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	231	23,659	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
	NEW MVBLE EQUIP	NEW MVBLE EQUIP NEW HO				
	2.00	2.01				
192.01 19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	0 192.01
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01 07951 ASSISTED LIVING UNITS	2,118	0	71,355	0	0	0 194.01
194.02 07952 ADULT DAY CARE	271	567	6,441	0	0	0 194.02
194.03 07953 GRANT FUNDED PROGRAMS	0	0	0	0	0	0 194.03
194.04 07954 IDLE SPACE	0	0	37,614	0	0	0 194.04
194.05 07955 COMMUNITY FITNESS CENTER	60	1,532	27,150	0	0	0 194.05
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	36,083	899,153	5,319,341	0	59,714	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		INFORMATION	ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	OPERATION OF	
		TECHNOLOGY	AND GENERAL	REPAIRS	PLANT	PLANT-SCC	
		5.02	5.03	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-ALU BLDG					1.01
1.02	00102	NEW CAP REL COSTS-2007 HOSPITAL					1.02
1.03	00103	NEW CAP REL COSTS-2007 MOB					1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP NEW HO					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00550	INFORMATION TECHNOLOGY	98,847				5.02
5.03	00590	ADMINISTRATIVE AND GENERAL	5,307	589,993			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	1,990	32,201	0	344,150	7.00
7.01	00701	OPERATION OF PLANT-SCC	0	0	0	0	10,378
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,954	0	2,838	0
8.01	00801	LAUNDRY & LINEN SERVICE-SCC	0	0	0	0	33
9.00	00900	HOUSEKEEPING	0	7,407	0	2,152	0
9.01	00901	HOUSEKEEPING-SCC	0	0	0	0	62
10.00	01000	DIETARY	2,654	20,243	0	10,051	0
10.01	01001	DIETARY-SCC	0	0	0	0	242
11.00	01100	CAFETERIA	0	3,279	0	15,503	0
11.01	01101	CAFETERIA-SCC	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	663	11,613	0	1,020	108
15.00	01500	PHARMACY	1,327	6,930	0	6,161	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,317	9,776	0	5,476	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,614	66,859	0	70,542	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	284
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	2,953
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,624	35,597	0	42,914	0
53.00	05300	ANESTHESIOLOGY	0	7,329	0	430	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,624	61,907	0	28,942	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	3,317	33,307	0	8,576	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	932	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,508	0	1,498	0
66.00	06600	PHYSICAL THERAPY	16,585	58,909	0	37,263	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,630	0	2,965	0
68.00	06800	SPEECH PATHOLOGY	0	1,236	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,156	0	5,436	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,989	0	0	0
76.00	03020	SLEEP LAB	0	1,276	0	0	0
76.01	03950	PAIN CLINIC / SERVICE	0	0	0	0	0
76.02	03530	SNF PHYSICAL THERAPY - SCC THERAPY	0	407	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	21,894	92,067	0	53,268	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	6,634	8,469	0	0	0
91.00	09100	EMERGENCY	7,297	75,825	0	44,166	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	FAMILY PRACTICE	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,847	564,806	0	339,201	3,682
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	890	0	2,367	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	140	0	0	0
192.01	19201	MIDWEST MEDICAL CLINIC	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0
194.01	07951	ASSISTED LIVING UNITS	0	15,016	0	0	3,231

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			INFORMATION	ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	OPERATION OF	
			TECHNOLOGY	AND GENERAL	REPAIRS	PLANT	PLANT-SCC	
			5.02	5.03	6.00	7.00	7.01	
194.02	07952	ADULT DAY CARE	0	5,863	0	0		261 194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0		0 194.03
194.04	07954	IDLE SPACE	0	1,415	0	0		3,204 194.04
194.05	07955	COMMUNITY FITNESS CENTER	0	1,863	0	2,582		0 194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	98,847	589,993	0	344,150		10,378 202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
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To 09/30/2015

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Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE-SCC	HOUSEKEEPING	HOUSEKEEPING-S CC	DIETARY	
		8.00	8.01	9.00	9.01	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT-SCC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE	33,702					8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	0	417				8.01
9.00	00900 HOUSEKEEPING	1,672	0	37,516			9.00
9.01	00901 HOUSEKEEPING-SCC	0	0	0	793		9.01
10.00	01000 DIETARY	47	0	1,209	0	172,288	10.00
10.01	01001 DIETARY-SCC	0	0	0	27	0	10.01
11.00	01100 CAFETERIA	0	0	1,864	0	110,788	11.00
11.01	01101 CAFETERIA-SCC	0	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	0	0	123	12	0	13.00
15.00	01500 PHARMACY	0	0	741	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	659	0	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	12,512	0	8,484	0	61,500	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	0	2	0	32	0	44.00
46.00	04600 OTHER LONG TERM CARE	0	415	0	331	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,601	0	5,161	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	52	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,441	0	3,481	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	1,031	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	180	0	0	65.00
66.00	06600 PHYSICAL THERAPY	5,673	0	1,633	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	444	0	129	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	654	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 SLEEP LAB	0	0	0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	853	0	6,406	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	7,069	0	5,311	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,312	417	37,118	402	172,288	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	285	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE-SCC	HOUSEKEEPING	HOUSEKEEPING-S CC	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
194.01	07951	ASSISTED LIVING UNITS	0	0	0	362	0	194.01
194.02	07952	ADULT DAY CARE	0	0	0	29	0	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	0	0	0	0	0	194.04
194.05	07955	COMMUNITY FITNESS CENTER	390	0	113	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,702	417	37,516	793	172,288	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

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Cost Center Description		DIETARY-SCC	CAFETERIA	CAFETERIA-SCC	NURSING	PHARMACY	
		10.01	11.00	11.01	ADMINISTRATION 13.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT-SCC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC						8.01
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 HOUSEKEEPING-SCC						9.01
10.00	01000 DIETARY						10.00
10.01	01001 DIETARY-SCC	4,482					10.01
11.00	01100 CAFETERIA	0	258,484				11.00
11.01	01101 CAFETERIA-SCC	184	0	184			11.01
13.00	01300 NURSING ADMINISTRATION	0	7,769	0	32,999		13.00
15.00	01500 PHARMACY	0	0	0	0	80,877	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	10,869	0	0	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	44,653	0	32,999	0	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	11	0	0	0	0	44.00
46.00	04600 OTHER LONG TERM CARE	2,987	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	9,042	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	3,395	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,786	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	24,481	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	46,318	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,623	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,614	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	80,877	73.00
76.00	03020 SLEEP LAB	0	0	0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	56,305	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	17,430	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,182	255,285	0	32,999	80,877	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 ASSISTED LIVING UNITS	1,156	0	0	0	0	194.01

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			DIETARY-SCC	CAFETERIA	CAFETERIA-SCC	NURSING	PHARMACY	
			10.01	11.00	11.01	ADMINISTRATION 13.00	15.00	
194.02	07952	ADULT DAY CARE	144	0	0	0	0	0 194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	0 194.03
194.04	07954	IDLE SPACE	0	0	0	0	0	0 194.04
194.05	07955	COMMUNITY FITNESS CENTER	0	3,199	0	0	0	0 194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	32,948	184	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	4,482	291,432	184	32,999	80,877	202.00

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MIDWEST MEDICAL CENTER

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ALLOCATION OF CAPITAL RELATED COSTS

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To 09/30/2015

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Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-ALU BLDG					1.01
1.02	00102	NEW CAP REL COSTS-2007 HOSPITAL					1.02
1.03	00103	NEW CAP REL COSTS-2007 MOB					1.03
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP NEW HO					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00550	INFORMATION TECHNOLOGY					5.02
5.03	00590	ADMINISTRATIVE AND GENERAL					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT-SCC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	LAUNDRY & LINEN SERVICE-SCC					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-SCC					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY-SCC					10.01
11.00	01100	CAFETERIA					11.00
11.01	01101	CAFETERIA-SCC					11.01
13.00	01300	NURSING ADMINISTRATION					13.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85,678				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,538		1,171,246	0	1,171,246
41.00	04100	SUBPROVIDER - IRF	0		0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0		3,707	0	3,707
46.00	04600	OTHER LONG TERM CARE	0		52,692	0	52,692
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0		645,857	0	645,857
53.00	05300	ANESTHESIOLOGY	0		22,131	0	22,131
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		749,966	0	749,966
57.00	05700	CT SCAN	0		0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	59.00
60.00	06000	LABORATORY	0		172,210	0	172,210
60.01	06001	BLOOD LABORATORY	0		0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	0		1,996	0	1,996
65.00	06500	RESPIRATORY THERAPY	0		19,698	0	19,698
66.00	06600	PHYSICAL THERAPY	0		567,269	0	567,269
67.00	06700	OCCUPATIONAL THERAPY	0		41,700	0	41,700
68.00	06800	SPEECH PATHOLOGY	0		1,415	0	1,415
69.00	06900	ELECTROCARDIOLOGY	0		0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		75,069	0	75,069
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		119,105	0	119,105
76.00	03020	SLEEP LAB	0		11,993	0	11,993
76.01	03950	PAIN CLINIC / SERVICE	0		0	0	76.01
76.02	03530	SNF PHYSICAL THERAPY - SCC THERAPY	0		407	0	407
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	3,873		785,526	0	785,526
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	89.00
90.00	09000	CLINIC	62		15,165	0	15,165
91.00	09100	EMERGENCY	3,205		620,328	0	620,328
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	92.00
93.00	04040	FAMILY PRACTICE	0		0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	85,678	0	5,077,480	0	5,077,480
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		27,201	0	27,201
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		140	0	140

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

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Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	19.00	24.00	25.00	26.00	
192.01	19201	MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	ASSISTED LIVING UNITS	0	0	91,120	0	91,120	194.01
194.02	07952	ADULT DAY CARE	0	0	12,738	0	12,738	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	0	0	42,233	0	42,233	194.04
194.05	07955	COMMUNITY FITNESS CENTER	0	0	35,297	0	35,297	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	33,132	0	33,132	201.00
202.00		TOTAL (sum lines 118-201)	85,678	0	5,319,341	0	5,319,341	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW ALU BLDG (SQUARE FEET)	NEW 2007 HOSPITAL (SQUARE FEET)	NEW 2007 MOB (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	
		1.00	1.01	1.02	1.03	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	50,914					1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG	0	29,602				1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL	0	0	52,376			1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB	0	0	0	0		1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP					32,402	2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO					0	2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01	00570 ADMITTING			757	0	0	5.01
5.02	00550 INFORMATION TECHNOLOGY	578	0	376	0	0	5.02
5.03	00590 ADMINISTRATIVE AND GENERAL	7,569	8,900	4,543	0	530	5.03
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	0	0	3,523	0	0	7.00
7.01	00701 OPERATION OF PLANT-SCC	1,940	0	0	0	5,870	7.01
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	356	0	0	8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	194	0	0	0	0	8.01
9.00	00900 HOUSEKEEPING	0	0	270	0	0	9.00
9.01	00901 HOUSEKEEPING-SCC	369	0	0	0	0	9.01
10.00	01000 DIETARY	0	0	1,261	0	0	10.00
10.01	01001 DIETARY-SCC	1,434	0	0	0	1,233	10.01
11.00	01100 CAFETERIA	0	0	1,945	0	0	11.00
11.01	01101 CAFETERIA-SCC	0	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	643	0	128	0	0	13.00
15.00	01500 PHARMACY	0	0	773	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	687	0	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	8,850	0	8,184	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	1,683	0	0	0	40	44.00
46.00	04600 OTHER LONG TERM CARE	17,508	0	0	0	10,181	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	5,384	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	54	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	3,631	0	53	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	1,076	0	143	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	188	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	4,675	0	839	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	372	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	682	0	336	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 SLEEP LAB	0	0	0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	6,683	0	160	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	5,541	0	2,634	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,918	8,900	51,755	0	30,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	297	0	0	190.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW ALU BLDG (SQUARE FEET)	NEW 2007 HOSPITAL (SQUARE FEET)	NEW 2007 MOB (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MIDWEST MEDICAL CLINIC	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	ASSISTED LIVING UNITS	0	19,152	0	0	1,902	194.01
194.02	07952	ADULT DAY CARE	0	1,550	0	0	243	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	18,996	0	0	0	0	194.04
194.05	07955	COMMUNITY FITNESS CENTER	0	0	324	0	54	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	100,817	107,015	4,131,529	0	36,083	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	1.980143	3.615127	78.882102	0.000000	1.113604	203.00
204.00		Cost to be allocated (per wkst. B, Part II)						204.00
205.00		Unit cost multiplier (wkst. B, Part II)						205.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	INFORMATION TECHNOLOGY (NO. OF COMPUTERS)	Reconciliation	
	NEW MVBLE EQUIP NEW HO (DOLLAR VALUE)						
	2.01	4.00					
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-ALU BLDG							1.01
1.02 00102 NEW CAP REL COSTS-2007 HOSPITAL							1.02
1.03 00103 NEW CAP REL COSTS-2007 MOB							1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO	498,317						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	6,201,827					4.00
5.01 00570 ADMITTING	0	215,814	18,092,521				5.01
5.02 00550 INFORMATION TECHNOLOGY	31,080	250,287	0		149		5.02
5.03 00590 ADMINISTRATIVE AND GENERAL	98,966	428,589	0		8	-2,155,896	5.03
6.00 00600 MAINTENANCE & REPAIRS	0	0	0		0	0	6.00
7.00 00700 OPERATION OF PLANT	17,766	48,560	0		3	0	7.00
7.01 00701 OPERATION OF PLANT-SCC	0	74,141	0		0	-295,572	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	459	0	0		0	0	8.00
8.01 00801 LAUNDRY & LINEN SERVICE-SCC	0	0	0		0	-61,675	8.01
9.00 00900 HOUSEKEEPING	2,764	113,477	0		0	0	9.00
9.01 00901 HOUSEKEEPING-SCC	0	73,195	0		0	-111,060	9.01
10.00 01000 DIETARY	21,400	164,752	0		4	0	10.00
10.01 01001 DIETARY-SCC	0	210,379	0		0	-481,680	10.01
11.00 01100 CAFETERIA	3,642	0	0		0	0	11.00
11.01 01101 CAFETERIA-SCC	0	0	0		0	89,622	11.01
13.00 01300 NURSING ADMINISTRATION	178	187,530	0		1	0	13.00
15.00 01500 PHARMACY	2,628	0	0		2	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	770	128,472	0		5	0	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0		0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	39,545	578,247	1,809,623		16	0	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0		0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	0	4,534	0		0	-19,519	44.00
46.00 04600 OTHER LONG TERM CARE	0	1,123,560	0		0	-1,713,532	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	62,488	138,169	1,353,144		13	0	50.00
53.00 05300 ANESTHESIOLOGY	3,152	0	296,510		0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	168,544	293,926	5,226,300		13	0	54.00
57.00 05700 CT SCAN	0	0	0		0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		0	0	59.00
60.00 06000 LABORATORY	3,066	261,387	3,312,110		5	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0		0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0	0	322,484		0	0	64.00
65.00 06500 RESPIRATORY THERAPY	684	0	135,822		0	0	65.00
66.00 06600 PHYSICAL THERAPY	13,297	729,680	2,177,747		25	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	17,149	171,228		0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	54,139		0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	66,915	314,387		0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,026,923		0	0	73.00
76.00 03020 SLEEP LAB	5,855	8,039	46,002		0	0	76.00
76.01 03950 PAIN CLINIC / SERVICE	0	0	0		0	0	76.01
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	8,438	0		0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	13,031	293,856	0		33	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	0	89.00
90.00 09000 CLINIC	0	146,701	0		10	0	90.00
91.00 09100 EMERGENCY	7,711	284,011	1,846,102		11	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0	92.00
93.00 04040 FAMILY PRACTICE	0	0	0		0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0		0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0		0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0		0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0		0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	497,026	5,849,808	18,092,521		149	-4,749,312	118.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	INFORMATION TECHNOLOGY (NO. OF COMPUTERS)	Reconciliation	
	NEW MVBLE EQUIP NEW HO (DOLLAR VALUE)						
	2.01	4.00					
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	128		0	0	0		0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0		0	0	0		0 192.00
192.01 19201 MIDWEST MEDICAL CLINIC	0		0	0	0		0 192.01
194.00 07950 OTHER NONREIMBURSABLE	0		0	0	0		0 194.00
194.01 07951 ASSISTED LIVING UNITS	0		242,006	0	0		0 194.01
194.02 07952 ADULT DAY CARE	314		94,965	0	0		0 194.02
194.03 07953 GRANT FUNDED PROGRAMS	0		0	0	0		0 194.03
194.04 07954 IDLE SPACE	0		0	0	0		0 194.04
194.05 07955 COMMUNITY FITNESS CENTER	849		15,048	0	0		0 194.05
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per wkst. B, Part I)	899,153		1,742,521	357,516	781,836		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1.804380		0.280969	0.019760	5,247.221477		203.00
204.00 Cost to be allocated (per wkst. B, Part II)			0	59,714	98,847		204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.000000	0.003300	663.402685		205.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FT)	OPERATION OF PLANT-SCC (SQUARE FT SCC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL	15,684,055					5.03
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	856,029		43,177			7.00
7.01	00701 OPERATION OF PLANT-SCC	0		0	61,529		7.01
8.00	00800 LAUNDRY & LINEN SERVICE	51,936		356	0	142,668	8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	0		0	194	0	8.01
9.00	00900 HOUSEKEEPING	196,903		270	0	7,079	9.00
9.01	00901 HOUSEKEEPING-SCC	0		0	369	0	9.01
10.00	01000 DIETARY	538,130		1,261	0	197	10.00
10.01	01001 DIETARY-SCC	0		0	1,434	0	10.01
11.00	01100 CAFETERIA	87,165		1,945	0		11.00
11.01	01101 CAFETERIA-SCC	0		0	0		11.01
13.00	01300 NURSING ADMINISTRATION	308,715		128	643		13.00
15.00	01500 PHARMACY	184,212		773	0		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	259,885		687	0		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0		0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,777,368		8,850	0	52,966	30.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	0		0	1,683	0	44.00
46.00	04600 OTHER LONG TERM CARE	0		0	17,508	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	946,304		5,384	0	11,012	50.00
53.00	05300 ANESTHESIOLOGY	194,838		54	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,645,721		3,631	0	10,332	54.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	885,435		1,076	0	0	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	24,780		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	40,087		188	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,566,008		4,675	0	24,013	66.00
67.00	06700 OCCUPATIONAL THERAPY	123,077		372	0	1,881	67.00
68.00	06800 SPEECH PATHOLOGY	32,850		0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	216,821		682	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	345,288		0	0	0	73.00
76.00	03020 SLEEP LAB	33,927		0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0		0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	10,809		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	2,447,359		6,683	0	3,611	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	225,146		0	0	0	90.00
91.00	09100 EMERGENCY	2,015,698		5,541	0	29,924	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY PRACTICE	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,014,491		42,556	21,831	141,015	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,659		297	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,717		0	0	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0		0	0	0	192.01

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FT)	OPERATION OF PLANT-SCC (SQUARE FT SCC)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5.03	6.00	7.00	7.01	8.00	
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	ASSISTED LIVING UNITS	399,182	0	0	19,152	0	194.01
194.02	07952	ADULT DAY CARE	155,863	0	0	1,550	0	194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954	IDLE SPACE	37,614	0	0	18,996	0	194.04
194.05	07955	COMMUNITY FITNESS CENTER	49,529	0	324	0	1,653	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,155,896	0	973,697	295,572	67,103	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.137458	0.000000	22.551289	4.803784	0.470344	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	589,993	0	344,150	10,378	33,702	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.037617	0.000000	7.970679	0.168668	0.236227	205.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE-SCC (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQARE FT)	HOUSEKEEPING-S-CC (SQARE FT SCC)	DIETARY (MEALS SERVED)	DIETARY-SCC (MEALS SERVEDSCC)	
		8.01	9.00	9.01	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00550 INFORMATION TECHNOLOGY						5.02
5.03	00590 ADMINISTRATIVE AND GENERAL						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT-SCC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC	96,158					8.01
9.00	00900 HOUSEKEEPING	0	39,137				9.00
9.01	00901 HOUSEKEEPING-SCC	0	0	41,970			9.01
10.00	01000 DIETARY	0	1,261	0	15,845		10.00
10.01	01001 DIETARY-SCC	0	0	1,434	0	68,243	10.01
11.00	01100 CAFETERIA	0	1,945	0	10,189	0	11.00
11.01	01101 CAFETERIA-SCC	0	0	0	0	2,801	11.01
13.00	01300 NURSING ADMINISTRATION	0	128	643	0	0	13.00
15.00	01500 PHARMACY	0	773	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	687	0	0	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	8,850	0	5,656	0	30.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	348	0	1,683	0	165	44.00
46.00	04600 OTHER LONG TERM CARE	95,810	0	17,508	0	45,481	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	5,384	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	54	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,631	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	1,076	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	188	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,704	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	135	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	682	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 SLEEP LAB	0	0	0	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	6,683	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	5,541	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	96,158	38,722	21,268	15,845	48,447	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	297	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		LAUNDRY & LINEN SERVICE-SCC (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FT)	HOUSEKEEPING-SCC (SQUARE FT SCC)	DIETARY (MEALS SERVED)	DIETARY-SCC (MEALS SERVEDSCC)	
		8.01	9.00	9.01	10.00	10.01	
192.01	19201 MIDWEST MEDICAL CLINIC	0	0	0	0	0	0 192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01	07951 ASSISTED LIVING UNITS	0	0	19,152	0	17,603	194.01
194.02	07952 ADULT DAY CARE	0	0	1,550	0	2,193	194.02
194.03	07953 GRANT FUNDED PROGRAMS	0	0	0	0	0	194.03
194.04	07954 IDLE SPACE	0	0	0	0	0	194.04
194.05	07955 COMMUNITY FITNESS CENTER	0	118	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	62,607	233,388	112,833	648,150	492,424	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.651085	5.963359	2.688420	40.905648	7.215744	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	417	37,516	793	172,288	4,482	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.004337	0.958581	0.018894	10.873335	0.065677	205.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	CAFETERIA (FTE)	CAFETERIA-SCC (FTE'S -SCC)	NURSING ADMINISTRATION (HOURS OF SERVICE)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	11.01	13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-ALU BLDG						1.01
1.02 00102 NEW CAP REL COSTS-2007 HOSPITAL						1.02
1.03 00103 NEW CAP REL COSTS-2007 MOB						1.03
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00550 INFORMATION TECHNOLOGY						5.02
5.03 00590 ADMINISTRATIVE AND GENERAL						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT-SCC						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
8.01 00801 LAUNDRY & LINEN SERVICE-SCC						8.01
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-SCC						9.01
10.00 01000 DIETARY						10.00
10.01 01001 DIETARY-SCC						10.01
11.00 01100 CAFETERIA	7,919					11.00
11.01 01101 CAFETERIA-SCC	0	4,770				11.01
13.00 01300 NURSING ADMINISTRATION	238	0	2,080			13.00
15.00 01500 PHARMACY	0	0	0	1,026,923		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	333	0	0	0	6,924	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,368	0	2,080	0	6,347	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
44.00 04400 SKILLED NURSING FACILITY	0	312	0	0	0	44.00
46.00 04600 OTHER LONG TERM CARE	0	3,247	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	277	0	0	0	0	50.00
53.00 05300 ANESTHESIOLOGY	104	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	790	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	750	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	1,419	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	111	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	172	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,026,923	0	73.00
76.00 03020 SLEEP LAB	0	0	0	0	0	76.00
76.01 03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	1,725	0	0	0	313	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	5	90.00
91.00 09100 EMERGENCY	534	0	0	0	259	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY PRACTICE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,821	3,559	2,080	1,026,923	6,924	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description			CAFETERIA (FTE)	CAFETERIA-SCC (FTE'S -SCC)	NURSING ADMINISTRATION (HOURS OF SERVICE)	PHARMACY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	11.01	13.00	15.00	16.00	
192.01	19201	MIDWEST MEDICAL CLINIC	0	0	0	0	0	0 192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01	07951	ASSISTED LIVING UNITS	0	917	0	0	0	0 194.01
194.02	07952	ADULT DAY CARE	0	294	0	0	0	0 194.02
194.03	07953	GRANT FUNDED PROGRAMS	0	0	0	0	0	0 194.03
194.04	07954	IDLE SPACE	0	0	0	0	0	0 194.04
194.05	07955	COMMUNITY FITNESS CENTER	98	0	0	0	0	0 194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	571,396	-69,411	376,791	231,575	339,226	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	72.155070	0.000000	181.149519	0.225504	48.992779	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	291,432	184	32,999	80,877	85,678	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	32.640990	0.038574	15.864904	0.078757	12.374061	205.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (TIME SPENT)	
		19.00	
	GENERAL SERVICE COST CENTERS		
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-ALU BLDG		1.01
1.02	00102 NEW CAP REL COSTS-2007 HOSPITAL		1.02
1.03	00103 NEW CAP REL COSTS-2007 MOB		1.03
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP NEW HO		2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00570 ADMITTING		5.01
5.02	00550 INFORMATION TECHNOLOGY		5.02
5.03	00590 ADMINISTRATIVE AND GENERAL		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT-SCC		7.01
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
8.01	00801 LAUNDRY & LINEN SERVICE-SCC		8.01
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-SCC		9.01
10.00	01000 DIETARY		10.00
10.01	01001 DIETARY-SCC		10.01
11.00	01100 CAFETERIA		11.00
11.01	01101 CAFETERIA-SCC		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	19.00
	INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000 ADULTS & PEDIATRICS	0	30.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
	ANCILLARY SERVICE COST CENTERS		
50.00	05000 OPERATING ROOM	0	50.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020 SLEEP LAB	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	76.02
	OUTPATIENT SERVICE COST CENTERS		
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
93.00	04040 FAMILY PRACTICE	0	93.00
	OTHER REIMBURSABLE COST CENTERS		
99.10	09910 CORF	0	99.10
	SPECIAL PURPOSE COST CENTERS		
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 MIDWEST MEDICAL CLINIC	0	192.01

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (TIME SPENT)	
		19.00	
194.00	07950 OTHER NONREIMBURSABLE	0	194.00
194.01	07951 ASSISTED LIVING UNITS	0	194.01
194.02	07952 ADULT DAY CARE	0	194.02
194.03	07953 GRANT FUNDED PROGRAMS	0	194.03
194.04	07954 IDLE SPACE	0	194.04
194.05	07955 COMMUNITY FITNESS CENTER	0	194.05
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	205.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		Cost
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS	3,316,763		3,316,763	0	3,316,763	30.00	
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00	
42.00	04200 SUBPROVIDER	0		0	0	0	42.00	
44.00	04400 SKILLED NURSING FACILITY	33,547		33,547	0	33,547	44.00	
46.00	04600 OTHER LONG TERM CARE	2,235,265		2,235,265	0	2,235,265	46.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	1,255,070		1,255,070	0	1,255,070	50.00	
53.00	05300 ANESTHESIOLOGY	230,664		230,664	0	230,664	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,037,339		2,037,339	0	2,037,339	54.00	
57.00	05700 CT SCAN	0		0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00	06000 LABORATORY	1,091,943		1,091,943	0	1,091,943	60.00	
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01	
64.00	06400 INTRAVENOUS THERAPY	28,186		28,186	0	28,186	64.00	
65.00	06500 RESPIRATORY THERAPY	50,958	0	50,958	0	50,958	65.00	
66.00	06600 PHYSICAL THERAPY	2,010,539	0	2,010,539	0	2,010,539	66.00	
67.00	06700 OCCUPATIONAL THERAPY	158,083	0	158,083	0	158,083	67.00	
68.00	06800 SPEECH PATHOLOGY	37,365	0	37,365	0	37,365	68.00	
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	278,483		278,483	0	278,483	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	624,326		624,326	0	624,326	73.00	
76.00	03020 SLEEP LAB	38,591		38,591	0	38,591	76.00	
76.01	03950 PAIN CLINIC / SERVICE	0		0	0	0	76.01	
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	12,295		12,295	0	12,295	76.02	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	3,115,829		3,115,829	0	3,115,829	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000 CLINIC	256,339		256,339	0	256,339	90.00	
91.00	09100 EMERGENCY	2,516,067		2,516,067	0	2,516,067	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	170,969		170,969	0	170,969	92.00	
93.00	04040 FAMILY PRACTICE	0		0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910 CORF	0		0		0	99.10	
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00	
111.00	11100 ISLET ACQUISITION	0		0		0	111.00	
113.00	11300 INTEREST EXPENSE	0		0		0	113.00	
200.00	Subtotal (see instructions)	19,498,621	0	19,498,621	0	19,498,621	200.00	
201.00	Less Observation Beds	170,969		170,969		170,969	201.00	
202.00	Total (see instructions)	19,327,652	0	19,327,652	0	19,327,652	202.00	

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

		Title XVIII			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,685,537		1,685,537			30.00
41.00	04100 SUBPROVIDER - IRF	0		0			41.00
42.00	04200 SUBPROVIDER	0		0			42.00
44.00	04400 SKILLED NURSING FACILITY	36,614		36,614			44.00
46.00	04600 OTHER LONG TERM CARE	3,452,781		3,452,781			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	216	1,352,928	1,353,144	0.927521	0.000000	50.00
53.00	05300 ANESTHESIOLOGY	0	296,510	296,510	0.777930	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	135,624	5,090,676	5,226,300	0.389824	0.000000	54.00
57.00	05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000 LABORATORY	227,662	3,084,448	3,312,110	0.329682	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
64.00	06400 INTRAVENOUS THERAPY	4,578	317,906	322,484	0.087403	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	83,326	52,496	135,822	0.375182	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	382,118	1,795,629	2,177,747	0.923220	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	134,262	36,966	171,228	0.923231	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	6,182	47,957	54,139	0.690168	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	34,483	279,904	314,387	0.885797	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	545,056	481,867	1,026,923	0.607958	0.000000	73.00
76.00	03020 SLEEP LAB	0	46,002	46,002	0.838898	0.000000	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0.000000	0.000000	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	6,970	0	6,970	1.763989	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	2,237,271	2,237,271			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000 CLINIC	216	37,284	37,500	6.835707	0.000000	90.00
91.00	09100 EMERGENCY	19,485	1,826,617	1,846,102	1.362908	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	150	123,936	124,086	1.377827	0.000000	92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	6,755,260	17,108,397	23,863,657			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	6,755,260	17,108,397	23,863,657			202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
44.00	04400 SKILLED NURSING FACILITY				44.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020 SLEEP LAB	0.000000			76.00
76.01	03950 PAIN CLINIC / SERVICE	0.000000			76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040 FAMILY PRACTICE	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Title XVIII			Hospital	Cost
		Capital Related Cost (from Wkst. B, Part II, col. 26) 1.00	Total Charges (from Wkst. C, Part I, col. 8) 2.00	Ratio of Cost to Charges (col. 1 ÷ col. 2) 3.00	Inpatient Program Charges 4.00	Capital Costs (column 3 x column 4) 5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	645,857	1,353,144	0.477301	0	0 50.00
53.00	05300 ANESTHESIOLOGY	22,131	296,510	0.074638	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	749,966	5,226,300	0.143498	80,267	11,518 54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000 LABORATORY	172,210	3,312,110	0.051994	107,877	5,609 60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0 60.01
64.00	06400 INTRAVENOUS THERAPY	1,996	322,484	0.006189	750	5 64.00
65.00	06500 RESPIRATORY THERAPY	19,698	135,822	0.145028	38,095	5,525 65.00
66.00	06600 PHYSICAL THERAPY	567,269	2,177,747	0.260484	21,320	5,554 66.00
67.00	06700 OCCUPATIONAL THERAPY	41,700	171,228	0.243535	4,250	1,035 67.00
68.00	06800 SPEECH PATHOLOGY	1,415	54,139	0.026136	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	75,069	314,387	0.238779	13,171	3,145 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	119,105	1,026,923	0.115982	157,206	18,233 73.00
76.00	03020 SLEEP LAB	11,993	46,002	0.260706	0	0 76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0.000000	0	0 76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	407	6,970	0.058393	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	785,526	2,237,271	0.351109	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000 CLINIC	15,165	37,500	0.404400	0	0 90.00
91.00	09100 EMERGENCY	620,328	1,846,102	0.336020	14,829	4,983 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	241,140	124,086	1.943330	146	284 92.00
93.00	04040 FAMILY PRACTICE	0	0	0.000000	0	0 93.00
200.00	Total (lines 50-199)	4,090,975	18,688,725		437,911	55,891 200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Title XVIII			Hospital	Cost
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	0 50.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
57.00	05700 CT SCAN	0	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000 LABORATORY	0	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0 60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03020 SLEEP LAB	0	0	0	0	0 76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0 76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000 CLINIC	0	0	0	0	0 90.00
91.00	09100 EMERGENCY	0	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0 93.00
200.00	Total (lines 50-199)	0	0	0	0	0 200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Title XVIII			Hospital		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	1,353,144	0.000000	0.000000	0	50.00
53.00	05300 ANESTHESIOLOGY	0	296,510	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,226,300	0.000000	0.000000	80,267	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	3,312,110	0.000000	0.000000	107,877	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	322,484	0.000000	0.000000	750	64.00
65.00	06500 RESPIRATORY THERAPY	0	135,822	0.000000	0.000000	38,095	65.00
66.00	06600 PHYSICAL THERAPY	0	2,177,747	0.000000	0.000000	21,320	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	171,228	0.000000	0.000000	4,250	67.00
68.00	06800 SPEECH PATHOLOGY	0	54,139	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	314,387	0.000000	0.000000	13,171	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,026,923	0.000000	0.000000	157,206	73.00
76.00	03020 SLEEP LAB	0	46,002	0.000000	0.000000	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0.000000	0.000000	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	6,970	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	2,237,271	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	37,500	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	1,846,102	0.000000	0.000000	14,829	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	124,086	0.000000	0.000000	146	92.00
93.00	04040 FAMILY PRACTICE	0	0	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	18,688,725			437,911	200.00

STATE COPY

Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	Title XVIII			Hospital		Cost
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 SLEEP LAB	0	0	0	0	0	76.00
76.01 03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY PRACTICE	0	0	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Title XVIII		Hospital	Cost
		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020 SLEEP LAB	0	0		76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0		76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040 FAMILY PRACTICE	0	0		93.00
200.00	Total (lines 50-199)	0	0		200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part V
Date/Time Prepared:
1/21/2016 11:31 pm

		Title XVIII			Hospital	Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.927521	0	542,036	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.777930	0	120,024	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.389824	0	1,675,535	0	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.329682	0	1,423,205	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0.087403	0	3,150	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.375182	0	23,639	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.923220	0	973,193	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.923231	0	9,837	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.690168	0	20,328	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885797	0	115,137	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.607958	0	258,849	470	0	73.00
76.00	03020 SLEEP LAB	0.838898	0	31,253	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0.000000	0	0	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	1.763989	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	6.835707	0	10,667	0	0	90.00
91.00	09100 EMERGENCY	1.362908	0	712,466	430	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.377827	0	76,507	0	0	92.00
93.00	04040 FAMILY PRACTICE	0.000000	0	0	0	0	93.00
200.00	Subtotal (see instructions)		0	5,995,826	900	0	200.00
201.00	Less PBP Clinic Lab. Services-Program only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	5,995,826	900	0	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part V
Date/Time Prepared:
1/21/2016 11:31 pm

		Title XVIII		Hospital	Cost
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	502,750	0	50.00
53.00	05300	ANESTHESIOLOGY	93,370	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	653,164	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	469,205	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
64.00	06400	INTRAVENOUS THERAPY	275	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,869	0	65.00
66.00	06600	PHYSICAL THERAPY	898,471	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,082	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,030	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,988	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	157,369	286	73.00
76.00	03020	SLEEP LAB	26,218	0	76.00
76.01	03950	PAIN CLINIC / SERVICE	0	0	76.01
76.02	03530	SNF PHYSICAL THERAPY - SCC THERAPY	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	72,916	0	90.00
91.00	09100	EMERGENCY	971,026	586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	105,413	0	92.00
93.00	04040	FAMILY PRACTICE	0	0	93.00
200.00		Subtotal (see instructions)	4,084,146	872	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	4,084,146	872	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part V
Date/Time Prepared:
1/21/2016 11:31 pm

Component CCN: 142302

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.927521	0	0	0	0	50.00
53.00 05300 ANESTHESIOLOGY	0.777930	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.389824	0	0	0	0	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.329682	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0.087403	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.375182	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.923220	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.923231	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.690168	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885797	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.607958	0	0	0	0	73.00
76.00 03020 SLEEP LAB	0.838898	0	0	0	0	76.00
76.01 03950 PAIN CLINIC / SERVICE	0.000000	0	0	0	0	76.01
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	1.763989	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 09000 CLINIC	6.835707	0	0	0	0	90.00
91.00 09100 EMERGENCY	1.362908	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.377827	0	0	0	0	92.00
93.00 04040 FAMILY PRACTICE	0.000000	0	0	0	0	93.00
200.00 Subtotal (see instructions)		0	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part V
Date/Time Prepared:
1/21/2016 11:31 pm

Component CCN: 14Z302

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0			50.00
53.00 05300 ANESTHESIOLOGY	0	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
57.00 05700 CT SCAN	0	0			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000 LABORATORY	0	0			60.00
60.01 06001 BLOOD LABORATORY	0	0			60.01
64.00 06400 INTRAVENOUS THERAPY	0	0			64.00
65.00 06500 RESPIRATORY THERAPY	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800 SPEECH PATHOLOGY	0	0			68.00
69.00 06900 ELECTROCARDIOLOGY	0	0			69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00 03020 SLEEP LAB	0	0			76.00
76.01 03950 PAIN CLINIC / SERVICE	0	0			76.01
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0			76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00 09000 CLINIC	0	0			90.00
91.00 09100 EMERGENCY	0	0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00 04040 FAMILY PRACTICE	0	0			93.00
200.00 Subtotal (see instructions)	0	0			200.00
201.00 Less PBP Clinic Lab. Services-Program only Charges	0	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0			202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141302
Component CCN: 146140

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Title XVIII				Skilled Nursing Facility	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	0 50.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0 54.00
57.00	05700 CT SCAN	0	0	0	0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0 59.00
60.00	06000 LABORATORY	0	0	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	0 60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0 73.00
76.00	03020 SLEEP LAB	0	0	0	0	0	0 76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0	0	0	0 76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0 89.00
90.00	09000 CLINIC	0	0	0	0	0	0 90.00
91.00	09100 EMERGENCY	0	0	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0 92.00
93.00	04040 FAMILY PRACTICE	0	0	0	0	0	0 93.00
200.00	Total (lines 50-199)	0	0	0	0	0	0 200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141302
Component CCN: 146140

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Skilled Nursing Facility		Inpatient Program Charges
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)		
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	1,353,144	0.000000	0.000000		0 50.00
53.00	05300 ANESTHESIOLOGY	0	296,510	0.000000	0.000000		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,226,300	0.000000	0.000000		0 54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000		0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000		0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0 59.00
60.00	06000 LABORATORY	0	3,312,110	0.000000	0.000000	1,718	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000		0 60.01
64.00	06400 INTRAVENOUS THERAPY	0	322,484	0.000000	0.000000		0 64.00
65.00	06500 RESPIRATORY THERAPY	0	135,822	0.000000	0.000000		0 65.00
66.00	06600 PHYSICAL THERAPY	0	2,177,747	0.000000	0.000000		0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	171,228	0.000000	0.000000	2,895	67.00
68.00	06800 SPEECH PATHOLOGY	0	54,139	0.000000	0.000000		0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000		0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	314,387	0.000000	0.000000		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,026,923	0.000000	0.000000	3,220	73.00
76.00	03020 SLEEP LAB	0	46,002	0.000000	0.000000		0 76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	0.000000	0.000000		0 76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	6,970	0.000000	0.000000	6,969	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	2,237,271	0.000000	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0 89.00
90.00	09000 CLINIC	0	37,500	0.000000	0.000000		0 90.00
91.00	09100 EMERGENCY	0	1,846,102	0.000000	0.000000		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	124,086	0.000000	0.000000		0 92.00
93.00	04040 FAMILY PRACTICE	0	0	0.000000	0.000000		0 93.00
200.00	Total (lines 50-199)	0	18,688,725			14,802	200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141302 Component CCN: 146140	Period: From 10/01/2014 To 09/30/2015	worksheet D Part IV Date/Time Prepared: 1/21/2016 11:31 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 SLEEP LAB	0	0	0	0	0	76.00
76.01 03950 PAIN CLINIC / SERVICE	0	0	0	0	0	76.01
76.02 03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY PRACTICE	0	0	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141302
Component CCN: 146140

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
1/21/2016 11:31 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 SLEEP LAB	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY PRACTICE	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D-1

Date/Time Prepared:
1/21/2016 11:31 pm

	Title XVIII	Hospital	Cost	
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,961	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		476	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		378	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		249	5.00
6.00	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)		1,171	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		6	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		59	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		309	9.00
10.00	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)		230	10.00
11.00	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)		1,074	11.00
12.00	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		0	12.00
13.00	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)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		135.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		140.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,316,763	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		810	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		8,260	25.00
26.00	Total swing-bed cost (see instructions)		2,486,345	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		830,418	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		830,418	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,744.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		539,069	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		539,069	41.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Title XVIII			Hospital	Cost
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					232,475 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					771,544 49.00
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0 53.00
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0 54.00
55.00	Target amount per discharge					0.00 55.00
56.00	Target amount (line 54 x line 55)					0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0 57.00
58.00	Bonus payment (see instructions)					0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00 59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00 60.00
61.00	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)					0 61.00
62.00	Relief payment (see instructions)					0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0 63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					401,249 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					1,873,657 65.00
66.00	TOTAL Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					2,274,906 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0 69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					98 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,744.58 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					170,969 89.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D-1

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description	Cost	Title XVIII		Hospital		
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,171,246	830,418	1.410429	170,969	241,140	90.00
91.00 Nursing School cost	0	830,418	0.000000	170,969	0	91.00
92.00 Allied health cost	0	830,418	0.000000	170,969	0	92.00
93.00 All other Medical Education	0	830,418	0.000000	170,969	0	93.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141302

Period:

Worksheet D-1

Component CCN: 146140

From 10/01/2014
To 09/30/2015

Date/Time Prepared:
1/21/2016 11:31 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		1.00
PART I - ALL PROVIDER COMPONENTS		
INPATIENT DAYS		
1.00 Inpatient days (including private room days and swing-bed days, excluding newborn)	56	1.00
2.00 Inpatient days (including private room days, excluding swing-bed and newborn days)	56	2.00
3.00 Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00 Semi-private room days (excluding swing-bed and observation bed days)	56	4.00
5.00 Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00 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)	0	6.00
7.00 Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00 Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00 Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	55	9.00
10.00 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)	0	10.00
11.00 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)	0	11.00
12.00 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	0	12.00
13.00 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)	0	13.00
14.00 Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00 Total nursery days (title V or XIX only)	0	15.00
16.00 Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT		
17.00 Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17.00
18.00 Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00 Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00 Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00 Total general inpatient routine service cost (see instructions)	33,547	21.00
22.00 Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00 Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00 Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00 Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00 Total swing-bed cost (see instructions)	0	26.00
27.00 General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	33,547	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00 General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00 Private room charges (excluding swing-bed charges)	0	29.00
30.00 Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00 General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00 Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00 Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00 Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00 Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00 Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	33,547	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00 Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00 Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00 Total Program general inpatient routine service cost (line 39 + line 40)		41.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141302

Period: From 10/01/2014

Worksheet D-1

Component CCN: 146140

To 09/30/2015

Date/Time Prepared: 1/21/2016 11:31 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 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)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					33,547	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					599.05	71.00
72.00 Program routine service cost (line 9 x line 71)					32,948	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					32,948	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					32,948	83.00
84.00 Program inpatient ancillary services (see instructions)					17,490	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					50,438	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141302

Period:

Worksheet D-1

Component CCN: 146140

From 10/01/2014
To 09/30/2015

Date/Time Prepared:
1/21/2016 11:31 pm

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet D-3

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Title XVIII			Hospital		Cost
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)			
		1.00	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		360,780			30.00	
41.00	04100 SUBPROVIDER - IRF		0			41.00	
42.00	04200 SUBPROVIDER		0			42.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.927521	0	0		50.00	
53.00	05300 ANESTHESIOLOGY	0.777930	0	0		53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.389824	80,267	31,290		54.00	
57.00	05700 CT SCAN	0.000000	0	0		57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0		58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0		59.00	
60.00	06000 LABORATORY	0.329682	107,877	35,565		60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0		60.01	
64.00	06400 INTRAVENOUS THERAPY	0.087403	750	66		64.00	
65.00	06500 RESPIRATORY THERAPY	0.375182	38,095	14,293		65.00	
66.00	06600 PHYSICAL THERAPY	0.923220	21,320	19,683		66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.923231	4,250	3,924		67.00	
68.00	06800 SPEECH PATHOLOGY	0.690168	0	0		68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0		69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885797	13,171	11,667		71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0		72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.607958	157,206	95,575		73.00	
76.00	03020 SLEEP LAB	0.838898	0	0		76.00	
76.01	03950 PAIN CLINIC / SERVICE	0.000000	0	0		76.01	
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	1.763989	0	0		76.02	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000		0		88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0		89.00	
90.00	09000 CLINIC	6.835707	0	0		90.00	
91.00	09100 EMERGENCY	1.362908	14,829	20,211		91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.377827	146	201		92.00	
93.00	04040 FAMILY PRACTICE	0.000000	0	0		93.00	
200.00	Total (sum of lines 50-94 and 96-98)		437,911	232,475		200.00	
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0		201.00	
202.00	Net Charges (line 200 minus line 201)		437,911			202.00	

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 141302

Period:

Worksheet D-3

Component CCN: 142302

From 10/01/2014
To 09/30/2015

Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.927521	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0.777930	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.389824	33,084	12,897	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.329682	118,066	38,924	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
64.00	06400 INTRAVENOUS THERAPY	0.087403	825	72	64.00
65.00	06500 RESPIRATORY THERAPY	0.375182	32,854	12,326	65.00
66.00	06600 PHYSICAL THERAPY	0.923220	319,368	294,847	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.923231	112,928	104,259	67.00
68.00	06800 SPEECH PATHOLOGY	0.690168	5,742	3,963	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885797	19,172	16,983	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.607958	333,141	202,536	73.00
76.00	03020 SLEEP LAB	0.838898	0	0	76.00
76.01	03950 PAIN CLINIC / SERVICE	0.000000	0	0	76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	1.763989	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	6.835707	216	1,477	90.00
91.00	09100 EMERGENCY	1.362908	4,655	6,344	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.377827	0	0	92.00
93.00	04040 FAMILY PRACTICE	0.000000	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		980,051	694,628	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		980,051		202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141302	Period: From 10/01/2014	Worksheet D-3
		Component CCN: 146140	To 09/30/2015	Date/Time Prepared: 1/21/2016 11:31 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.927521	0	50.00
53.00	05300 ANESTHESIOLOGY	0.777930	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.389824	0	54.00
57.00	05700 CT SCAN	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.329682	1,718	566 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
64.00	06400 INTRAVENOUS THERAPY	0.087403	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.375182	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.923220	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.923231	2,895	2,673 67.00
68.00	06800 SPEECH PATHOLOGY	0.690168	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885797	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.607958	3,220	1,958 73.00
76.00	03020 SLEEP LAB	0.838898	0	0 76.00
76.01	03950 PAIN CLINIC / SERVICE	0.000000	0	0 76.01
76.02	03530 SNF PHYSICAL THERAPY - SCC THERAPY	1.763989	6,969	12,293 76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	6.835707	0	0 90.00
91.00	09100 EMERGENCY	1.362908	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.377827	0	0 92.00
93.00	04040 FAMILY PRACTICE	0.000000	0	0 93.00
200.00	Total (sum of lines 50-94 and 96-98)		14,802	17,490 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		14,802	202.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141302	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 1/21/2016 11:31 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			4,085,018 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			4,085,018 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			4,125,868 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			14,329 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			903,906 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			3,207,633 27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			3,207,633 30.00
31.00	Primary payer payments			11,074 31.00
32.00	Subtotal (line 30 minus line 31)			3,196,559 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			64,615 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			42,000 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			45,534 36.00
37.00	Subtotal (see instructions)			3,238,559 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			3,238,559 40.00
40.01	Sequestration adjustment (see instructions)			64,771 40.01
41.00	Interim payments			3,020,177 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			153,611 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	override of Ancillary service charges (line 12)			0 112.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141302 Component CCN: 146140	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 1/21/2016 11:31 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/21/2016 11:31 pm

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		780,062		3,581,793		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	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. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	04/07/2015	5,417			0	3.01
3.02		09/22/2015	5,194			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	04/07/2015	294,564		3.50
3.51			0	09/22/2015	267,052		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		10,611		-561,616		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		790,673		3,020,177		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		153,611		6.01
6.02	SETTLEMENT TO PROGRAM		141,338		0		6.02
7.00	Total Medicare program liability (see instructions)		649,335		3,173,788		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141302

Period:
From 10/01/2014

Worksheet E-1

Component CCN: 14Z302

To 09/30/2015

Part I

Date/Time Prepared:
1/21/2016 11:31 pm

Title XVIII

Swing Beds - SNF

Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,183,513		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	04/07/2015	20,480		0	3.01
3.02		09/22/2015	22,325		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		42,805		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		3,226,318		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		304,069		0	6.02
7.00	Total Medicare program liability (see instructions)		2,922,249		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141302
Component CCN: 146140

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
1/21/2016 11:31 pm
PPS

Title XVIII

Skilled Nursing
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,125		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		16,125		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,125		0	7.00
			0	Contractor Number 1.00	NPR Date (Mo/Day/Yr) 2.00	
8.00	Name of Contractor					8.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
1/21/2016 11:31 pm

	Title XVIII	Hospital	Cost	
			1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14		137	1.00
2.00	Medicare days from wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		309	2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2		9	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		378	4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200		23,863,657	5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20		145,120	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168		58,663	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		58,663	8.00
9.00	Sequestration adjustment amount (see instructions)		1,173	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		57,490	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		57,490	32.00
			Overrides	
			1.00	
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 141302

Period:

Worksheet E-2

Component CCN: 142302

From 10/01/2014
To 09/30/2015

Date/Time Prepared:
1/21/2016 11:31 pm

Title XVIII		Swing Beds - SNF		Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	2,297,655	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from wkst. D-3, col. 3, line 200, for Part A, and sum of wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	701,574	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	1,304	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	2,999,229	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	2,999,229	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	2,999,229	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	23,808	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	2,975,421	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	16.50
16.55	410A RURAL DEMONSTRATION PROJECT	0		16.55
17.00	Allowable bad debts (see instructions)	9,948	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	6,466	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	9,948	0	18.00
19.00	Total (see instructions)	2,981,887	0	19.00
19.01	Sequestration adjustment (see instructions)	59,638	0	19.01
20.00	Interim payments	3,226,318	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	-304,069	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-3
Part V
Date/Time Prepared:
1/21/2016 11:31 pm

	Title XVIII	Hospital	Cost	
			1.00	
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services		771,544	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		771,544	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		779,259	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		779,259	19.00
20.00	Deductibles (exclude professional component)		118,310	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)		660,949	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		660,949	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,520	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		1,638	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,520	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		662,587	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	29.50
29.99	Recovery of Accelerated Depreciation		0	29.99
30.00	Subtotal (see instructions)		662,587	30.00
30.01	Sequestration adjustment (see instructions)		13,252	30.01
31.00	Interim payments		790,673	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)		-141,338	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	34.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 141302	Period: From 10/01/2014	Worksheet E-3
Component CCN: 146140	To 09/30/2015	Part VI
Title XVIII	Skilled Nursing Facility	Date/Time Prepared: 1/21/2016 11:31 pm
		PPS

		1.00	
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES			
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
1.00	Resource Utilization Group Payment (RUGS)	16,454	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	16,454	4.00
COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	0	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	16,454	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions)	16,454	15.00
15.01	Sequestration adjustment (see instructions)	329	15.01
16.00	Interim payments	16,125	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet G

Date/Time Prepared:
1/21/2016 11:31 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,504,781	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	6,429,279	0	0	0	4.00
5.00	Other receivable	206,622	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,308,517	0	0	0	6.00
7.00	Inventory	367,858	0	0	0	7.00
8.00	Prepaid expenses	140,804	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	6,340,827	0	0	0	11.00
FIXED ASSETS						
12.00	Land	559,916	0	0	0	12.00
13.00	Land improvements	3,817,882	0	0	0	13.00
14.00	Accumulated depreciation	-1,978,493	0	0	0	14.00
15.00	Buildings	38,657,878	0	0	0	15.00
16.00	Accumulated depreciation	-15,202,047	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	8,899,495	0	0	0	23.00
24.00	Accumulated depreciation	-7,118,075	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	2,556,630	0	0	0	27.00
28.00	Accumulated depreciation	-539,233	0	0	0	28.00
29.00	Minor equipment-nondepreciable	36,153	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	29,690,106	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,694,822	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,658,972	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,353,794	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	44,384,727	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	817,625	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,028,495	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	517,039	0	0	0	40.00
41.00	Deferred income	1,532,522	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	400,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,295,681	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	44,126,917	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	44,126,917	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,422,598	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-5,037,871	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-5,037,871	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	44,384,727	0	0	0	60.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-1

Date/Time Prepared:
1/21/2016 11:31 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-4,479,360		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-582,480				2.00
3.00	Total (sum of line 1 and line 2)		-5,061,840		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RESTRICTED INVESTMENT INCOME	23,969		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		23,969		0		10.00
11.00	Subtotal (line 3 plus line 10)		-5,037,871		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-5,037,871		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	RESTRICTED INVESTMENT INCOME		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	ROUNDING		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/21/2016 11:31 pm

Cost Center Description		Inpatient 1.00	Outpatient 2.00	Total 3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,685,537		1,685,537	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	36,614		36,614	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	3,452,781		3,452,781	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	5,174,932		5,174,932	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,174,932		5,174,932	17.00
18.00	Ancillary services	1,580,326		1,580,326	18.00
19.00	Outpatient services	0	14,871,126	14,871,126	19.00
20.00	RURAL HEALTH CLINIC	0	2,237,271	2,237,271	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	3,044,571	3,044,571	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	6,755,258	20,152,968	26,908,226	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		21,988,419		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBTS	1,051,885			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		1,051,885		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		23,040,304		43.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-3

Date/Time Prepared:
1/21/2016 11:31 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	26,908,226	1.00
2.00	Less contractual allowances and discounts on patients' accounts	6,610,834	2.00
3.00	Net patient revenues (line 1 minus line 2)	20,297,392	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	23,040,304	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,742,912	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	55,918	6.00
7.00	Income from investments	8,889	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	257,339	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	166,178	17.00
18.00	Revenue from sale of medical records and abstracts	3,474	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	31,117	22.00
23.00	Governmental appropriations	17,372	23.00
24.00	AQUATICS REVENUE	23,911	24.00
24.01	ASSISTED LIVING UNITS	689,847	24.01
24.02	ADULT DAY CARE PROGRAM	230,247	24.02
24.03	FITNESS CENTER REVENUE	150,244	24.03
24.04	GRANT REVENUE	474,603	24.04
24.05	MISCELLANEOUS REVENUE	51,093	24.05
24.06	GAIN ON SALE OF EQUIPMENT	200	24.06
25.00	Total other income (sum of lines 6-24)	2,160,432	25.00
26.00	Total (line 5 plus line 25)	-582,480	26.00
27.00		0	27.00
27.01		0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-582,480	29.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED
HEALTH CENTER COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet M-1

Component CCN: 148511

Date/Time Prepared:
1/21/2016 11:31 pm

		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I Reclassificati ons	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	795,934	0	795,934	96,753	892,687	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	153,469	0	153,469	-40,931	112,538	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	258,762	0	258,762	0	258,762	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	128,501	128,501	-69,139	59,362	9.00
10.00	Subtotal (sum of lines 1 through 9)	1,208,165	128,501	1,336,666	-13,317	1,323,349	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	8,299	8,299	0	8,299	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	8,299	8,299	0	8,299	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,208,165	136,800	1,344,965	-13,317	1,331,648	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	160,279	184,742	345,021	0	345,021	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	160,279	184,742	345,021	0	345,021	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,368,444	321,542	1,689,986	-13,317	1,676,669	32.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED
HEALTH CENTER COSTS

Provider CCN: 141302

Period:
From 10/01/2014
To 09/30/2015

Worksheet M-1

Component CCN: 148511

Date/Time Prepared:
1/21/2016 11:31 pm

Rural Health
Clinic (RHC) I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	-34,971	857,716	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	112,538	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	258,762	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	-921	58,441	9.00
10.00	Subtotal (sum of lines 1 through 9)	-35,892	1,287,457	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	8,299	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	0	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	8,299	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-35,892	1,295,756	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	0	345,021	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	345,021	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-35,892	1,640,777	32.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 141302

Period: From 10/01/2014

Worksheet M-2

Component CCN: 148511

To 09/30/2015

Date/Time Prepared: 1/21/2016 11:31 pm

Rural Health Clinic (RHC) I

Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	2.56	8,232	3,990	10,214		1.00
2.00	Physician Assistant	0.00	0	1,995	0		2.00
3.00	Nurse Practitioner	1.00	1,879	1,995	1,995		3.00
4.00	Subtotal (sum of lines 1 through 3)	3.56	10,111		12,209	12,209	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	3.56	10,111			12,209	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES							
10.00	Total costs of health care services (from wkst. M-1, col. 7, line 22)					1,295,756	10.00
11.00	Total nonreimbursable costs (from wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,295,756	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total facility overhead - (from wkst. M-1, col. 7, line 31)					345,021	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,475,052	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,820,073	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Subtotal (see instructions)					1,820,073	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)					1,820,073	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)					3,115,829	20.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

Provider CCN: 141302
Component CCN: 148511

Period:
From 10/01/2014
To 09/30/2015

Worksheet M-3
Date/Time Prepared:
1/21/2016 11:31 pm

		Title XVIII	Rural Health Clinic (RHC) I	Cost
		1.00		
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from wkst. M-2, line 20)		3,115,829	1.00
2.00	Cost of vaccines and their administration (from wkst. M-4, line 15)		252,659	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		2,863,170	3.00
4.00	Total Visits (from wkst. M-2, column 5, line 8)		12,209	4.00
5.00	Physicians visits under agreement (from wkst. M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		12,209	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		234.51	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	79.80	80.44	8.00
9.00	Rate for Program covered visits (see instructions)	234.51	234.51	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	2,697	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	632,473	0	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		632,473	16.00
16.01	Total program charges (see instructions)(from contractor's records)		594,616	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		9,975	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		10,610	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		464,327	16.04
16.05	Total program cost (see instructions)		474,937	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		41,454	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		108,634	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		474,937	20.00
21.00	Program cost of vaccines and their administration (from wkst. M-4, line 16)		130,868	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		605,805	22.00
23.00	Allowable bad debts (see instructions)		863	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		561	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	SEQUESTRATION		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
26.00	Net reimbursable amount (see instructions)		606,366	26.00
26.01	Sequestration adjustment (see instructions)		12,127	26.01
27.00	Interim payments		554,771	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)		39,468	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 141302 Component CCN: 148511	Period: From 10/01/2014 To 09/30/2015	Worksheet M-4 Date/Time Prepared: 1/21/2016 11:31 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
		Pneumococcal		Influenza
		1.00	2.00	
1.00	Health care staff cost (from wkst. M-1, col. 7, line 10)	1,287,457	1,287,457	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.002536	0.002051	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	3,265	2,641	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	91,418	7,747	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	94,683	10,388	5.00
6.00	Total direct cost of the facility (from wkst. M-1, col. 7, line 22)	1,295,756	1,295,756	6.00
7.00	Total overhead (from wkst. M-2, line 16)	1,820,073	1,820,073	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.073072	0.008017	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	132,996	14,592	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	227,679	24,980	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	633	512	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	359.68	48.79	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	326	279	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	117,256	13,612	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to wkst. M-3, line 2)		252,659	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to wkst. M-3, line 21)		130,868	16.00

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Health Financial Systems

MIDWEST MEDICAL CENTER

In Lieu of Form CMS-2552-10

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES
RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 141302
Component CCN: 148511

Period:
From 10/01/2014
To 09/30/2015

Worksheet M-5
Date/Time Prepared:
1/21/2016 11:31 pm

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		540,633	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	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. (1)			3.00
Program to Provider				
3.01		04/07/2015	7,040	3.01
3.02		09/22/2015	7,098	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		14,138	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to worksheet M-3, line 27)		554,771	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		39,468	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		594,239	7.00
		0		
		1.00		
		2.00		
8.00	Name of Contractor			8.00