

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☒ Electronically filed cost report Date: 11/26/2018 Time: 09:42 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☒ Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY MEDICAL CENTER-CLINTON (16-0080) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2017 and ending 06/30/2018, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) WILLIAM R. MURDOCK
Chief Financial Officer or Administrator of Provider(s)

VICE PRESIDENT - FINANCE
Title

11/26/2018 09:42
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII		HIT	TITLE XIX	
	TITLE V	PART A	PART B			
	1	2	3	4	5	
1	HOSPITAL	-22,398	68,284			1
2	SUBPROVIDER - IPF					2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY	-18,842	274			7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	-41,240	68,558			200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions,

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WORKSHEET S
PARTS I, II & III

search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 1410 N FOURTH STREET	P.O. Box:		1
2	City: CLINTON	State: IA	ZIP Code: 52732	County: CLINTON

Hospital and Hospital-Based Component Identification:

							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	MERCY MEDICAL CENTER-CLINTON	16-0080	19340	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	MERCY LIVING CENTER - SOUTH	16-5119	19340		04 / 01 / 1983	N	P	N	9
10	Hospital-Based NF									10
11	Hospital-Based OLTTC									11
12	Hospital-Based HHA	MERCY HOME CARE	16-7154	19340		07 / 01 / 1998	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice	MERCY HOSPICE	16-1527	19340		07 / 01 / 1998				14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	MERCY RENAL DIALYSIS	16-2313	19340		07 / 01 / 1991				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2017	To: 06 / 30 / 2018	20
21	Type of control (see instructions)	1		21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments 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§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
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	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	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.	241	145	210	121	2,386	101	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, 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.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	2		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	1		35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning: 07 / 01 / 2017	Ending: 06 / 30 / 2018	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	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.	Beginning:	Ending:	38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (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)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	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
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	45
46	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	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
	Teaching Hospitals				
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1	2	3	4	

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. Enter in column 4 direct the GME FTE unweighted count.

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64 through 67. (see instructions)	N			63
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PART I**

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.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67

Inpatient Psychiatric Facility PPS

		1	2	3	
70	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
71	If line 70 is yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 is yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N		80
81	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

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.			86
87	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N		87

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PART I**

Title V and XIX Services		V	XIX	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	N	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06

Rural Providers

105	Does this hospital qualify as a CAH?			N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (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.					107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.			N		108
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.					109

1

110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110
		1	2	
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.			111

Miscellaneous Cost Reporting Information

115	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-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	8,428	43,565	44,193	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	Y		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.			126

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	HB1432	140

If this facility is part of a chain organization, enter the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

141	Name: TRINITY HEALTH	Contractor's Name: WPS	Contractor's Number: 08001	141
142	Street: 20555 VICTOR PARKWAY	P.O. Box:		142
143	City: LIVONIA	State: MI	ZIP Code: 48152	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on 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	Y	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y		167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
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	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)	9.99		169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2016	09 / 30 / 2017	170
171	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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	09/28/2018	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts		Y	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

Bed Complement		N	
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2018	Y	11/01/2018	17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.

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

Capital Related Cost		
22	Have assets been relifed for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.	27

Interest Expense		
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.	29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	31

Purchased Services		
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	33

Provider-Based Physicians		
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	35

		Y/N	Date	
Home Office Costs		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: JILL	Last name: TURNES	Title: SR. REIMBURSEMENT ANALST
42	Employer: TRINITY HEALTH		
43	Phone number: 7343430914	E-mail Address: JILL.TURNES@TRINITY-HEALTH.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	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	97	35,405			5,678	464	10,210	1
2	HMO and other (see instructions)						1,378	1,810		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		97	35,405			5,678	464	10,210	7
8	Intensive Care Unit	31	10	3,650			606	202	1,114	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						627	879	13
14	Total (see instructions)		107	39,055			6,284	1,293	12,203	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	97	35,405			2,785	12,828	20,115	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					9,865	96	19,961	22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116					13,389		14,003	24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		204							27
28	Observation Bed Days							334	1,498	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								114	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		4	1,460				101	141	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								44	32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	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)					1,581	200	4,352	1
2	HMO and other (see instructions)					375	851		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		595.12			1,581	200	4,352	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility		70.00						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		40.26						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)		9.81						24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		715.19						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III****Part II - Wage Data**

		Wkst A Line No.	Amount Reported	Reclassi- fication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
	SALARIES							
1	Total salaries (see instructions)	200	41,862,333	-139,534	41,722,799	1,424,199.00	29.30	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B		697,126		697,126	7,074.00	98.55	3
4	Physician-Part A - Administrative		24,572		24,572	120.00	204.77	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		4,144,294		4,144,294	21,067.00	196.72	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel							8
9	SNF	44	2,581,408	-11,060	2,570,348	141,103.00	18.22	9
10	Excluded area salaries (see instructions)		6,028,596	-176,617	5,851,979	256,208.00	22.84	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		1,537,673		1,537,673	24,055.00	63.92	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		465,961		465,961	2,289.00	203.57	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		4,108,381		4,108,381	83,208.00	49.37	14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		10,726,068		10,726,068			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,110,813		2,110,813			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		216,149		216,149			21
22	Physician Part A - Administrative		3,626		3,626			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		618,055		618,055			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
25.50	Home office wage-related		1,033,788		1,033,788			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		922,780	48,143	970,923	22,563.00	43.03	26
27	Administrative & General		2,434,843		2,434,843	100,477.00	24.23	27
28	Administrative & General under contract (see instructions)		1,074,981		1,074,981	9,919.00	108.38	28
29	Maintenance & Repairs		521,947		521,947	22,559.00	23.14	29
30	Operation of Plant							30
31	Laundry & Linen Service		78,190		78,190	5,621.00	13.91	31
32	Housekeeping		527,367		527,367	37,917.00	13.91	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		832,189		832,189	46,775.00	17.79	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,528,172		1,528,172	42,505.00	35.95	38
39	Central Services and Supply		119,401		119,401	7,203.00	16.58	39
40	Pharmacy		1,343,456		1,343,456	33,165.00	40.51	40
41	Medical Records & Medical Records Library		531,958		531,958	21,594.00	24.63	41
42	Social Service		94,253		94,253	3,277.00	28.76	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		38,095,894	-139,534	37,956,360	1,405,977.00	27.00	1
2	Excluded area salaries (see instructions)		8,610,004	-187,677	8,422,327	397,311.00	21.20	2
3	Subtotal salaries (line 1 minus line 2)		29,485,890	48,143	29,534,033	1,008,666.00	29.28	3
4	Subtotal other wages & related costs (see instructions)		6,112,015		6,112,015	109,552.00	55.79	4

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

5	Subtotal wage-related costs (see instructions)		11,763,482		11,763,482		39.83%	5
6	Total (sum of lines 3 through 5)		47,361,387	48,143	47,409,530	1,118,218.00	42.40	6
7	Total overhead cost (see instructions)		10,009,537	48,143	10,057,680	353,575.00	28.45	7

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HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3
PART IV****Part IV - Wage Related Cost****Part A - Core List**

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,898,428	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	2,079,701	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees	211,242	7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	3,442,034	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan	1,421,041	9
10	Dental, Hearing and Vision Plan	188,449	10
11	Life Insurance (If employee is owner or beneficiary)	36,105	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	435,640	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	605,843	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	2,872,477	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	125,689	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances	207,703	22
23	Tuition Reimbursement	150,359	23
24	Total Wage Related cost (Sum of lines 1-23)	13,674,711	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,537,673	13,458,562	1
2	Hospital	1,537,673	10,726,068	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF		1,185,329	8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA		1,084,948	11
12	Separately Certified ASC			12
13	Hospital-Based Hospice		178,349	13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis		283,868	17
18	Other			18

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA**HHA CCN: 16-7154****WORKSHEET S-4**

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours		532	2	2,144	2,678	1
2	Unduplicated Census Count (see instructions)		521.00	4.00	329.00	854.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)			
		Staff 1	Contract 2	Total 3	
3	Administrator and Assistant Administrator(s)	4.06		4.06	3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel	9.34		9.34	5
6	Direct Nursing Service	11.93		11.93	6
7	Nursing Supervisor				7
8	Physical Therapy Service	2.77		2.77	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	0.85		0.85	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	0.26		0.26	12
13	Speech Pathology Supervisor				13
14	Medical Social Service	0.12		0.12	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	2.03		2.03	16
17	Home Health Aide Supervisor				17
18	DME AND PRIVATE DUTY	12.91	0.60	13.51	18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	2	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	99914	20
20.01		99916	20.01

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	5,172	55	155	119	5,501	21
22	Skilled Nursing Visit Charges	920,160	9,900	27,900	21,420	979,380	22
23	Physical Therapy Visits	2,308	10	9	41	2,368	23
24	Physical Therapy Visit Charges	413,820	1,800	1,620	7,380	424,620	24
25	Occupational Therapy Visits	1,118		4	32	1,154	25
26	Occupational Therapy Visit Charges	200,700		720	5,760	207,180	26
27	Speech Pathology Visits	158		3	10	171	27
28	Speech Pathology Visit Charges	28,440		540	1,800	30,780	28
29	Medical Social Service Visits	81		4	5	90	29
30	Medical Social Service Visit Charges	16,200		800	1,000	18,000	30
31	Home Health Aide Visits	641			5	646	31
32	Home Health Aide Visit Charges	48,075			375	48,450	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,478	65	175	212	9,930	33
34	Other Charges	21,398	421	177	234	22,230	34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	1,648,793	12,121	31,757	37,969	1,730,640	35
36	Total Number of Episodes (standard/non-outlier)	632		66	21	719	36
37	Total Number of Ourlier Episodes		2			2	37
38	Total Non-Routine Medical Supply Charges	12,181	72	1,850	34	14,137	38

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA**WORKSHEET S-5****RENAL DIALYSIS STATISTICS**

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	56						1
2	Number of times per week patient receives dialysis	3.50						2
3	Average patient dialysis time including setup	4.00						3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished	312						5
6	Number of stations	13						6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	0.75						8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)	N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)	Y		10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)			10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list		11
12	Number of patients transplanted during the cost reporting period		12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider		13
14	Epoetin amount from Worksheet A for home dialysis program		14
15	Number of EPO units furnished relating to the renal dialysis department		15
16	Number of EPO units furnished relating to the home dialysis department		16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider		17
18	ARANESP amount from Worksheet A for home dialysis program		18
19	Number of ARANESP units furnished relating to the renal dialysis department		19
20	Number of ARANESP units furnished relating to the home dialysis department		20

PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))

21	MCP	INITIAL METHOD	
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Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETINE-EPO AL	117,105		110,912		22

LOW VOLUME		CCN	Treatments			
		1	2			
23	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18 and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)					23

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA**WORKSHEET S-7**

		Y/N	DATE	
		1	2	
1	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter 'Y' for yes and do not complete the rest of this worksheet.	N		1
2	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N	/ /	2

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	39		39	4
5	RVX				5
6	RVL				6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	323		323	12
13	RUB	803		803	13
14	RUA	237		237	14
15	RVC	190		190	15
16	RVB	227		227	16
17	RVA	122		122	17
18	RHC	131		131	18
19	RHB	103		103	19
20	RHA	51		51	20
21	RMC	38		38	21
22	RMB	65		65	22
23	RMA	39		39	23
24	RLB				24
25	RLA	3		3	25
26	ES3				26
27	ES2	17		17	27
28	ES1	12		12	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1	42		42	32
33	HC2				33
34	HC1	5		5	34
35	HB2				35
36	HB1	13		13	36
37	LE2				37
38	LE1	20		20	38
39	LD2	39		39	39
40	LD1	8		8	40
41	LC2				41
42	LC1	43		43	42
43	LB2				43
44	LB1	4		4	44
45	CE2				45
46	CE1	7		7	46
47	CD2				47
48	CD1	19		19	48
49	CC2				49
50	CC1	20		20	50
51	CB2				51
52	CB1				52
53	CA2				53
54	CA1	98		98	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA**WORKSHEET S-7**

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1	19		19	72
73	PC2				73
74	PC1	28		28	74
75	PB2				75
76	PB1				76
77	PA2				77
78	PA1	14		14	78
199	AAA	6		6	199
200	TOTAL	2,785		2,785	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).			201

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter 'Y' or 'N' for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing	3,276,163	71.40%	Y	202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (ALL OTHER EXPENSES)	2,559,403	55.78%	Y	206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	4,588,645			207

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HOSPITAL-BASED HOSPICE IDENTIFICATION DATA**HOSPICE CCN: 16-1527****WORKSHEET S-9
PARTS I THROUGH IV****PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015**

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
1	Continuous Home Care							1
2	Routine Home Care							2
3	Inpatient Respite Care							3
4	General Inpatient Care							4
5	Total Hospice Days							5

PART II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015

		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2, & 5)	
		1	2	3	4	5	6	
6	Number of Patients Receiving Hospice Care							6
7	Total Number of Unduplicated Continuous Care Hours Billable to Medicare							7
8	Average Length of Stay (line 5/line 6)							8
9	Unduplicated Census Count							9

PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Unduplicated Days				
		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
10	Hospice Continuous Home Care					10
11	Hospice Routine Home Care	13,397		575	13,972	11
12	Hospice Inpatient Respite Care	16		12	28	12
13	Hospice General Inpatient Care	3			3	13
14	Total Hospice Days	13,416		587	14,003	14

PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1	2	3	4	
15	Hospice Inpatient Respite Care	16		12	28	15
16	Hospice General Inpatient Care	3			3	16

NOTE: Parts I and II, columns 1 and 2 also include the days reported in column 3 and 4.

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.316138	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	10,583,712	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid		5
6	Medicaid charges	39,220,156	6
7	Medicaid cost (line 1 times line 6)	12,398,982	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.	1,815,270	8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP		9
10	Stand-alone SCHIP charges		10
11	Stand-alone SCHIP cost (line 1 times line 10)		11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.		12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)	21,675	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	48,982	14
15	State or local indigent care program cost (line 1 times line 14)	15,485	15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.		16

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations	12,891	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,815,270	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	3,616,130	400,509	4,016,639	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,143,196	400,509	1,543,705	21
22	Payments received from patients for amounts previously written off as charity care	176,340	91,288	267,628	22
23	Cost of charity care (line 21 minus line 22)	966,856	309,221	1,276,077	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	1,941,875	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	198,173	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)	304,882	27.0
1			1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,636,993	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	624,225	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	1,900,302	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,715,572	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		2,438,186	2,438,186	745,146	3,183,332	-776,792	2,406,540	1
1.01	00101	CAP REL COSTS-1970				25,506	25,506		25,506	1.01
1.02	00102	CAP REL BLUFF BLDG				1,246	1,246		1,246	1.02
1.03	00103	CAP REL COSTS-RADIATION ONCOLOGY				417	417		417	1.03
2	00200	Cap Rel Costs-Mvble Equip				3,244,600	3,244,600	319,703	3,564,303	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	922,780	747,936	1,670,716	6,072,642	7,743,358	2,161,416	9,904,774	4
5.02	00550	A&G-INFO SERVICE	189,932	6,498,833	6,688,765	-68,773	6,619,992	-1,741,448	4,878,544	5.02
5.03	00560	A&G-PURCHASING, STORES	402,671	34,036	436,707	-83,799	352,908	-142,327	210,581	5.03
5.04	00570	A&G-ADMITTING, REGIST	647,806	725,881	1,373,687	-135,800	1,237,887		1,237,887	5.04
5.06	00590	A&G-ALL OTHER	1,194,434	7,381,822	8,576,256	-296,409	8,279,847	46,653	8,326,500	5.06
6	00600	Maintenance & Repairs	521,947	2,535,836	3,057,783	-116,362	2,941,421	-1,593,066	1,348,355	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	78,190	41,906	120,096	270,463	390,559		390,559	8
9	00900	Housekeeping	527,367	404,668	932,035	-145,993	786,042	-14,000	772,042	9
10	01000	Dietary	832,189	650,428	1,482,617	-98,533	1,384,084	-504,832	879,252	10
11	01100	Cafeteria								11
13	01300	Nursing Administration	1,528,172	717,345	2,245,517	-225,489	2,020,028	-2,578	2,017,450	13
14	01400	Central Services & Supply	119,401	163,681	283,082	-127,828	155,254		155,254	14
15	01500	Pharmacy	1,343,456	3,079,397	4,422,853	-672,212	3,750,641	-22,424	3,728,217	15
16	01600	Medical Records & Library	531,958	241,941	773,899	-88,675	685,224	540	685,764	16
17	01700	Social Service	94,253	19,930	114,183	-13,601	100,582		100,582	17
19	01900	Nonphysician Anesthetists				697,126	697,126	-697,126		19
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	6,345,445	3,286,633	9,632,078	-1,609,826	8,022,252	-545,610	7,476,642	30
31	03100	Intensive Care Unit	1,003,720	408,200	1,411,920	-291,118	1,120,802	-393	1,120,409	31
43	04300	Nursery	58,902	61,183	120,085	-26,085	94,000	-367	93,633	43
44	04400	Skilled Nursing Facility	2,581,408	3,254,158	5,835,566	-737,807	5,097,759	-119,074	4,978,685	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,651,003	5,444,877	7,095,880	-3,794,092	3,301,788	-148,228	3,153,560	50
51	05100	Recovery Room	255,230	71,353	326,583	-50,862	275,721		275,721	51
52	05200	Delivery Room & Labor Room	169,116	76,739	245,855	-52,388	193,467		193,467	52
53	05300	Anesthesiology	1,147,002	231,190	1,378,192	-786,108	592,084	-438,467	153,617	53
54	05400	Radiology-Diagnostic	1,384,261	1,665,779	3,050,040	-984,914	2,065,126	-117,892	1,947,234	54
54.01	03470	RADIATION ONCOLOGY	248,590	411,760	660,350	-73,588	586,762	-244,557	342,205	54.01
58	05800	MRI	95,276	256,929	352,205	-15,878	336,327		336,327	58
59	05900	Cardiac Catheterization	665,413	2,467,565	3,132,978	-1,705,109	1,427,869	-196,335	1,231,534	59
60	06000	Laboratory	1,112,668	1,620,457	2,733,125	-397,695	2,335,430	-216,407	2,119,023	60
65	06500	Respiratory Therapy	726,703	327,364	1,054,067	-179,419	874,648	-125	874,523	65
66	06600	Physical Therapy	584,348	292,462	876,810	-105,576	771,234	-190	771,044	66
67	06700	Occupational Therapy	324,546	124,633	449,179	-42,364	406,815		406,815	67
68	06800	Speech Pathology	248,743	68,585	317,328	-29,976	287,352		287,352	68
69	06900	Electrocardiology	391,202	186,543	577,745	-94,009	483,736	-9,870	473,866	69
70	07000	Electroencephalography	10,541	7,714	18,255	-5,572	12,683		12,683	70
71	07100	Medical Supplies Charged to Patients				3,029,241	3,029,241		3,029,241	71
72	07200	Impl. Dev. Charged to Patients				2,326,450	2,326,450		2,326,450	72
73	07300	Drugs Charged to Patients				1,262,103	1,262,103		1,262,103	73
74	07400	Renal Dialysis	618,208	818,172	1,436,380	-134,262	1,302,118	-5,156	1,296,962	74
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	5,275,392	2,032,039	7,307,431	-851,912	6,455,519	-3,962,460	2,493,059	90
91	09100	Emergency	2,001,464	3,747,068	5,748,532	-562,843	5,185,689	-741,565	4,444,124	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services		12,274	12,274	-10,121	2,153	-2,153		95
101	10100	Home Health Agency	2,362,798	1,983,895	4,346,693	-713,760	3,632,933	-17,160	3,615,773	101
		SPECIAL PURPOSE COST CENTERS								
113	11300	Interest Expense		712,951	712,951	-712,951				113
116	11600	Hospice	388,409	933,946	1,322,355	222,786	1,545,141	-3,668	1,541,473	116
118		SUBTOTALS (sum of lines 1-117)	38,584,944	56,186,295	94,771,239	1,856,017	96,627,256	-9,735,958	86,891,298	118
		NONREIMBURSABLE COST CENTERS								
194	07950	OTHER NON-REIM								194
194.0	07951	PASSTHRU COSTS	4,867	729	5,596	-544	5,052		5,052	194.0
1										1

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.0 7	07952	PHYSICIAN CLINICS	66,650	10,236	76,886	-5,181	71,705		71,705	194.0 7
194.1 3	07953	NRCC-TENDER CARE(PRENATAL CLASSES)	69,910	22,658	92,568	-9,489	83,079		83,079	194.1 3
194.1 6	07954	NRCC-MLC CENTER	2,371,340	2,737,309	5,108,649	-537,313	4,571,336		4,571,336	194.1 6
194.1 7	07955	CHILD DAY CARE	371,637	173,719	545,356	-341,767	203,589		203,589	194.1 7
194.1 8	07956	MARKETING & ADVERTISING	121,805	287,627	409,432	-20,253	389,179		389,179	194.1 8
194.1 9	07957	FOUNDATION	69,957	16,042	85,999	-10,811	75,188		75,188	194.1 9
194.2 0	07958	RETAIL PHARMACY	201,223	953,639	1,154,862	-930,659	224,203		224,203	194.2 0
200		TOTAL (sum of lines 118-199)	41,862,333	60,388,254	102,250,587		102,250,587	-9,735,958	92,514,629	200

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RECLASSIFICATIONS**WORKSHEET A-6**

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Medical Supplies Charged to P	71		3,029,241
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Impl. Dev. Charged to Patient	72		2,326,450
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	A				
500	Total reclassifications					5,355,691
	Code Letter - A					
1	CHARGEABLE DRUGS RECLASS	B	Drugs Charged to Patients	73		1,262,103
2	CHARGEABLE DRUGS RECLASS	B	NRCC-MLC CENTER	194.16		12
3	CHARGEABLE DRUGS RECLASS	B				
4	CHARGEABLE DRUGS RECLASS	B				
5	CHARGEABLE DRUGS RECLASS	B				
6	CHARGEABLE DRUGS RECLASS	B				
500	Total reclassifications					1,262,115
	Code Letter - B					
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Laundry & Linen Service	8		289,040
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				

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RECLASSIFICATIONS**WORKSHEET A-6**

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				18
19	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C				19
500	Total reclassifications					289,040
	Code Letter - C					
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Dietary	10		125,119
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				7
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				8
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				9
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				10
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				11
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				12
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				13
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				14
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				15
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				16
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				17
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				18
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				19
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				20
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				21
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				22
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				23
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				24
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D				25
500	Total reclassifications					125,119

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RECLASSIFICATIONS**WORKSHEET A-6**

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
	Code Letter - D					
1	DIRECT ASSIGNED EMP BENE	E	Employee Benefits Department	4		5,872,008
2	DIRECT ASSIGNED EMP BENE	E				
3	DIRECT ASSIGNED EMP BENE	E				
4	DIRECT ASSIGNED EMP BENE	E				
5	DIRECT ASSIGNED EMP BENE	E				
6	DIRECT ASSIGNED EMP BENE	E				
7	DIRECT ASSIGNED EMP BENE	E				
8	DIRECT ASSIGNED EMP BENE	E				
9	DIRECT ASSIGNED EMP BENE	E				
10	DIRECT ASSIGNED EMP BENE	E				
11	DIRECT ASSIGNED EMP BENE	E				
12	DIRECT ASSIGNED EMP BENE	E				
13	DIRECT ASSIGNED EMP BENE	E				
14	DIRECT ASSIGNED EMP BENE	E				
15	DIRECT ASSIGNED EMP BENE	E				
16	DIRECT ASSIGNED EMP BENE	E				
17	DIRECT ASSIGNED EMP BENE	E				
18	DIRECT ASSIGNED EMP BENE	E				
19	DIRECT ASSIGNED EMP BENE	E				
20	DIRECT ASSIGNED EMP BENE	E				
21	DIRECT ASSIGNED EMP BENE	E				
22	DIRECT ASSIGNED EMP BENE	E				
23	DIRECT ASSIGNED EMP BENE	E				
24	DIRECT ASSIGNED EMP BENE	E				
25	DIRECT ASSIGNED EMP BENE	E				
26	DIRECT ASSIGNED EMP BENE	E				
27	DIRECT ASSIGNED EMP BENE	E				
28	DIRECT ASSIGNED EMP BENE	E				
29	DIRECT ASSIGNED EMP BENE	E				
30	DIRECT ASSIGNED EMP BENE	E				
31	DIRECT ASSIGNED EMP BENE	E				
32	DIRECT ASSIGNED EMP BENE	E				
33	DIRECT ASSIGNED EMP BENE	E				
34	DIRECT ASSIGNED EMP BENE	E				
35	DIRECT ASSIGNED EMP BENE	E				
36	DIRECT ASSIGNED EMP BENE	E				
37	DIRECT ASSIGNED EMP BENE	E				
38	DIRECT ASSIGNED EMP BENE	E				
39	DIRECT ASSIGNED EMP BENE	E				
40	DIRECT ASSIGNED EMP BENE	E				
41	DIRECT ASSIGNED EMP BENE	E				
42	DIRECT ASSIGNED EMP BENE	E				
43	DIRECT ASSIGNED EMP BENE	E				
44	DIRECT ASSIGNED EMP BENE	E				
45	DIRECT ASSIGNED EMP BENE	E				
500	Total reclassifications					5,872,008
	Code Letter - E					
1	BUILDING DEPRECIATION	F	CAP REL COSTS-1970	1.01		25,506
2			CAP REL BLUFF BLDG	1.02		1,246
3			CAP REL COSTS-RADIATION ONCOL	1.03		417
500	Total reclassifications					27,169
	Code Letter - F					
1	INTEREST EXPENSE	G	Cap Rel Costs-Bldg & Fixt	1		712,951
500	Total reclassifications					712,951
	Code Letter - G					
1	CHILDCARE OTHER EXP RECLASS	H	Employee Benefits Department	4	187,677	20,026
500	Total reclassifications				187,677	20,026
	Code Letter - H					
1	MOVEABLE EQUIPMENT	I	Cap Rel Costs-Mvble Equip	2		3,244,600
2						
3						
4						
5						
6						

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RECLASSIFICATIONS
WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36						36
500	Total reclassifications					3,244,600
	Code Letter - I					
1	EMPLOYEE HEALTH & WELLNESS	J	Employee Benefits Department	4		75,896
2	EMPLOYEE HEALTH & WELLNESS	J	Employee Benefits Department	4		63,638
500	Total reclassifications					139,534
	Code Letter - J					
1	HEMOCARE TO HOSPICE RECLASS	K	Hospice	116	148,472	130,019
500	Total reclassifications				148,472	130,019
	Code Letter - K					
1	LTC SHARED EXPENSES	L	NRCC-MLC CENTER	194.16	11,060	13,873
500	Total reclassifications				11,060	13,873
	Code Letter - L					
1	CRNA	M	Nonphysician Anesthetists	19	653,296	43,830
500	Total reclassifications				653,296	43,830
	Code Letter - M					
1	PROPERTY INSURANCE	N	Cap Rel Costs-Bldg & Fixt	1		83,397
500	Total reclassifications					83,397
	Code Letter - N					
	GRAND TOTAL (Increases)				1,000,505	17,319,372

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS**WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Employee Benefits Department	4		176		1
2	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-INFO SERVICE	5.02		1,219		2
3	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-PURCHASING, STORES	5.03		793		3
4	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-ADMITTING, REGIST	5.04		1,973		4
5	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	A&G-ALL OTHER	5.06		260		5
6	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Maintenance & Repairs	6		24		6
7	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Housekeeping	9		5,592		7
8	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Dietary	10		3,491		8
9	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Nursing Administration	13		7		9
10	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Central Services & Supply	14		12,797		10
11	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Pharmacy	15		62,254		11
12	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Medical Records & Library	16		3		12
13	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Social Service	17		4		13
14	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Adults & Pediatrics	30		221,898		14
15	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Intensive Care Unit	31		81,229		15
16	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Nursery	43		6,080		16
17	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Skilled Nursing Facility	44		64,692		17
18	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Operating Room	50		2,941,905		18
19	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Recovery Room	51		2,049		19
20	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Delivery Room & Labor Room	52		26,297		20
21	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Anesthesiology	53		4,830		21
22	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Radiology-Diagnostic	54		52,259		22
23	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	RADIATION ONCOLOGY	54.01		3,870		23
24	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	MRI	58		994		24
25	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Cardiac Catheterization	59		1,234,690		25
26	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Laboratory	60		72,258		26
27	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Respiratory Therapy	65		21,247		27
28	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Physical Therapy	66		1,539		28
29	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Electrocardiology	69		10,141		29
30	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Electroencephalography	70		17		30
31	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Clinic	90		343,533		31
32	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	Emergency	91		131,241		32
33	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	NRCC-MLC CENTER	194.16		45,737		33
34	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	CHILD DAY CARE	194.17		300		34

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RECLASSIFICATIONS**WORKSHEET A-6**

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	
35	CHARGEABLE SUPPLIES AND IMPLANTS REC	A	RETAIL PHARMACY	194.20		292	35
500	Total reclassifications					5,355,691	500
	Code letter - A						
1	CHARGEABLE DRUGS RECLASS	B	Dietary	10		1,752	1
2	CHARGEABLE DRUGS RECLASS	B	Pharmacy	15		184,024	2
3	CHARGEABLE DRUGS RECLASS	B	Radiology-Diagnostic	54		37,501	3
4	CHARGEABLE DRUGS RECLASS	B	Cardiac Catheterization	59		111,149	4
5	CHARGEABLE DRUGS RECLASS	B	Clinic	90		23,034	5
6	CHARGEABLE DRUGS RECLASS	B	RETAIL PHARMACY	194.20		904,655	6
500	Total reclassifications					1,262,115	500
	Code letter - B						
1	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Housekeeping	9		9,957	1
2	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Central Services & Supply	14		1,387	2
3	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Adults & Pediatrics	30		66,347	3
4	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Intensive Care Unit	31		31,888	4
5	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Nursery	43		825	5
6	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Skilled Nursing Facility	44		39,244	6
7	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Operating Room	50		27,342	7
8	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Radiology-Diagnostic	54		14,150	8
9	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	RADIATION ONCOLOGY	54.01		2,324	9
10	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	MRI	58		1,353	10
11	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Cardiac Catheterization	59		1,476	11
12	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Laboratory	60		1,132	12
13	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Physical Therapy	66		1,548	13
14	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Electrocardiology	69		3,008	14
15	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Renal Dialysis	74		6,329	15
16	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Clinic	90		2,425	16
17	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Emergency	91		34,784	17
18	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	Ambulance Services	95		10,121	18
19	LAUNDRY EXPENSE ACCRUAL REVERSAL REC	C	NRCC-MLC CENTER	194.16		33,400	19
500	Total reclassifications					289,040	500
	Code letter - C						
1	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Employee Benefits Department	4		6,338	1
2	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-INFO SERVICE	5.02		55	2
3	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ADMITTING, REGIST	5.04		202	3
4	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	A&G-ALL OTHER	5.06		26,562	4
5	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Nursing Administration	13		616	5
6	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Adults & Pediatrics	30		40,682	6
7	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Intensive Care Unit	31		3,659	7

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RECLASSIFICATIONS**WORKSHEET A-6**

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
8	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Operating Room	50		2,113		8
9	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Radiology-Diagnostic	54		598		9
10	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	RADIATION ONCOLOGY	54.01		130		10
11	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Cardiac Catheterization	59		47		11
12	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Respiratory Therapy	65		91		12
13	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Physical Therapy	66		8		13
14	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Speech Pathology	68		68		14
15	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Electrocardiology	69		116		15
16	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Renal Dialysis	74		386		16
17	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Clinic	90		21		17
18	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Emergency	91		5,647		18
19	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Home Health Agency	101		151		19
20	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	Hospice	116		326		20
21	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	PASSTHRU COSTS	194.01		29		21
22	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-TENDER CARE(PRENATAL CLAS	194.13		916		22
23	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	NRCC-MLC CENTER	194.16		1,990		23
24	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	CHILD DAY CARE	194.17		33,176		24
25	DIETARY EXPENSE ACCRUAL REVERSAL REC	D	MARKETING & ADVERTISING	194.18		1,192		25
500	Total reclassifications					125,119		500
	Code letter - D							
1	DIRECT ASSIGNED EMP BENE	E	A&G-INFO SERVICE	5.02		20,608		1
2	DIRECT ASSIGNED EMP BENE	E	A&G-PURCHASING, STORES	5.03		74,153		2
3	DIRECT ASSIGNED EMP BENE	E	A&G-ADMITTING, REGIST	5.04		133,321		3
4	DIRECT ASSIGNED EMP BENE	E	A&G-ALL OTHER	5.06		154,643		4
5	DIRECT ASSIGNED EMP BENE	E	Maintenance & Repairs	6		84,611		5
6	DIRECT ASSIGNED EMP BENE	E	Laundry & Linen Service	8		18,577		6
7	DIRECT ASSIGNED EMP BENE	E	Housekeeping	9		126,774		7
8	DIRECT ASSIGNED EMP BENE	E	Dietary	10		166,503		8
9	DIRECT ASSIGNED EMP BENE	E	Nursing Administration	13		202,079		9
10	DIRECT ASSIGNED EMP BENE	E	Central Services & Supply	14		24,955		10
11	DIRECT ASSIGNED EMP BENE	E	Pharmacy	15		157,810		11
12	DIRECT ASSIGNED EMP BENE	E	Medical Records & Library	16		84,633		12
13	DIRECT ASSIGNED EMP BENE	E	Social Service	17		13,597		13
14	DIRECT ASSIGNED EMP BENE	E	Adults & Pediatrics	30		918,892		14
15	DIRECT ASSIGNED EMP BENE	E	Intensive Care Unit	31		129,215		15
16	DIRECT ASSIGNED EMP BENE	E	Nursery	43		7,942		16
17	DIRECT ASSIGNED EMP BENE	E	Skilled Nursing Facility	44		508,545		17
18	DIRECT ASSIGNED EMP BENE	E	Operating Room	50		232,531		18
19	DIRECT ASSIGNED EMP BENE	E	Recovery Room	51		30,624		19
20	DIRECT ASSIGNED EMP BENE	E	Delivery Room & Labor Room	52		21,759		20
21	DIRECT ASSIGNED EMP BENE	E	Anesthesiology	53		84,152		21
22	DIRECT ASSIGNED EMP BENE	E	Radiology-Diagnostic	54		194,553		22
23	DIRECT ASSIGNED EMP BENE	E	RADIATION ONCOLOGY	54.01		33,172		23
24	DIRECT ASSIGNED EMP BENE	E	MRI	58		13,531		24
25	DIRECT ASSIGNED EMP BENE	E	Cardiac Catheterization	59		80,123		25
26	DIRECT ASSIGNED EMP BENE	E	Laboratory	60		175,273		26
27	DIRECT ASSIGNED EMP BENE	E	Respiratory Therapy	65		104,236		27
28	DIRECT ASSIGNED EMP BENE	E	Physical Therapy	66		93,012		28
29	DIRECT ASSIGNED EMP BENE	E	Occupational Therapy	67		42,364		29
30	DIRECT ASSIGNED EMP BENE	E	Speech Pathology	68		29,908		30

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RECLASSIFICATIONS**WORKSHEET A-6**

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	
31	DIRECT ASSIGNED EMP BENE	E	Electrocardiology	69		61,096	31
32	DIRECT ASSIGNED EMP BENE	E	Electroencephalography	70		1,740	32
33	DIRECT ASSIGNED EMP BENE	E	Renal Dialysis	74		94,905	33
34	DIRECT ASSIGNED EMP BENE	E	Clinic	90		445,132	34
35	DIRECT ASSIGNED EMP BENE	E	Emergency	91		281,166	35
36	DIRECT ASSIGNED EMP BENE	E	Home Health Agency	101		354,439	36
37	DIRECT ASSIGNED EMP BENE	E	Hospice	116		55,133	37
38	DIRECT ASSIGNED EMP BENE	E	PASSTHRU COSTS	194.01		515	38
39	DIRECT ASSIGNED EMP BENE	E	PHYSICIAN CLINICS	194.07		2,961	39
40	DIRECT ASSIGNED EMP BENE	E	NRCC-TENDER CARE(PRENATAL CLAS	194.13		8,573	40
41	DIRECT ASSIGNED EMP BENE	E	NRCC-MLC CENTER	194.16		449,748	41
42	DIRECT ASSIGNED EMP BENE	E	CHILD DAY CARE	194.17		100,588	42
43	DIRECT ASSIGNED EMP BENE	E	MARKETING & ADVERTISING	194.18		17,393	43
44	DIRECT ASSIGNED EMP BENE	E	FOUNDATION	194.19		10,811	44
45	DIRECT ASSIGNED EMP BENE	E	RETAIL PHARMACY	194.20		25,712	45
500	Total reclassifications					5,872,008	500
	Code letter - E						
1	BUILDING DEPRECIATION	F	Cap Rel Costs-Bldg & Fixt	1		25,506	9 1
2			Cap Rel Costs-Bldg & Fixt	1		1,246	9 2
3			Cap Rel Costs-Bldg & Fixt	1		417	9 3
500	Total reclassifications					27,169	500
	Code letter - F						
1	INTEREST EXPENSE	G	Interest Expense	113		712,951	11 1
500	Total reclassifications					712,951	500
	Code letter - G						
1	CHILDCARE OTHER EXP RECLASS	H	CHILD DAY CARE	194.17	187,677	20,026	1
500	Total reclassifications				187,677	20,026	500
	Code letter - H						
1	MOVEABLE EQUIPMENT	I	Cap Rel Costs-Bldg & Fixt	1		24,033	9 1
2			Employee Benefits Department	4		555	2
3			A&G-INFO SERVICE	5.02		46,891	3
4			A&G-PURCHASING, STORES	5.03		8,853	4
5			A&G-ADMITTING, REGIST	5.04		304	5
6			A&G-ALL OTHER	5.06		31,547	6
7			Maintenance & Repairs	6		31,727	7
8			Housekeeping	9		3,670	8
9			Dietary	10		51,906	9
10			Nursing Administration	13		22,787	10
11			Central Services & Supply	14		88,689	11
12			Pharmacy	15		268,124	12
13			Medical Records & Library	16		4,039	13
14			Adults & Pediatrics	30		362,007	14
15			Intensive Care Unit	31		45,127	15
16			Nursery	43		11,238	16
17			Skilled Nursing Facility	44		100,393	17
18			Operating Room	50		590,201	18
19			Recovery Room	51		18,189	19
20			Delivery Room & Labor Room	52		4,332	20
21			Radiology-Diagnostic	54		685,853	21
22			RADIATION ONCOLOGY	54.01		34,092	22
23			Cardiac Catheterization	59		277,624	23
24			Laboratory	60		149,032	24
25			Respiratory Therapy	65		53,845	25
26			Physical Therapy	66		9,469	26
27			Electrocardiology	69		19,648	27
28			Electroencephalography	70		3,815	28
29			Renal Dialysis	74		32,642	29
30			Clinic	90		37,767	30
31			Emergency	91		110,005	31
32			Home Health Agency	101		80,679	32
33			Hospice	116		246	33
34			PHYSICIAN CLINICS	194.07		2,220	34
35			NRCC-MLC CENTER	194.16		31,383	35
36			MARKETING & ADVERTISING	194.18		1,668	36
500	Total reclassifications					3,244,600	500

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RECLASSIFICATIONS**WORKSHEET A-6**

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
	Code letter - I						
1	EMPLOYEE HEALTH & WELLNESS	J	Employee Benefits Department	4	75,896		1
2	EMPLOYEE HEALTH & WELLNESS	J	Employee Benefits Department	4	63,638		2
500	Total reclassifications				139,534		500
	Code letter - J						
1	HEMOCARE TO HOSPICE RECLASS	K	Home Health Agency	101	148,472	130,019	1
500	Total reclassifications				148,472	130,019	500
	Code letter - K						
1	LTC SHARED EXPENSES	L	Skilled Nursing Facility	44	11,060	13,873	1
500	Total reclassifications				11,060	13,873	500
	Code letter - L						
1	CRNA	M	Anesthesiology	53	653,296	43,830	1
500	Total reclassifications				653,296	43,830	500
	Code letter - M						
1	PROPERTY INSURANCE	N	A&G-ALL OTHER	5.06		83,397	12
500	Total reclassifications					83,397	500
	Code letter - N						
	GRAND TOTAL (Decreases)				1,140,039	17,179,838	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS**WORKSHEET A-7
PARTS I, II & III****PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	843,689	61,592		61,592		905,281		1
2	Land Improvements	2,923,003	264,075		264,075		3,187,078		2
3	Buildings and Fixtures	84,209,561	1,632,529		1,632,529	74,744	85,767,346		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	39,926,899	2,836,534		2,836,534	1,547,844	41,215,589		6
7	HIT-designated Assets	22,140,634	2,356,056		2,356,056		24,496,690		7
8	Subtotal (sum of lines 1-7)	150,043,786	7,150,786		7,150,786	1,622,588	155,571,984		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	150,043,786	7,150,786		7,150,786	1,622,588	155,571,984		10

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

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	2,438,186						2,438,186	1
1.01	CAP REL COSTS-1970								1.01
1.02	CAP REL BLUFF BLDG								1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY								1.03
2	Cap Rel Costs-Mvble Equip								2
3	Total (sum of lines 1-2)	2,438,186						2,438,186	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may

have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
1.01	CAP REL COSTS-1970				0.000000					1.01
1.02	CAP REL BLUFF BLDG				0.000000					1.02
1.03	CAP REL COSTS-RADIATION				0.000000					1.03
2	Cap Rel Costs-Mvble Equ				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	2,386,984		-34,897	54,453			2,406,540	1
1.01	CAP REL COSTS-1970	25,506						25,506	1.01
1.02	CAP REL BLUFF BLDG	1,246						1,246	1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY	417						417	1.03
2	Cap Rel Costs-Mvble Equip	3,564,303						3,564,303	2

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART III - RECONCILIATION OF CAPITAL COST CENTERS

		SUMMARY OF CAPITAL							
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital- Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
3	Total (sum of lines 1-2)	5,978,456		-34,897	54,453			5,998,012	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES**WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)	A	-747,848	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-6,465,186				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-107,163				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-439,309	Dietary	10		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines	B	-10,816	Dietary	10		20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist	A	-697,126	Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
33.01	CATERING REVENUE	B	-5,339	Dietary	10		33.01
33.02	NON PATIENT DRUG REVENUE	B	-22,424	Pharmacy	15		33.02
33.03	RENTAL SPACE REVENUE	B	-96,778	A&G-ALL OTHER	5.06		33.03
33.04	RENTAL SPACE REVENUE	B	-101,580	Maintenance & Repairs	6		33.04
33.05	OTHER OPERATING REVENUE	B	-4,129	A&G-INFO SERVICE	5.02		33.05
33.06	OTHER OPERATING REVENUE	B	-5,840	A&G-ALL OTHER	5.06		33.06
33.07	OTHER OPERATING REVENUE	B	-35	Dietary	10		33.07
33.08	OTHER OPERATING REVENUE	B	-209	Nursing Administration	13		33.08
33.09	OTHER OPERATING REVENUE	B	540	Medical Records & Library	16		33.09
33.10	OTHER OPERATING REVENUE	B	-2,066	Adults & Pediatrics	30		33.10
33.11	OTHER OPERATING REVENUE	B	-27	Nursery	43		33.11
33.12	OTHER OPERATING REVENUE	B	-766	Skilled Nursing Facility	44		33.12
33.13	OTHER OPERATING REVENUE	B	-130	Laboratory	60		33.13
33.14	OTHER OPERATING REVENUE	B	-190	Physical Therapy	66		33.14
33.15	OTHER OPERATING REVENUE	B	-36,689	Clinic	90		33.15
33.16	OTHER OPERATING REVENUE	B	-820	Home Health Agency	101		33.16
33.17	OTHER REVENUE COPIES	B	-21	Employee Benefits Department	4		33.17
33.18	OTHER REVENUE COPIES	B	-16	Clinic	90		33.18
33.19	DME OTHER INCOME	B	-16,340	Home Health Agency	101		33.19
33.20	RADIOLOGY REVENUE	B	-20	Radiology-Diagnostic	54		33.20
33.21	CLINICAL LAB REVENUE	B	-20,898	Laboratory	60		33.21
33.22	MGT REVENUE MRI	B	-34,206	Radiology-Diagnostic	54		33.22
33.23	CE AND CPR REVENUE	B	-2,369	Nursing Administration	13		33.23
33.24	IC OTHER REVENUE	B	-4,841	Radiologv-Diagnostic	54		33.24

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ADJUSTMENTS TO EXPENSES**WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
33.25	IC RENT REVENUE	B	-78,715	Radiology-Diagnostic	54		33.25
33.26	EMPLOYEE WELLNESS REVENUES	B	-4,709	Employee Benefits Department	4		33.26
33.27	WELLNESS REVENUE	B	-17,357	Employee Benefits Department	4		33.27
33.28	INCOME TAXES	B	18,546	A&G-ALL OTHER	5.06		33.28
34							34
34.01	PHYSICIAN RECRUITING EXPENSE	A	-30,181	Employee Benefits Department	4		34.01
34.02	PHYSICIAN RECRUITING EXPENSE	A	-94,591	A&G-ALL OTHER	5.06		34.02
34.03	PHYSICIAN RECRUITING EXPENSE	A	-74,468	Emergency	91		34.03
34.04	OFFSET PATIENT TRANSPORTATION	A	-877	Adults & Pediatrics	30		34.04
34.05	OFFSET PATIENT TRANSPORTATION	A	-3,274	Skilled Nursing Facility	44		34.05
34.06	OFFSET PATIENT TRANSPORTATION	A	-12,950	Cardiac Catheterization	59		34.06
34.07	OFFSET PATIENT TRANSPORTATION	A	-2,153	Ambulance Services	95		34.07
34.08	OFFSET PATIENT TRANSPORTATION	A	-3,668	Hospice	116		34.08
34.09	MEDICAID TAX EXPENSE	A	-436,191	A&G-ALL OTHER	5.06		34.09
34.10	MEDICAID TAX EXPENSE	A	-115,034	Skilled Nursing Facility	44		34.10
34.11	LOBBYING EXPENSE	A	-2,366	Employee Benefits Department	4		34.11
34.12	DONATIONS EXPENSE	A	-38,522	A&G-ALL OTHER	5.06		34.12
34.13	ADVERTISING EXPENSE	A	-1,495	Employee Benefits Department	4		34.13
34.14	ADVERTISING EXPENSE	A	-183	Clinic	90		34.14
34.15	LOBBYING EXPENSE	A	-15,129	A&G-ALL OTHER	5.06		34.15
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-9,735,958				50

(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 subscripits thereof.

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

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**WORKSHEET A-8-1**
**A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS
OR CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	IC - LOAN	648,427	648,427		11	1
2	2	Cap Rel Costs-Mvble Equip	TH - CAPITAL	127,825		127,825	9	2
3	2	Cap Rel Costs-Mvble Equip	TIS - CAPITAL	191,878		191,878	9	3
3.01	4	Employee Benefits Department	IC - PHARMACY REBATE	-246,934	-246,934			3.01
3.02	4	Employee Benefits Department	IC - PENSION	1,546,837	-619,000	2,165,837		3.02
3.03	4	Employee Benefits Department	IC - STOP LOSS		-33,431	33,431		3.03
3.04	4	Employee Benefits Department	IC - TUITION	69,855	69,855			3.04
3.05	4	Employee Benefits Department	IC - WORKERS COMP	605,843	362,925	242,918		3.05
3.06	5.02	A&G-INFO SERVICE	IC - AMORTIZATION	1,410,138	1,410,138			3.06
3.07	5.02	A&G-INFO SERVICE	IC - TELECOM	285,773	285,773			3.07
3.08	5.02	A&G-INFO SERVICE	TIS - HOME OFFICE	2,938,133	4,675,452	-1,737,319		3.08
3.09	5.03	A&G-PURCHASING, STORES	IC - SUPPLY CHAIN		142,327	-142,327		3.09
3.10	5.04	A&G-ADMITTING, REGIST	IC - PFS	440,500	440,500			3.10
3.11	5.06	A&G-ALL OTHER	TH - HOME OFFICE	5,701,274	4,393,873	1,307,401		3.11
3.12	5.06	A&G-ALL OTHER	IC - FEES	34,800	34,800			3.12
3.13	5.06	A&G-ALL OTHER	IC - MALPRACTICE	96,186	240,702	-144,516		3.13
3.14	1	Cap Rel Costs-Bldg & Fixt	IC - PROPERTY	54,453	83,397	-28,944	12	3.14
3.15	5.06	A&G-ALL OTHER	IC - INTEGRATED RISK	53,199	392,198	-338,999		3.15
3.16	6	Maintenance & Repairs	IC - MAINTENANCE & REPAIR		1,491,486	-1,491,486		3.16
3.17	9	Housekeeping	IC - SUPPLY CHAIN		14,000	-14,000		3.17
3.18	10	Dietary	IC - SUPPLY CHAIN		49,333	-49,333		3.18
3.19	30	Adults & Pediatrics	IC - OCCUPANCY		1,596	-1,596		3.19
3.20	31	Intensive Care Unit	IC - OCCUPANCY		393	-393		3.20
3.21	43	Nursery	IC - OCCUPANCY		340	-340		3.21
3.22	44	Skilled Nursing Facility	IC - FEES	439,743	439,743			3.22
3.23	54	Radiology-Diagnostic	IC - OCCUPANCY		110	-110		3.23
3.24	54.01	RADIATION ONCOLOGY	IC - OCCUPANCY		193	-193		3.24
3.25	58	MRI	IC - RENT EXPENSE	83,556	83,556			3.25
3.26	59	Cardiac Catheterization	IC - OCCUPANCY		885	-885		3.26
3.27	65	Respiratory Therapy	IC - OCCUPANCY		125	-125		3.27
3.28	69	Electrocardiology	IC - OCCUPANCY		2,000	-2,000		3.28
3.29	74	Renal Dialysis	IC - OCCUPANCY		-1,640	1,640		3.29
3.30	90	Clinic	IC - PURCHASED SERVICES	71,539	71,539			3.30
3.31	91	Emergency	IC - OCCUPANCY		886	-886		3.31
3.32	101	Home Health Agency	IC - FEES	212,437	212,437			3.32
3.33	194.0	PASSTHRU COSTS	IC - OCCUPANCY					3.33
	1			231	231			
3.34	194.1	NRCC-MLC CENTER	IC - FEES	500,500	500,500			3.34
	6							
3.35	4	Employee Benefits Department	IC - HR		224,641	-224,641		3.35
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			15,266,193	15,373,356	-107,163		5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	G			TRINITY HEALTH	100.00	HOME OFFICE	6

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**WORKSHEET A-8-1****B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	

7	G			TRINITY INFORMATION SYSTEMS	100.00	HOME OFFICE - IT	7
8	G			MRI	75.00	MRI-JV	8
9	G			MERCY HOMECARE	100.00	HOMECARE	9
9.01	G			ALVENERO		LTC	9.01
9.02	G			MERCY LIVING CENTER - NORTH	100.00	NURSING HOME	9.02
10							10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify: FINANCIAL

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	A&G-ALL OTHER AGGREGATE	114,128	108,728	5,400	211,500	54	5,491	275	1
2	30	Adults & Pediatrics AGGREGATE	541,071	541,071		211,500				2
3	44	Skilled Nursing Faci	12,000		12,000	211,500	120	12,202	610	3
4	50	Operating Room AGGREGATE	148,228	148,228		264,400				4
5	53	Anesthesiology AGGREGATE	451,933	427,361	24,572	239,400	117	13,466	673	5
6	54.01	RADIATION ONCOLOGY AGGREGATE	302,933	161,866	141,067	211,500	576	58,569	2,928	6
7	59	Cardiac Catheterizat AGGREGATE	182,500	182,500		211,500				7
8	60	Laboratory AGGREGATE	245,000	153,125	91,875	211,500	488	49,621	2,481	8
9	69	Electrocardiology	13,158		13,158	211,500	52	5,288	264	9
10	74	Renal Dialysis	31,200		31,200	211,500	240	24,404	1,220	10
11	90	Clinic AGGREGATE	3,925,572	3,925,572		211,500				11
12	91	Emergency AGGREGATE	715,425	586,671	128,754	211,500	484	49,214	2,461	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	6,683,148	6,235,122	448,026		2,131	218,255	10,912	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	A&G-ALL OTHER AGGREGATE					5,491		108,728	1
2	30	Adults & Pediatrics AGGREGATE							541,071	2
3	44	Skilled Nursing Facility					12,202			3
4	50	Operating Room AGGREGATE							148,228	4
5	53	Anesthesiology AGGREGATE					13,466	11,106	438,467	5
6	54.01	RADIATION ONCOLOGY AGGREGATE					58,569	82,498	244,364	6
7	59	Cardiac Catheterization AGGREGATE							182,500	7
8	60	Laboratory AGGREGATE					49,621	42,254	195,379	8
9	69	Electrocardiology					5,288	7,870	7,870	9
10	74	Renal Dialysis					24,404	6,796	6,796	10
11	90	Clinic AGGREGATE							3,925,572	11
12	91	Emergency AGGREGATE					49,214	79,540	666,211	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					218,255	230,064	6,465,186	200

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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	2,406,540	2,406,540					1
1.01	CAP REL COSTS-1970	25,506		25,506				1.01
1.02	CAP REL BLUFF BLDG	1,246			1,246			1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY	417				417		1.03
2	Cap Rel Costs-Mvble Equip	3,564,303					3,564,303	2
4	Employee Benefits Department	9,904,774	19,958		8		614	4
5.02	A&G-INFO SERVICE	4,878,544	27,309				51,896	5.02
5.03	A&G-PURCHASING, STORES	210,581	69,000				9,798	5.03
5.04	A&G-ADMITTING, REGIST	1,237,887	37,378				336	5.04
5.06	A&G-ALL OTHER	8,326,500	156,474				34,914	5.06
6	Maintenance & Repairs	1,348,355	48,543				35,113	6
7	Operation of Plant							7
8	Laundry & Linen Service	390,559	13,980					8
9	Housekeeping	772,042	16,463				4,062	9
10	Dietary	879,252	102,162				57,446	10
11	Cafeteria							11
13	Nursing Administration	2,017,450	113,063				25,219	13
14	Central Services & Supply	155,254	40,235				98,155	14
15	Pharmacy	3,728,217	34,091				296,741	15
16	Medical Records & Library	685,764	54,479				4,470	16
17	Social Service	100,582	21,054					17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	7,476,642	618,933				400,645	30
31	Intensive Care Unit	1,120,409	69,638				49,938	31
43	Nursery	93,633	15,478				12,437	43
44	Skilled Nursing Facility	4,978,685		25,506			111,108	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,153,560	195,752				653,194	50
51	Recovery Room	275,721	10,638				20,130	51
52	Delivery Room & Labor Room	193,467	46,157				4,794	52
53	Anesthesiology	153,617	1,817					53
54	Radiology-Diagnostic	1,947,234	140,732				759,062	54
54.01	RADIATION ONCOLOGY	342,205	138,693			417	37,731	54.01
58	MRI	336,327	28,848					58
59	Cardiac Catheterization	1,231,534	86,503				307,255	59
60	Laboratory	2,119,023	75,352				164,938	60
65	Respiratory Therapy	874,523	31,414				59,592	65
66	Physical Therapy	771,044			287		10,480	66
67	Occupational Therapy	406,815						67
68	Speech Pathology	287,352						68
69	Electrocardiology	473,866	38,016				21,745	69
70	Electroencephalography	12,683	9,889				4,222	70
71	Medical Supplies Charged to Patients	3,029,241						71
72	Impl. Dev. Charged to Patients	2,326,450						72
73	Drugs Charged to Patients	1,262,103						73
74	Renal Dialysis	1,296,962			160		36,126	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,493,059					41,798	90
91	Emergency	4,444,124	95,907				121,746	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		41,039					95
101	Home Health Agency	3,615,773			477		89,290	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	1,541,473			27		272	116
118	SUBTOTALS (sum of lines 1-117)	86,891,298	2,398,995	25,506	959	417	3,525,267	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS	5,052						194.0
1								1
194.0	PHYSICIAN CLINICS	71,705					2,457	194.0
7								7
194.1	NRCC-TENDERCARE(PRENATAL CLASSES)	83,079	957					194.1
3								3

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.1 6	NRCC-MLC CENTER	4,571,336					34,733	194.1 6
194.1 7	CHILD DAY CARE	203,589			287			194.1 7
194.1 8	MARKETING & ADVERTISING	389,179	6,588				1,846	194.1 8
194.1 9	FOUNDATION	75,188						194.1 9
194.2 0	RETAIL PHARMACY	224,203						194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	92,514,629	2,406,540	25,506	1,246	417	3,564,303	202

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	A+G INFO SERV	A+G PURCHASING STORES	A+G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	9,925,354						4
5.02	A&G-INFO SERVICE	47,013	5,004,762	5,004,762				5.02
5.03	A&G-PURCHASING, STORES	99,671	389,050	22,250	411,300			5.03
5.04	A&G-ADMITTING, REGIST	160,348	1,435,949	82,123		1,518,072		5.04
5.06	A&G-ALL OTHER	295,651	8,813,539	504,055			9,317,594	5.06
6	Maintenance & Repairs	129,194	1,561,205	89,287			1,650,492	6
7	Operation of Plant							7
8	Laundry & Linen Service	19,354	423,893	24,243			448,136	8
9	Housekeeping	130,536	923,103	52,793			975,896	9
10	Dietary	205,987	1,244,847	71,194			1,316,041	10
11	Cafeteria							11
13	Nursing Administration	378,259	2,533,991	144,921			2,678,912	13
14	Central Services & Supply	29,555	323,199	18,484			341,683	14
15	Pharmacy	332,538	4,391,587	251,159			4,642,746	15
16	Medical Records & Library	131,672	876,385	50,121			926,506	16
17	Social Service	23,330	144,966	8,291			153,257	17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,570,641	10,066,861	575,720	35,848	132,338	10,810,767	30
31	Intensive Care Unit	248,445	1,488,430	85,125	6,937	25,610	1,606,102	31
43	Nursery	14,580	136,128	7,785	4,308	15,903	164,124	43
44	Skilled Nursing Facility	636,223	5,751,522	328,935	7,137	26,346	6,113,940	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	408,663	4,411,169	252,279	50,088	184,910	4,898,446	50
51	Recovery Room	63,176	369,665	21,142	8,545	31,545	430,897	51
52	Delivery Room & Labor Room	41,860	286,278	16,373	2,560	9,452	314,663	52
53	Anesthesiology	122,204	277,638	15,878	13,368	49,351	356,235	53
54	Radiology-Diagnostic	342,638	3,189,666	182,420	52,524	193,600	3,618,210	54
54.01	RADIATION ONCOLOGY	61,532	580,578	33,204	7,014	25,894	646,690	54.01
58	MRI	23,583	388,758	22,233	3,473	12,819	427,283	58
59	Cardiac Catheterization	164,706	1,789,998	102,372	28,207	104,129	2,024,706	59
60	Laboratory	275,412	2,634,725	150,683	39,718	146,624	2,971,750	60
65	Respiratory Therapy	179,876	1,145,405	65,507	4,450	16,428	1,231,790	65
66	Physical Therapy	144,640	926,451	52,985	3,795	14,010	997,241	66
67	Occupational Therapy	80,333	487,148	27,860	2,535	9,357	526,900	67
68	Speech Pathology	61,570	348,922	19,955	1,613	5,953	376,443	68
69	Electrocardiology	96,832	630,459	36,057	9,332	34,450	710,298	69
70	Electroencephalography	2,609	29,403	1,682	106	392	31,583	70
71	Medical Supplies Charged to Patients		3,029,241	173,245	3,664	13,527	3,219,677	71
72	Impl. Dev. Charged to Patients		2,326,450	133,052	7,159	26,428	2,493,089	72
73	Drugs Charged to Patients		1,262,103	72,181	35,779	132,085	1,502,148	73
74	Renal Dialysis	153,021	1,486,269	85,001	31,194	115,159	1,717,623	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,305,786	3,840,643	219,650	5,915	21,834	4,088,042	90
91	Emergency	495,410	5,157,187	294,945	31,720	117,099	5,600,951	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		41,039	2,347			43,386	95
101	Home Health Agency	548,099	4,253,639	243,270	9,699	35,805	4,542,413	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	132,891	1,674,663	95,776	4,612	17,024	1,792,075	116
118	SUBTOTALS (sum of lines 1-117)	9,157,838	86,076,914	4,636,583	411,300	1,518,072	85,708,735	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.01	PASSTHRU COSTS	1,205	6,257	358			6,615	194.01
194.07	PHYSICIAN CLINICS	16,497	90,659	5,185			95,844	194.07
194.13	NRCC-TENDER CARE(PRENATAL CLASSES)	17,304	101,340	5,796			107,136	194.13

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	A+G INFO SERV	A+G PURCHASING STORES	A+G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
194.1 6	NRCC-MLC CENTER	589,701	5,195,770	297,151			5,492,921	194.1 6
194.1 7	CHILD DAY CARE	45,535	249,411	14,264			263,675	194.1 7
194.1 8	MARKETING & ADVERTISING	30,150	427,763	24,464			452,227	194.1 8
194.1 9	FOUNDATION	17,316	92,504	5,290			97,794	194.1 9
194.2 0	RETAIL PHARMACY	49,808	274,011	15,671			289,682	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,925,354	92,514,629	5,004,762	411,300	1,518,072	92,514,629	202

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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	A+G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER	9,317,594						5.06
6	Maintenance & Repairs	184,845	1,835,337					6
7	Operation of Plant							7
8	Laundry & Linen Service	50,189	12,529	510,854				8
9	Housekeeping	109,294	14,754	11,898	1,111,842			9
10	Dietary	147,389	91,559		56,303	1,611,292		10
11	Cafeteria					1,158,738	1,158,738	11
13	Nursing Administration	300,022	101,329		62,311		46,269	13
14	Central Services & Supply	38,266	36,059	2,519	22,174		8,047	14
15	Pharmacy	519,960	30,553		18,788		34,199	15
16	Medical Records & Library	103,763	48,825		30,024		22,129	16
17	Social Service	17,164	18,869		11,603		4,023	17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,210,765	554,694	120,509	341,105		225,310	30
31	Intensive Care Unit	179,874	62,411	57,933	38,379		28,164	31
43	Nursery	18,381	13,872	1,498	8,530		2,012	43
44	Skilled Nursing Facility	684,725		71,296		403,666	283,651	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	548,597	175,436	49,673	107,882		56,328	50
51	Recovery Room	48,258	9,534		5,863		6,035	51
52	Delivery Room & Labor Room	35,240	41,367		25,438		4,023	52
53	Anesthesiology	39,896	1,628		1,001		10,058	53
54	Radiology-Diagnostic	405,218	126,126	25,707	77,560		46,269	54
54.01	RADIATION ONCOLOGY	72,425	124,299	4,222	76,436			54.01
58	MRI	47,853	25,854	2,458	15,899			58
59	Cardiac Catheterization	226,755	77,525	2,682	47,673		18,105	59
60	Laboratory	332,818	67,532	11	41,528		44,257	60
65	Respiratory Therapy	137,953	28,154		17,313		26,152	65
66	Physical Therapy	111,685		2,810				66
67	Occupational Therapy	59,010						67
68	Speech Pathology	42,159						68
69	Electrocardiology	79,549	34,070	5,465	20,951		10,058	69
70	Electroencephalography	3,537	8,863		5,450			70
71	Medical Supplies Charged to Patients	360,585						71
72	Impl. Dev. Charged to Patients	279,211						72
73	Drugs Charged to Patients	168,232						73
74	Renal Dialysis	192,363		5,507			24,140	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	457,836		4,405			50,292	90
91	Emergency	627,273	85,953	63,195	52,856		68,398	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	4,859	36,780	18,387	22,617			95
101	Home Health Agency	508,723						101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	200,702						116
118	SUBTOTALS (sum of lines 1-117)	8,555,374	1,828,575	450,175	1,107,684	1,562,404	1,017,919	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS	741						194.0
1								1
194.0	PHYSICIAN CLINICS	10,734						194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)	11,999	858		527		2,012	194.1
3								3
194.1	NRCC-MLC CENTER	615,174		60,679		48,888	126,737	194.1
6								6

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	A+G ALL OTHER	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	6	8	9	10	11	
194.1 7	CHILD DAY CARE	29,530						194.1 7
194.1 8	MARKETING & ADVERTISING	50,647	5,904		3,631		4,023	194.1 8
194.1 9	FOUNDATION	10,952					2,012	194.1 9
194.2 0	RETAIL PHARMACY	32,443					6,035	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,317,594	1,835,337	510,854	1,111,842	1,611,292	1,158,738	202

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration	3,188,843						13
14	Central Services & Supply	18	448,766					14
15	Pharmacy	2,272		5,248,518				15
16	Medical Records & Library	6,104			1,137,351			16
17	Social Service					204,916		17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,084,144			99,132	490	14,446,916	30
31	Intensive Care Unit	166,129			19,184		2,158,176	31
43	Nursery	12,693			11,912		233,022	43
44	Skilled Nursing Facility	446,081			19,735	64,448	8,087,542	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	178,017			138,512	21	6,152,912	50
51	Recovery Room	51,452			23,630		575,669	51
52	Delivery Room & Labor Room	44,735			7,080		472,546	52
53	Anesthesiology	74			36,968		445,860	53
54	Radiology-Diagnostic	8,671			145,214	980	4,453,955	54
54.01	RADIATION ONCOLOGY	9,899			19,397		953,368	54.01
58	MRI	49			9,603		528,999	58
59	Cardiac Catheterization	46,810			78,001		2,522,257	59
60	Laboratory	3,875			109,833	43	3,571,647	60
65	Respiratory Therapy	362			12,306		1,454,030	65
66	Physical Therapy	485			10,495		1,122,716	66
67	Occupational Therapy	1,658			7,009		594,577	67
68	Speech Pathology	319			4,459	959	424,339	68
69	Electrocardiology	30,605			25,806		916,802	69
70	Electroencephalography				294		49,727	70
71	Medical Supplies Charged to Patients		253,828		10,133		3,844,223	71
72	Impl. Dev. Charged to Patients		194,938		19,796		2,987,034	72
73	Drugs Charged to Patients			5,248,518	98,942		7,017,840	73
74	Renal Dialysis	51,790			86,264	35,900	2,113,587	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	101,093			16,356		4,718,024	90
91	Emergency	281,008			87,716		6,867,350	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services						126,029	95
101	Home Health Agency	139,294			26,821	22,371	5,239,622	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	47,701			12,753	24,629	2,077,860	116
118	SUBTOTALS (sum of lines 1-117)	2,715,338	448,766	5,248,518	1,137,351	149,841	84,156,629	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS	737					8,093	194.0
1								1
194.0	PHYSICIAN CLINICS	1,732					108,310	194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)	4,415					126,947	194.1
3								3
194.1	NRCC-MLC CENTER	465,921				55,075	6,865,395	194.1
6								6

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		13	14	15	16	17	24	
194.1 7	CHILD DAY CARE	129					293,334	194.1 7
194.1 8	MARKETING & ADVERTISING	473					516,905	194.1 8
194.1 9	FOUNDATION	80					110,838	194.1 9
194.2 0	RETAIL PHARMACY	18					328,178	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,188,843	448,766	5,248,518	1,137,351	204,916	92,514,629	202

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26					
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		14,446,916					30
31	Intensive Care Unit		2,158,176					31
43	Nursery		233,022					43
44	Skilled Nursing Facility		8,087,542					44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		6,152,912					50
51	Recovery Room		575,669					51
52	Delivery Room & Labor Room		472,546					52
53	Anesthesiology		445,860					53
54	Radiology-Diagnostic		4,453,955					54
54.01	RADIATION ONCOLOGY		953,368					54.01
58	MRI		528,999					58
59	Cardiac Catheterization		2,522,257					59
60	Laboratory		3,571,647					60
65	Respiratory Therapy		1,454,030					65
66	Physical Therapy		1,122,716					66
67	Occupational Therapy		594,577					67
68	Speech Pathology		424,339					68
69	Electrocardiology		916,802					69
70	Electroencephalography		49,727					70
71	Medical Supplies Charged to Patients		3,844,223					71
72	Impl. Dev. Charged to Patients		2,987,034					72
73	Drugs Charged to Patients		7,017,840					73
74	Renal Dialysis	-117,105	1,996,482					74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		4,718,024					90
91	Emergency		6,867,350					91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		126,029					95
101	Home Health Agency		5,239,622					101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice		2,077,860					116
118	SUBTOTALS (sum of lines 1-117)	-117,105	84,039,524					118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS		8,093					194.0
1								1
194.0	PHYSICIAN CLINICS		108,310					194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)		126,947					194.1
3								3
194.1	NRCC-MLC CENTER		6,865,395					194.1
6								6

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
194.1 7	CHILD DAY CARE		293,334					194.1 7
194.1 8	MARKETING & ADVERTISING		516,905					194.1 8
194.1 9	FOUNDATION		110,838					194.1 9
194.2 0	RETAIL PHARMACY		328,178					194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	-117,105	92,397,524					202

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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		19,958		8		614	4
5.02	A&G-INFO SERVICE		27,309				51,896	5.02
5.03	A&G-PURCHASING, STORES		69,000				9,798	5.03
5.04	A&G-ADMITTING, REGIST		37,378				336	5.04
5.06	A&G-ALL OTHER		156,474				34,914	5.06
6	Maintenance & Repairs	44,392	48,543				35,113	6
7	Operation of Plant							7
8	Laundry & Linen Service		13,980					8
9	Housekeeping		16,463				4,062	9
10	Dietary		102,162				57,446	10
11	Cafeteria							11
13	Nursing Administration		113,063				25,219	13
14	Central Services & Supply	5,528	40,235				98,155	14
15	Pharmacy	55,303	34,091				296,741	15
16	Medical Records & Library		54,479				4,470	16
17	Social Service		21,054					17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	18,185	618,933				400,645	30
31	Intensive Care Unit	4,569	69,638				49,938	31
43	Nursery		15,478				12,437	43
44	Skilled Nursing Facility	2,860		25,506			111,108	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	42,970	195,752				653,194	50
51	Recovery Room		10,638				20,130	51
52	Delivery Room & Labor Room		46,157				4,794	52
53	Anesthesiology		1,817					53
54	Radiology-Diagnostic		140,732				759,062	54
54.01	RADIATION ONCOLOGY		138,693			417	37,731	54.01
58	MRI		28,848					58
59	Cardiac Catheterization		86,503				307,255	59
60	Laboratory		75,352				164,938	60
65	Respiratory Therapy	2,933	31,414				59,592	65
66	Physical Therapy				287		10,480	66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	957	38,016				21,745	69
70	Electroencephalography		9,889				4,222	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis				160		36,126	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	25,485					41,798	90
91	Emergency		95,907				121,746	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		41,039					95
101	Home Health Agency	3,355			477		89,290	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	39,767			27		272	116
118	SUBTOTALS (sum of lines 1-117)	246,304	2,398,995	25,506	959	417	3,525,267	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	PHYSICIAN CLINICS						2,457	194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)		957					194.1
3								3
194.1	NRCC-MLC CENTER	8,198					34,733	194.1
6								6

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
194.1 7	CHILD DAY CARE				287			194.1 7
194.1 8	MARKETING & ADVERTISING		6,588				1,846	194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	254,502	2,406,540	25,506	1,246	417	3,564,303	202

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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	A+G INFO SERV	A+G PURCHASING STORES	A+G ADMITTING REGISTER	A+G ALL OTHER	
		2A	4	5.02	5.03	5.04	5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	20,580	20,580					4
5.02	A&G-INFO SERVICE	79,205	97	79,302				5.02
5.03	A&G-PURCHASING, STORES	78,798	207	352	79,357			5.03
5.04	A&G-ADMITTING, REGIST	37,714	332	1,301		39,347		5.04
5.06	A&G-ALL OTHER	191,388	613	7,985			199,986	5.06
6	Maintenance & Repairs	128,048	268	1,414			3,968	6
7	Operation of Plant							7
8	Laundry & Linen Service	13,980	40	384			1,077	8
9	Housekeeping	20,525	271	836			2,346	9
10	Dietary	159,608	427	1,128			3,164	10
11	Cafeteria							11
13	Nursing Administration	138,282	784	2,296			6,440	13
14	Central Services & Supply	143,918	61	293			821	14
15	Pharmacy	386,135	689	3,979			11,161	15
16	Medical Records & Library	58,949	273	794			2,227	16
17	Social Service	21,054	48	131			368	17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,037,763	3,266	9,139	6,929	3,430	25,972	30
31	Intensive Care Unit	124,145	515	1,349	1,341	664	3,861	31
43	Nursery	27,915	30	123	833	412	395	43
44	Skilled Nursing Facility	139,474	1,319	5,211	1,379	683	14,698	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	891,916	847	3,997	9,681	4,792	11,776	50
51	Recovery Room	30,768	131	335	1,652	817	1,036	51
52	Delivery Room & Labor Room	50,951	87	259	495	245	756	52
53	Anesthesiology	1,817	253	252	2,584	1,279	856	53
54	Radiology-Diagnostic	899,794	710	2,890	10,010	5,023	8,698	54
54.01	RADIATION ONCOLOGY	176,841	128	526	1,356	671	1,555	54.01
58	MRI	28,848	49	352	671	332	1,027	58
59	Cardiac Catheterization	393,758	341	1,622	5,452	2,698	4,867	59
60	Laboratory	240,290	571	2,387	7,677	3,800	7,144	60
65	Respiratory Therapy	93,939	373	1,038	860	426	2,961	65
66	Physical Therapy	10,767	300	839	734	363	2,397	66
67	Occupational Therapy		166	441	490	242	1,267	67
68	Speech Pathology		128	316	312	154	905	68
69	Electrocardiology	60,718	201	571	1,804	893	1,708	69
70	Electroencephalography	14,111	5	27	21	10	76	70
71	Medical Supplies Charged to Patients			2,744	708	351	7,740	71
72	Impl. Dev. Charged to Patients			2,108	1,384	685	5,993	72
73	Drugs Charged to Patients			1,143	6,915	3,423	3,611	73
74	Renal Dialysis	36,286	317	1,347	6,029	2,984	4,129	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	67,283	2,706	3,480	1,143	566	9,828	90
91	Emergency	217,653	1,027	4,672	6,131	3,035	13,465	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	41,039		37			104	95
101	Home Health Agency	93,122	1,136	3,854	1,875	928	10,920	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	40,066	275	1,517	891	441	4,308	116
118	SUBTOTALS (sum of lines 1-117)	6,197,448	18,991	73,469	79,357	39,347	183,625	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS		2	6			16	194.0
194.0	PHYSICIAN CLINICS	2,457	34	82			230	194.0
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)	957	36	92			258	194.1
3								3

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	A+G INFO SERV	A+G PURCHASING STORES	A+G ADMITTING REGISTER	A+G ALL OTHER	
		2A	4	5.02	5.03	5.04	5.06	
194.1 6	NRCC-MLC CENTER	42,931	1,222	4,707			13,205	194.1 6
194.1 7	CHILD DAY CARE	287	94	226			634	194.1 7
194.1 8	MARKETING & ADVERTISING	8,434	62	388			1,087	194.1 8
194.1 9	FOUNDATION		36	84			235	194.1 9
194.2 0	RETAIL PHARMACY		103	248			696	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,252,514	20,580	79,302	79,357	39,347	199,986	202

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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		6	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs	133,698						6
7	Operation of Plant							7
8	Laundry & Linen Service	913	16,394					8
9	Housekeeping	1,075	382	25,435				9
10	Dietary	6,670		1,288	172,285			10
11	Cafeteria				123,897	123,897		11
13	Nursing Administration	7,381		1,425		4,947	161,555	13
14	Central Services & Supply	2,627	81	507		860	1	14
15	Pharmacy	2,226		430		3,657	115	15
16	Medical Records & Library	3,557		687		2,366	309	16
17	Social Service	1,375		265		430		17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,407	3,869	7,804		24,091	54,923	30
31	Intensive Care Unit	4,546	1,859	878		3,011	8,417	31
43	Nursery	1,011	48	195		215	643	43
44	Skilled Nursing Facility		2,288		43,161	30,334	22,600	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,780	1,594	2,468		6,023	9,019	50
51	Recovery Room	695		134		645	2,607	51
52	Delivery Room & Labor Room	3,013		582		430	2,266	52
53	Anesthesiology	119		23		1,075	4	53
54	Radiology-Diagnostic	9,188	825	1,774		4,947	439	54
54.01	RADIATION ONCOLOGY	9,055	135	1,749			501	54.01
58	MRI	1,883	79	364			2	58
59	Cardiac Catheterization	5,647	86	1,091		1,936	2,372	59
60	Laboratory	4,919		950		4,732	196	60
65	Respiratory Therapy	2,051		396		2,796	18	65
66	Physical Therapy		90				25	66
67	Occupational Therapy						84	67
68	Speech Pathology						16	68
69	Electrocardiology	2,482	175	479		1,075	1,551	69
70	Electroencephalography	646		125				70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		177			2,581	2,624	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		141			5,377	5,122	90
91	Emergency	6,261	2,028	1,209		7,313	14,237	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,679	590	517				95
101	Home Health Agency						7,057	101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice						2,417	116
118	SUBTOTALS (sum of lines 1-117)	133,206	14,447	25,340	167,058	108,841	137,565	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS						37	194.0
1								1
194.0	PHYSICIAN CLINICS						88	194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)	62		12		215	224	194.1
3								3
194.1	NRCC-MLC CENTER		1,947		5,227	13,551	23,605	194.1
6								6

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		6	8	9	10	11	13	
194.1 7	CHILD DAY CARE						7	194.1 7
194.1 8	MARKETING & ADVERTISING	430		83		430	24	194.1 8
194.1 9	FOUNDATION					215	4	194.1 9
194.2 0	RETAIL PHARMACY					645	1	194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	133,698	16,394	25,435	172,285	123,897	161,555	202

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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		14	15	16	17	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	149,169						14
15	Pharmacy		408,392					15
16	Medical Records & Library			69,162				16
17	Social Service				23,671			17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			6,025	57	1,223,675		30
31	Intensive Care Unit			1,166		151,752		31
43	Nursery			724		32,544		43
44	Skilled Nursing Facility			1,199	7,445	269,791		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			8,418	2	963,313		50
51	Recovery Room			1,436		40,256		51
52	Delivery Room & Labor Room			430		59,514		52
53	Anesthesiology			2,247		10,509		53
54	Radiology-Diagnostic			8,864	113	953,275		54
54.01	RADIATION ONCOLOGY			1,179		193,696		54.01
58	MRI			584		34,191		58
59	Cardiac Catheterization			4,741		424,611		59
60	Laboratory			6,675	5	279,346		60
65	Respiratory Therapy			748		105,606		65
66	Physical Therapy			638		16,153		66
67	Occupational Therapy			426		3,116		67
68	Speech Pathology			271	111	2,213		68
69	Electrocardiology			1,568		73,225		69
70	Electroencephalography			18		15,039		70
71	Medical Supplies Charged to Patients	84,373		616		96,532		71
72	Impl. Dev. Charged to Patients	64,796		1,203		76,169		72
73	Drugs Charged to Patients		408,392	6,013		429,497		73
74	Renal Dialysis			5,243	4,147	65,864		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			994		96,640		90
91	Emergency			5,331		282,362		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services					44,966		95
101	Home Health Agency			1,630	2,584	123,106		101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice			775	2,845	53,535		116
118	SUBTOTALS (sum of lines 1-117)	149,169	408,392	69,162	17,309	6,120,496		118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS					61		194.0
1								1
194.0	PHYSICIAN CLINICS					2,891		194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)					1,856		194.1
3								3
194.1	NRCC-MLC CENTER				6,362	112,757		194.1
6								6

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		14	15	16	17	24	25	
194.1 7	CHILD DAY CARE					1,248		194.1 7
194.1 8	MARKETING & ADVERTISING					10,938		194.1 8
194.1 9	FOUNDATION					574		194.1 9
194.2 0	RETAIL PHARMACY					1,693		194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	149,169	408,392	69,162	23,671	6,252,514		202

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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,223,675						30
31	Intensive Care Unit	151,752						31
43	Nursery	32,544						43
44	Skilled Nursing Facility	269,791						44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	963,313						50
51	Recovery Room	40,256						51
52	Delivery Room & Labor Room	59,514						52
53	Anesthesiology	10,509						53
54	Radiology-Diagnostic	953,275						54
54.01	RADIATION ONCOLOGY	193,696						54.01
58	MRI	34,191						58
59	Cardiac Catheterization	424,611						59
60	Laboratory	279,346						60
65	Respiratory Therapy	105,606						65
66	Physical Therapy	16,153						66
67	Occupational Therapy	3,116						67
68	Speech Pathology	2,213						68
69	Electrocardiology	73,225						69
70	Electroencephalography	15,039						70
71	Medical Supplies Charged to Patients	96,532						71
72	Impl. Dev. Charged to Patients	76,169						72
73	Drugs Charged to Patients	429,497						73
74	Renal Dialysis	65,864						74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	96,640						90
91	Emergency	282,362						91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	44,966						95
101	Home Health Agency	123,106						101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice	53,535						116
118	SUBTOTALS (sum of lines 1-117)	6,120,496						118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS	61						194.0
1								1
194.0	PHYSICIAN CLINICS	2,891						194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)	1,856						194.1
3								3
194.1	NRCC-MLC CENTER	112,757						194.1
6								6

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
194.17	CHILD DAY CARE	1,248						194.17
194.18	MARKETING & ADVERTISING	10,938						194.18
194.19	FOUNDATION	574						194.19
194.20	RETAIL PHARMACY	1,693						194.20
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,252,514						202

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BUILDING SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	173,515						1
1.01	CAP REL COSTS-1970		52,919					1.01
1.02	CAP REL BLUFF BLDG			39,170				1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY				9,780			1.03
2	Cap Rel Costs-Mvble Equip					3,220,567		2
4	Employee Benefits Department	1,439		243		555	40,098,580	4
5.02	A&G-INFO SERVICE	1,969				46,891	189,932	5.02
5.03	A&G-PURCHASING, STORES	4,975				8,853	402,671	5.03
5.04	A&G-ADMITTING, REGIST	2,695				304	647,806	5.04
5.06	A&G-ALL OTHER	11,282				31,547	1,194,434	5.06
6	Maintenance & Repairs	3,500				31,727	521,947	6
7	Operation of Plant							7
8	Laundry & Linen Service	1,008					78,190	8
9	Housekeeping	1,187				3,670	527,367	9
10	Dietary	7,366				51,906	832,189	10
11	Cafeteria							11
13	Nursing Administration	8,152				22,787	1,528,172	13
14	Central Services & Supply	2,901				88,689	119,401	14
15	Pharmacy	2,458				268,124	1,343,456	15
16	Medical Records & Library	3,928				4,039	531,958	16
17	Social Service	1,518					94,253	17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	44,626				362,007	6,345,445	30
31	Intensive Care Unit	5,021				45,122	1,003,720	31
43	Nursery	1,116				11,238	58,902	43
44	Skilled Nursing Facility		52,919			100,393	2,570,348	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,114				590,201	1,651,003	50
51	Recovery Room	767				18,189	255,230	51
52	Delivery Room & Labor Room	3,328				4,332	169,116	52
53	Anesthesiology	131					493,706	53
54	Radiology-Diagnostic	10,147				685,858	1,384,261	54
54.01	RADIATION ONCOLOGY	10,000			9,780	34,092	248,590	54.01
58	MRI	2,080					95,276	58
59	Cardiac Catheterization	6,237				277,624	665,413	59
60	Laboratory	5,433				149,032	1,112,668	60
65	Respiratory Therapy	2,265				53,845	726,703	65
66	Physical Therapy			9,015		9,469	584,348	66
67	Occupational Therapy						324,546	67
68	Speech Pathology						248,743	68
69	Electrocardiology	2,741				19,648	391,202	69
70	Electroencephalography	713				3,815	10,541	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis			5,034		32,642	618,208	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					37,767	5,275,392	90
91	Emergency	6,915				110,005	2,001,464	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,959						95
101	Home Health Agency			14,988		80,679	2,214,326	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice			854		246	536,881	116
118	SUBTOTALS (sum of lines 1-117)	172,971	52,919	30,134	9,780	3,185,296	36,997,808	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0 1	PASSTHRU COSTS						4,867	194.0 1
194.0 7	PHYSICIAN CLINICS					2,220	66,650	194.0 7
194.1 3	NRCC-TENDERCARE(PRENATAL CLASSES)	69					69,910	194.1 3

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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BUILDING SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
194.1 6	NRCC-MLC CENTER					31,383	2,382,400	194.1 6
194.1 7	CHILD DAY CARE			9,036			183,960	194.1 7
194.1 8	MARKETING & ADVERTISING	475				1,668	121,805	194.1 8
194.1 9	FOUNDATION						69,957	194.1 9
194.2 0	RETAIL PHARMACY						201,223	194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,406,540	25,506	1,246	417	3,564,303	9,925,354	202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.869348	0.481982	0.031810	0.042638	1.106732	0.247524	203
204	Cost to be allocated (Per Wkst. B, Part II)						20,580	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.000513	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A+G INFO SERV ACCUM COST	A+G PURCHASING STORES GROSS REVENUE	A+G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A+G ALL OTHER ACCUM COST	
		5A.02	5.02	5.03	5.04		5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE	-5,004,762	87,509,867					5.02
5.03	A&G-PURCHASING, STORES		389,050	265,831,648				5.03
5.04	A&G-ADMITTING, REGIST		1,435,949		265,831,648			5.04
5.06	A&G-ALL OTHER		8,813,539			-9,317,594	83,197,035	5.06
6	Maintenance & Repairs		1,561,205				1,650,492	6
7	Operation of Plant							7
8	Laundry & Linen Service		423,893				448,136	8
9	Housekeeping		923,103				975,896	9
10	Dietary		1,244,847				1,316,041	10
11	Cafeteria							11
13	Nursing Administration		2,533,991				2,678,912	13
14	Central Services & Supply		323,199				341,683	14
15	Pharmacy		4,391,587				4,642,746	15
16	Medical Records & Library		876,385				926,506	16
17	Social Service		144,966				153,257	17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		10,066,861	23,172,528	23,172,528		10,810,767	30
31	Intensive Care Unit		1,488,430	4,484,377	4,484,377		1,606,102	31
43	Nursery		136,128	2,784,576	2,784,576		164,124	43
44	Skilled Nursing Facility		5,751,522	4,613,236	4,613,236		6,113,940	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		4,411,169	32,377,807	32,377,807		4,898,446	50
51	Recovery Room		369,665	5,523,564	5,523,564		430,897	51
52	Delivery Room & Labor Room		286,278	1,654,973	1,654,973		314,663	52
53	Anesthesiology		277,638	8,641,391	8,641,391		356,235	53
54	Radiology-Diagnostic		3,189,666	33,915,479	33,915,479		3,618,210	54
54.01	RADIATION ONCOLOGY		580,578	4,534,034	4,534,034		646,690	54.01
58	MRI		388,758	2,244,674	2,244,674		427,283	58
59	Cardiac Catheterization		1,789,998	18,233,056	18,233,056		2,024,706	59
60	Laboratory		2,634,725	25,673,929	25,673,929		2,971,750	60
65	Respiratory Therapy		1,145,405	2,876,539	2,876,539		1,231,790	65
66	Physical Therapy		926,451	2,453,234	2,453,234		997,241	66
67	Occupational Therapy		487,148	1,638,444	1,638,444		526,900	67
68	Speech Pathology		348,922	1,042,426	1,042,426		376,443	68
69	Electrocardiology		630,459	6,032,257	6,032,257		710,298	69
70	Electroencephalography		29,403	68,704	68,704		31,583	70
71	Medical Supplies Charged to Patients		3,029,241	2,368,582	2,368,582		3,219,677	71
72	Impl. Dev. Charged to Patients		2,326,450	4,627,482	4,627,482		2,493,089	72
73	Drugs Charged to Patients		1,262,103	23,128,137	23,128,137		1,502,148	73
74	Renal Dialysis		1,486,269	20,164,507	20,164,507		1,717,623	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		3,840,643	3,823,210	3,823,210		4,088,042	90
91	Emergency		5,157,187	20,504,034	20,504,034		5,600,951	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		41,039				43,386	95
101	Home Health Agency		4,253,639	6,269,518	6,269,518		4,542,413	101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice		1,674,663	2,980,950	2,980,950		1,792,075	116
118	SUBTOTALS (sum of lines 1-117)	-5,004,762	81,072,152	265,831,648	265,831,648	-9,317,594	76,391,141	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS		6,257				6,615	194.0
1								1
194.0	PHYSICIAN CLINICS		90,659				95,844	194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)		101,340				107,136	194.1
3								3
194.1	NRCC-MLC CENTER		5,195,770				5,492,921	194.1
6								6

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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	RECON- CILIATION	A+G INFO SERV ACCUM COST	A+G PURCHASING STORES GROSS REVENUE	A+G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A+G ALL OTHER ACCUM COST	
		5A.02	5.02	5.03	5.04		5.06	
194.1 7	CHILD DAY CARE		249,411				263,675	194.1 7
194.1 8	MARKETING & ADVERTISING		427,763				452,227	194.1 8
194.1 9	FOUNDATION		92,504				97,794	194.1 9
194.2 0	RETAIL PHARMACY		274,011				289,682	194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)		5,004,762	411,300	1,518,072		9,317,594	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.057191	0.001547	0.005711		0.111994	203
204	Cost to be allocated (Per Wkst. B, Part II)		79,302	79,357	39,347		199,986	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.000906	0.000299	0.000148		0.002404	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs	147,655						6
7	Operation of Plant		147,655					7
8	Laundry & Linen Service	1,008	1,008	763,477				8
9	Housekeeping	1,187	1,187	17,781	145,460			9
10	Dietary	7,366	7,366		7,366	135,692		10
11	Cafeteria					97,581	576	11
13	Nursing Administration	8,152	8,152		8,152		23	13
14	Central Services & Supply	2,901	2,901	3,765	2,901		4	14
15	Pharmacy	2,458	2,458		2,458		17	15
16	Medical Records & Library	3,928	3,928		3,928		11	16
17	Social Service	1,518	1,518		1,518		2	17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	44,626	44,626	180,099	44,626		112	30
31	Intensive Care Unit	5,021	5,021	86,582	5,021		14	31
43	Nursery	1,116	1,116	2,239	1,116		1	43
44	Skilled Nursing Facility			106,552		33,994	141	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,114	14,114	74,237	14,114		28	50
51	Recovery Room	767	767		767		3	51
52	Delivery Room & Labor Room	3,328	3,328		3,328		2	52
53	Anesthesiology	131	131		131		5	53
54	Radiology-Diagnostic	10,147	10,147	38,420	10,147		23	54
54.01	RADIATION ONCOLOGY	10,000	10,000	6,310	10,000			54.01
58	MRI	2,080	2,080	3,674	2,080			58
59	Cardiac Catheterization	6,237	6,237	4,009	6,237		9	59
60	Laboratory	5,433	5,433	17	5,433		22	60
65	Respiratory Therapy	2,265	2,265		2,265		13	65
66	Physical Therapy			4,200				66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	2,741	2,741	8,168	2,741		5	69
70	Electroencephalography	713	713		713			70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis			8,230			12	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			6,584			25	90
91	Emergency	6,915	6,915	94,445	6,915		34	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,959	2,959	27,479	2,959			95
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)	147,111	147,111	672,791	144,916	131,575	506	118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	PHYSICIAN CLINICS							194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)	69	69		69		1	194.1
3								3
194.1	NRCC-MLC CENTER			90,686		4,117	63	194.1
6								6

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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	
		6	7	8	9	10	11	
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING	475	475		475		2	194.1 8
194.1 9	FOUNDATION						1	194.1 9
194.2 0	RETAIL PHARMACY						3	194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,835,337		510,854	1,111,842	1,611,292	1,158,738	202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.429901		0.669115	7.643627	11.874628	2,011.697917	203
204	Cost to be allocated (Per Wkst. B, Part II)	133,698		16,394	25,435	172,285	123,897	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.905476		0.021473	0.174859	1.269677	215.098958	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT		
		13	14	15	16	17		

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration	519,301						13
14	Central Services & Supply	3	5,355,691					14
15	Pharmacy	370		1,262,103				15
16	Medical Records & Library	994			265,831,648			16
17	Social Service					9,618		17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	176,552			23,172,528	23		30
31	Intensive Care Unit	27,054			4,484,377			31
43	Nursery	2,067			2,784,576			43
44	Skilled Nursing Facility	72,644			4,613,236	3,025		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,990			32,377,807	1		50
51	Recovery Room	8,379			5,523,564			51
52	Delivery Room & Labor Room	7,285			1,654,973			52
53	Anesthesiology	12			8,641,391			53
54	Radiology-Diagnostic	1,412			33,915,479	46		54
54.01	RADIATION ONCOLOGY	1,612			4,534,034			54.01
58	MRI	8			2,244,674			58
59	Cardiac Catheterization	7,623			18,233,056			59
60	Laboratory	631			25,673,929	2		60
65	Respiratory Therapy	59			2,876,539			65
66	Physical Therapy	79			2,453,234			66
67	Occupational Therapy	270			1,638,444			67
68	Speech Pathology	52			1,042,426	45		68
69	Electrocardiology	4,984			6,032,257			69
70	Electroencephalography				68,704			70
71	Medical Supplies Charged to Patients		3,029,241		2,368,582			71
72	Impl. Dev. Charged to Patients		2,326,450		4,627,482			72
73	Drugs Charged to Patients			1,262,103	23,128,137			73
74	Renal Dialysis	8,434			20,164,507	1,685		74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	16,463			3,823,210			90
91	Emergency	45,762			20,504,034			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency	22,684			6,269,518	1,050		101
	SPECIAL PURPOSE COST CENTERS							
116	Hospice	7,768			2,980,950	1,156		116
118	SUBTOTALS (sum of lines 1-117)	442,191	5,355,691	1,262,103	265,831,648	7,033		118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS							194.0
1		120						1
194.0	PHYSICIAN CLINICS	282						194.0
7								7
194.1	NRCC-TENDER CARE(PRENATAL CLASSES)	719						194.1
3								3

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT		
		13	14	15	16	17		
194.1 6	NRCC-MLC CENTER	75,875				2,585		194.1 6
194.1 7	CHILD DAY CARE	21						194.1 7
194.1 8	MARKETING & ADVERTISING	77						194.1 8
194.1 9	FOUNDATION	13						194.1 9
194.2 0	RETAIL PHARMACY	3						194.2 0
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,188,843	448,766	5,248,518	1,137,351	204,916		202
203	Unit Cost Multiplier (Wkst. B, Part I)	6.140645	0.083792	4.158550	0.004278	21.305469		203
204	Cost to be allocated (Per Wkst. B, Part II)	161,555	149,169	408,392	69,162	23,671		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.311101	0.027852	0.323581	0.000260	2.461115		205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
DESCRIPTION		CODE	LINE NO.	AMOUNT	
1		2	3	4	
1	Adjustment for EPO costs in Renal Dialysis cost center				1
2	Adjustment for EPO costs in Home Program Dialysis cost center				2
3	Adjustment for ARANESP costs in Renal Dialysis cost center				3
4	Adjustment for ARANESP costs in Home Program Dialysis cost center				4
5	Adjustment for ESA costs in Renal Dialysis cost center (see instructions)	1	74	-117,105	5

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES**WORKSHEET C
PART I**

		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	14,446,916		14,446,916		14,446,916	30
31	Intensive Care Unit	2,158,176		2,158,176		2,158,176	31
43	Nursery	233,022		233,022		233,022	43
44	Skilled Nursing Facility	8,087,542		8,087,542		8,087,542	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	6,152,912		6,152,912		6,152,912	50
51	Recovery Room	575,669		575,669		575,669	51
52	Delivery Room & Labor Room	472,546		472,546		472,546	52
53	Anesthesiology	445,860		445,860	11,106	456,966	53
54	Radiology-Diagnostic	4,453,955		4,453,955		4,453,955	54
54.01	RADIATION ONCOLOGY	953,368		953,368	82,498	1,035,866	54.01
58	MRI	528,999		528,999		528,999	58
59	Cardiac Catheterization	2,522,257		2,522,257		2,522,257	59
60	Laboratory	3,571,647		3,571,647	42,254	3,613,901	60
65	Respiratory Therapy	1,454,030		1,454,030		1,454,030	65
66	Physical Therapy	1,122,716		1,122,716		1,122,716	66
67	Occupational Therapy	594,577		594,577		594,577	67
68	Speech Pathology	424,339		424,339		424,339	68
69	Electrocardiology	916,802		916,802	7,870	924,672	69
70	Electroencephalography	49,727		49,727		49,727	70
71	Medical Supplies Charged to Patients	3,844,223		3,844,223		3,844,223	71
72	Impl. Dev. Charged to Patients	2,987,034		2,987,034		2,987,034	72
73	Drugs Charged to Patients	7,017,840		7,017,840		7,017,840	73
74	Renal Dialysis	1,996,482		1,996,482	6,796	2,003,278	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	4,718,024		4,718,024		4,718,024	90
91	Emergency	6,867,350		6,867,350	79,540	6,946,890	91
92	Observation Beds (Non-Distinct Part)	1,848,442		1,848,442		1,848,442	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	126,029		126,029		126,029	95
101	Home Health Agency	5,239,622		5,239,622		5,239,622	101
113	Interest Expense						113
116	Hospice	2,077,860		2,077,860		2,077,860	116
200	Subtotal (sum of lines 30 thru 199)	85,887,966		85,887,966	230,064	86,118,030	200
201	Less Observation Beds	1,848,442		1,848,442		1,848,442	201
202	Total (line 200 minus line 201)	84,039,524		84,039,524		84,269,588	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES
**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	20,756,356		20,756,356				30
31	Intensive Care Unit	4,484,377		4,484,377				31
43	Nursery	2,784,576		2,784,576				43
44	Skilled Nursing Facility	4,613,236		4,613,236				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,460,851	22,916,956	32,377,807	0.190035	0.190035	0.190035	50
51	Recovery Room	1,350,464	4,173,100	5,523,564	0.104221	0.104221	0.104221	51
52	Delivery Room & Labor Room	1,406,978	247,995	1,654,973	0.285531	0.285531	0.285531	52
53	Anesthesiology	2,860,364	5,781,027	8,641,391	0.051596	0.051596	0.052881	53
54	Radiology-Diagnostic	9,571,839	24,343,640	33,915,479	0.131325	0.131325	0.131325	54
54.01	RADIATION ONCOLOGY	25,078	4,508,956	4,534,034	0.210269	0.210269	0.228465	54.01
58	MRI	238,036	2,006,638	2,244,674	0.235669	0.235669	0.235669	58
59	Cardiac Catheterization	6,268,829	11,964,227	18,233,056	0.138334	0.138334	0.138334	59
60	Laboratory	10,498,986	15,174,943	25,673,929	0.139116	0.139116	0.140762	60
65	Respiratory Therapy	2,195,616	680,923	2,876,539	0.505479	0.505479	0.505479	65
66	Physical Therapy	1,537,367	915,867	2,453,234	0.457647	0.457647	0.457647	66
67	Occupational Therapy	1,368,419	270,025	1,638,444	0.362891	0.362891	0.362891	67
68	Speech Pathology	755,776	286,650	1,042,426	0.407069	0.407069	0.407069	68
69	Electrocardiology	1,333,015	4,699,242	6,032,257	0.151983	0.151983	0.153288	69
70	Electroencephalography	28,588	40,116	68,704	0.723786	0.723786	0.723786	70
71	Medical Supplies Charged to Patients	897,009	1,471,573	2,368,582	1.623006	1.623006	1.623006	71
72	Impl. Dev. Charged to Patients	2,638,275	1,989,207	4,627,482	0.645499	0.645499	0.645499	72
73	Drugs Charged to Patients	9,481,988	13,646,149	23,128,137	0.303433	0.303433	0.303433	73
74	Renal Dialysis	202,200	19,962,307	20,164,507	0.099010	0.099010	0.099347	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	28,007	3,795,203	3,823,210	1.234048	1.234048	1.234048	90
91	Emergency	3,674,899	16,829,135	20,504,034	0.334927	0.334927	0.338806	91
92	Observation Beds (Non-Distinct Part)	235,034	2,181,138	2,416,172	0.765029	0.765029	0.765029	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency		6,269,518	6,269,518				101
113	Interest Expense							113
116	Hospice		2,980,950	2,980,950				116
200	Subtotal (sum of lines 30 thru 199)	98,696,163	167,135,485	265,831,648				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	98,696,163	167,135,485	265,831,648				202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	14,446,916		14,446,916		14,446,916	30
31	Intensive Care Unit	2,158,176		2,158,176		2,158,176	31
43	Nursery	233,022		233,022		233,022	43
44	Skilled Nursing Facility	8,087,542		8,087,542		8,087,542	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	6,152,912		6,152,912		6,152,912	50
51	Recovery Room	575,669		575,669		575,669	51
52	Delivery Room & Labor Room	472,546		472,546		472,546	52
53	Anesthesiology	445,860		445,860	11,106	456,966	53
54	Radiology-Diagnostic	4,453,955		4,453,955		4,453,955	54
54.01	RADIATION ONCOLOGY	953,368		953,368	82,498	1,035,866	54.01
58	MRI	528,999		528,999		528,999	58
59	Cardiac Catheterization	2,522,257		2,522,257		2,522,257	59
60	Laboratory	3,571,647		3,571,647	42,254	3,613,901	60
65	Respiratory Therapy	1,454,030		1,454,030		1,454,030	65
66	Physical Therapy	1,122,716		1,122,716		1,122,716	66
67	Occupational Therapy	594,577		594,577		594,577	67
68	Speech Pathology	424,339		424,339		424,339	68
69	Electrocardiology	916,802		916,802	7,870	924,672	69
70	Electroencephalography	49,727		49,727		49,727	70
71	Medical Supplies Charged to Patients	3,844,223		3,844,223		3,844,223	71
72	Impl. Dev. Charged to Patients	2,987,034		2,987,034		2,987,034	72
73	Drugs Charged to Patients	7,017,840		7,017,840		7,017,840	73
74	Renal Dialysis	1,996,482		1,996,482	6,796	2,003,278	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	4,718,024		4,718,024		4,718,024	90
91	Emergency	6,867,350		6,867,350	79,540	6,946,890	91
92	Observation Beds (Non-Distinct Part)	1,848,442		1,848,442		1,848,442	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	126,029		126,029		126,029	95
101	Home Health Agency	5,239,622		5,239,622		5,239,622	101
113	Interest Expense						113
116	Hospice	2,077,860		2,077,860		2,077,860	116
200	Subtotal (sum of lines 30 thru 199)	85,887,966		85,887,966	230,064	86,118,030	200
201	Less Observation Beds	1,848,442		1,848,442		1,848,442	201
202	Total (line 200 minus line 201)	84,039,524		84,039,524	230,064	84,269,588	202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	20,756,356		20,756,356				30
31	Intensive Care Unit	4,484,377		4,484,377				31
43	Nursery	2,784,576		2,784,576				43
44	Skilled Nursing Facility	4,613,236		4,613,236				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,460,851	22,916,956	32,377,807	0.190035	0.190035	0.190035	50
51	Recovery Room	1,350,464	4,173,100	5,523,564	0.104221	0.104221	0.104221	51
52	Delivery Room & Labor Room	1,406,978	247,995	1,654,973	0.285531	0.285531	0.285531	52
53	Anesthesiology	2,860,364	5,781,027	8,641,391	0.051596	0.051596	0.052881	53
54	Radiology-Diagnostic	9,571,839	24,343,640	33,915,479	0.131325	0.131325	0.131325	54
54.01	RADIATION ONCOLOGY	25,078	4,508,956	4,534,034	0.210269	0.210269	0.228465	54.01
58	MRI	238,036	2,006,638	2,244,674	0.235669	0.235669	0.235669	58
59	Cardiac Catheterization	6,268,829	11,964,227	18,233,056	0.138334	0.138334	0.138334	59
60	Laboratory	10,498,986	15,174,943	25,673,929	0.139116	0.139116	0.140762	60
65	Respiratory Therapy	2,195,616	680,923	2,876,539	0.505479	0.505479	0.505479	65
66	Physical Therapy	1,537,367	915,867	2,453,234	0.457647	0.457647	0.457647	66
67	Occupational Therapy	1,368,419	270,025	1,638,444	0.362891	0.362891	0.362891	67
68	Speech Pathology	755,776	286,650	1,042,426	0.407069	0.407069	0.407069	68
69	Electrocardiology	1,333,015	4,699,242	6,032,257	0.151983	0.151983	0.153288	69
70	Electroencephalography	28,588	40,116	68,704	0.723786	0.723786	0.723786	70
71	Medical Supplies Charged to Patients	897,009	1,471,573	2,368,582	1.623006	1.623006	1.623006	71
72	Impl. Dev. Charged to Patients	2,638,275	1,989,207	4,627,482	0.645499	0.645499	0.645499	72
73	Drugs Charged to Patients	9,481,988	13,646,149	23,128,137	0.303433	0.303433	0.303433	73
74	Renal Dialysis	202,200	19,962,307	20,164,507	0.099010	0.099010	0.099347	74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	28,007	3,795,203	3,823,210	1.234048	1.234048	1.234048	90
91	Emergency	3,674,899	16,829,135	20,504,034	0.334927	0.334927	0.338806	91
92	Observation Beds (Non-Distinct Part)	235,034	2,181,138	2,416,172	0.765029	0.765029	0.765029	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency		6,269,518	6,269,518				101
113	Interest Expense							113
116	Hospice		2,980,950	2,980,950				116
200	Subtotal (sum of lines 30 thru 199)	98,696,163	167,135,485	265,831,648				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	98,696,163	167,135,485	265,831,648				202

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☒ PPS
☐ TEFRA

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,223,675		1,223,675	11,708	104.52	5,678	593,465	30
31	Intensive Care Unit	151,752		151,752	1,114	136.22	606	82,549	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	32,544		32,544	879	37.02			43
44	Skilled Nursing Facility	269,791		269,791	20,115	13.41	2,785	37,347	44
45	Nursing Facility								45
200	Total (lines 30-199)	1,677,762		1,677,762	33,816		9,069	713,361	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
COMPONENT CCN: 16-0080
**WORKSHEET D
PART II**

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☒ PPS
 Applicable ☒ Title XVIII, Part A ☐ IPF
 Boxes: ☐ Title XIX ☐ IRF

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	963,313	32,377,807	0.029752	5,769,188	171,645	50
51	Recovery Room	40,256	5,523,564	0.007288	593,235	4,323	51
52	Delivery Room & Labor Room	59,514	1,654,973	0.035961	13,215	475	52
53	Anesthesiology	10,509	8,641,391	0.001216	1,181,696	1,437	53
54	Radiology-Diagnostic	953,275	33,915,479	0.028107	4,716,202	132,558	54
54.01	RADIATION ONCOLOGY	193,696	4,534,034	0.042720	11,442	489	54.01
58	MRI	34,191	2,244,674	0.015232	118,443	1,804	58
59	Cardiac Catheterization	424,611	18,233,056	0.023288	3,503,171	81,582	59
60	Laboratory	279,346	25,673,929	0.010881	6,172,407	67,162	60
65	Respiratory Therapy	105,606	2,876,539	0.036713	924,018	33,923	65
66	Physical Therapy	16,153	2,453,234	0.006584	472,408	3,110	66
67	Occupational Therapy	3,116	1,638,444	0.001902	361,568	688	67
68	Speech Pathology	2,213	1,042,426	0.002123	168,033	357	68
69	Electrocardiology	73,225	6,032,257	0.012139	1,254,518	15,229	69
70	Electroencephalography	15,039	68,704	0.218896	15,030	3,290	70
71	Medical Supplies Charged to Pat	96,532	2,368,582	0.040755	547,281	22,304	71
72	Impl. Dev. Charged to Patients	76,169	4,627,482	0.016460	1,474,750	24,274	72
73	Drugs Charged to Patients	429,497	23,128,137	0.018570	4,647,565	86,305	73
74	Renal Dialysis	65,864	20,164,507	0.003266	133,560	436	74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	96,640	3,823,210	0.025277	23,774	601	90
91	Emergency	282,362	20,504,034	0.013771	1,905,974	26,247	91
92	Observation Beds (Non-Distinct	156,565	2,416,172	0.064799	9,330	605	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	4,377,692	223,942,635		34,016,808	678,844	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V

☒ Title XVIII, Part A

☐ Title XIX

☒ PPS

☐ TEFRA

☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☒ PPS
☐ TEFRA
☐ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	11,708		5,678		30
31	Intensive Care Unit	1,114		606		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	879				43
44	Skilled Nursing Facility	20,115		2,785		44
45	Nursing Facility					45
200	Total (lines 30-199)	33,816		9,069		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-0080

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIATION ONCOLOGY									54.01
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services									95
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 16-0080
**WORKSHEET D
PART IV**

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☐ ICF/IID ☒ PPS
 Applicable ☒ Title XVIII, Part A ☐ IPF ☐ SNF ☐ TEFRA
 Boxes: ☐ Title XIX ☐ IRF ☐ NF ☐ Other

		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	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	32,377,807			5,769,188		9,082,879		50
51	Recovery Room	5,523,564			593,235		1,246,892		51
52	Delivery Room & Labor Room	1,654,973			13,215		3,010		52
53	Anesthesiology	8,641,391			1,181,696		1,646,398		53
54	Radiology-Diagnostic	33,915,479			4,716,202		8,005,489		54
54.01	RADIATION ONCOLOGY	4,534,034			11,442		2,384,923		54.01
58	MRI	2,244,674			118,443		651,876		58
59	Cardiac Catheterization	18,233,056			3,503,171		6,134,253		59
60	Laboratory	25,673,929			6,172,407		4,308,476		60
65	Respiratory Therapy	2,876,539			924,018		141,129		65
66	Physical Therapy	2,453,234			472,408		62,033		66
67	Occupational Therapy	1,638,444			361,568		56,640		67
68	Speech Pathology	1,042,426			168,033		5,824		68
69	Electrocardiology	6,032,257			1,254,518		2,782,430		69
70	Electroencephalography	68,704			15,030		18,116		70
71	Medical Supplies Charged to Pat	2,368,582			547,281		1,049,738		71
72	Impl. Dev. Charged to Patients	4,627,482			1,474,750		987,906		72
73	Drugs Charged to Patients	23,128,137			4,647,565		3,771,411		73
74	Renal Dialysis	20,164,507			133,560		1,840		74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,823,210			23,774		2,019,307		90
91	Emergency	20,504,034			1,905,974		5,594,913		91
92	Observation Beds (Non-Distinct	2,416,172			9,330		774,992		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	223,942,635			34,016,808		50,730,475		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 16-0080
**WORKSHEET D
PART V**

Check ☐ Title V - O/P ☒ Hospital ☐ SUB (Other) ☐ Swing Bed SNF
 Applicable ☒ Title XVIII, Part B ☐ IPF ☐ SNF ☐ Swing Bed NF
 Boxes: ☐ Title XIX - O/P ☐ IRF ☐ NF ☐ ICF/IID

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.190035	9,082,879			1,726,065			50
51	Recovery Room	0.104221	1,246,892			129,952			51
52	Delivery Room & Labor Room	0.285531	3,010			859			52
53	Anesthesiology	0.051596	1,646,398			84,948			53
54	Radiology-Diagnostic	0.131325	8,005,489			1,051,321			54
54.01	RADIATION ONCOLOGY	0.210269	2,384,923			501,475			54.01
58	MRI	0.235669	651,876			153,627			58
59	Cardiac Catheterization	0.138334	6,134,253			848,576			59
60	Laboratory	0.139116	4,308,476			599,378			60
65	Respiratory Therapy	0.505479	141,129			71,338			65
66	Physical Therapy	0.457647	62,033			28,389			66
67	Occupational Therapy	0.362891	56,640			20,554			67
68	Speech Pathology	0.407069	5,824			2,371			68
69	Electrocardiology	0.151983	2,782,430			422,882			69
70	Electroencephalography	0.723786	18,116			13,112			70
71	Medical Supplies Charged to Pat	1.623006	1,049,738			1,703,731			71
72	Impl. Dev. Charged to Patients	0.645499	987,906			637,692			72
73	Drugs Charged to Patients	0.303433	3,771,411		71,899	1,144,371		21,817	73
74	Renal Dialysis	0.099010	1,840			182			74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.234048	2,019,307			2,491,922			90
91	Emergency	0.334927	5,594,913			1,873,887			91
92	Observation Beds (Non-Distinct	0.765029	774,992			592,891			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)		50,730,475		71,899	14,099,523		21,817	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		50,730,475		71,899	14,099,523		21,817	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-5119

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☐ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☒ SNF
☐ NF

☐ ICF/IID

☒ PPS
☐ TEFRA
☐ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIATION ONCOLOGY									54.01
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services									95
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 16-5119
**WORKSHEET D
PART IV**

Check ☐ Title V ☐ Hospital ☐ SUB (Other) ☐ ICF/IID ☒ PPS
 Applicable ☒ Title XVIII, Part A ☐ IPF ☒ SNF ☐ TEFRA
 Boxes: ☐ Title XIX ☐ IRF ☐ NF ☐ Other

		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	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	32,377,807							50
51	Recovery Room	5,523,564							51
52	Delivery Room & Labor Room	1,654,973							52
53	Anesthesiology	8,641,391							53
54	Radiology-Diagnostic	33,915,479			15,957				54
54.01	RADIATION ONCOLOGY	4,534,034							54.01
58	MRI	2,244,674							58
59	Cardiac Catheterization	18,233,056							59
60	Laboratory	25,673,929			144,475				60
65	Respiratory Therapy	2,876,539							65
66	Physical Therapy	2,453,234			494,685				66
67	Occupational Therapy	1,638,444			522,989				67
68	Speech Pathology	1,042,426			334,592				68
69	Electrocardiology	6,032,257							69
70	Electroencephalography	68,704							70
71	Medical Supplies Charged to Pat	2,368,582							71
72	Impl. Dev. Charged to Patients	4,627,482							72
73	Drugs Charged to Patients	23,128,137			406,692				73
74	Renal Dialysis	20,164,507							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,823,210							90
91	Emergency	20,504,034							91
92	Observation Beds (Non-Distinct	2,416,172							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	223,942,635			1,919,390				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 16-5119
**WORKSHEET D
PART V**

Check ☐ **Title V - O/P** ☐ **Hospital** ☐ **SUB (Other)** ☐ **Swing Bed SNF**
Applicable ☒ **Title XVIII, Part B** ☐ **IPF** ☒ **SNF** ☐ **Swing Bed NF**
Boxes: ☐ **Title XIX - O/P** ☐ **IRF** ☐ **NF** ☐ **ICF/IID**

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.190035							50
51	Recovery Room	0.104221							51
52	Delivery Room & Labor Room	0.285531							52
53	Anesthesiology	0.051596							53
54	Radiology-Diagnostic	0.131325							54
54.01	RADIATION ONCOLOGY	0.210269							54.01
58	MRI	0.235669							58
59	Cardiac Catheterization	0.138334							59
60	Laboratory	0.139116							60
65	Respiratory Therapy	0.505479							65
66	Physical Therapy	0.457647							66
67	Occupational Therapy	0.362891							67
68	Speech Pathology	0.407069							68
69	Electrocardiology	0.151983							69
70	Electroencephalography	0.723786							70
71	Medical Supplies Charged to Pat	1.623006							71
72	Impl. Dev. Charged to Patients	0.645499							72
73	Drugs Charged to Patients	0.303433			3,244			984	73
74	Renal Dialysis	0.099010							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.234048							90
91	Emergency	0.334927							91
92	Observation Beds (Non-Distinct	0.765029							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)				3,244			984	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)				3,244			984	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

Check [] Title V
Applicable [] Title XVIII, Part A
Boxes: [XX] Title XIX

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,223,675		1,223,675	11,708	104.52	464	48,497	30
31	Intensive Care Unit	151,752		151,752	1,114	136.22	202	27,516	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	32,544		32,544	879	37.02	627	23,212	43
44	Skilled Nursing Facility	269,791		269,791	20,115	13.41	12,828	172,023	44
45	Nursing Facility								45
200	Total (lines 30-199)	1,677,762		1,677,762	33,816		14,121	271,248	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
COMPONENT CCN: 16-0080
**WORKSHEET D
PART II**

Check ☐ Title V
 Applicable ☐ Title XVIII, Part A
 Boxes: ☒ Title XIX

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	963,313	32,377,807	0.029752			50
51	Recovery Room	40,256	5,523,564	0.007288			51
52	Delivery Room & Labor Room	59,514	1,654,973	0.035961			52
53	Anesthesiology	10,509	8,641,391	0.001216			53
54	Radiology-Diagnostic	953,275	33,915,479	0.028107			54
54.01	RADIATION ONCOLOGY	193,696	4,534,034	0.042720			54.01
58	MRI	34,191	2,244,674	0.015232			58
59	Cardiac Catheterization	424,611	18,233,056	0.023288			59
60	Laboratory	279,346	25,673,929	0.010881			60
65	Respiratory Therapy	105,606	2,876,539	0.036713			65
66	Physical Therapy	16,153	2,453,234	0.006584			66
67	Occupational Therapy	3,116	1,638,444	0.001902			67
68	Speech Pathology	2,213	1,042,426	0.002123			68
69	Electrocardiology	73,225	6,032,257	0.012139			69
70	Electroencephalography	15,039	68,704	0.218896			70
71	Medical Supplies Charged to Pat	96,532	2,368,582	0.040755			71
72	Impl. Dev. Charged to Patients	76,169	4,627,482	0.016460			72
73	Drugs Charged to Patients	429,497	23,128,137	0.018570			73
74	Renal Dialysis	65,864	20,164,507	0.003266			74
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	96,640	3,823,210	0.025277			90
91	Emergency	282,362	20,504,034	0.013771			91
92	Observation Beds (Non-Distinct	156,565	2,416,172	0.064799			92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	4,377,692	223,942,635				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**WORKSHEET D
PART III**

Check ☐ Title V ☐ PPS
Applicable ☐ Title XVIII, Part A ☐ TEFRA
Boxes: ☒ Title XIX ☒ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☐ PPS
☐ TEFRA
☒ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	11,708		464		30
31	Intensive Care Unit	1,114		202		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	879		627		43
44	Skilled Nursing Facility	20,115		12,828		44
45	Nursing Facility					45
200	Total (lines 30-199)	33,816		14,121		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 16-0080

WORKSHEET D
PART IV

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIATION ONCOLOGY									54.01
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services									95
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 16-0080
**WORKSHEET D
PART IV**

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☐ ICF/IID ☐ PPS
 Applicable ☐ Title XVIII, Part A ☐ IPF ☐ SNF ☐ TEFRA
 Boxes: ☒ Title XIX ☐ IRF ☐ NF ☒ Other

		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	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	32,377,807							50
51	Recovery Room	5,523,564							51
52	Delivery Room & Labor Room	1,654,973							52
53	Anesthesiology	8,641,391							53
54	Radiology-Diagnostic	33,915,479							54
54.01	RADIATION ONCOLOGY	4,534,034							54.01
58	MRI	2,244,674							58
59	Cardiac Catheterization	18,233,056							59
60	Laboratory	25,673,929							60
65	Respiratory Therapy	2,876,539							65
66	Physical Therapy	2,453,234							66
67	Occupational Therapy	1,638,444							67
68	Speech Pathology	1,042,426							68
69	Electrocardiology	6,032,257							69
70	Electroencephalography	68,704							70
71	Medical Supplies Charged to Pat	2,368,582							71
72	Impl. Dev. Charged to Patients	4,627,482							72
73	Drugs Charged to Patients	23,128,137							73
74	Renal Dialysis	20,164,507							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,823,210							90
91	Emergency	20,504,034							91
92	Observation Beds (Non-Distinct	2,416,172							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	223,942,635							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 16-0080
**WORKSHEET D
PART V**

Check ☐ **Title V - O/P** ☒ **Hospital** ☐ **SUB (Other)** ☐ **Swing Bed SNF**
Applicable ☐ **Title XVIII, Part B** ☐ **IPF** ☐ **SNF** ☐ **Swing Bed NF**
Boxes: ☒ **Title XIX - O/P** ☐ **IRF** ☐ **NF** ☐ **ICF/IID**

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.190035							50
51	Recovery Room	0.104221							51
52	Delivery Room & Labor Room	0.285531							52
53	Anesthesiology	0.051596							53
54	Radiology-Diagnostic	0.131325							54
54.01	RADIATION ONCOLOGY	0.210269							54.01
58	MRI	0.235669							58
59	Cardiac Catheterization	0.138334							59
60	Laboratory	0.139116							60
65	Respiratory Therapy	0.505479							65
66	Physical Therapy	0.457647							66
67	Occupational Therapy	0.362891							67
68	Speech Pathology	0.407069							68
69	Electrocardiology	0.151983							69
70	Electroencephalography	0.723786							70
71	Medical Supplies Charged to Pat	1.623006							71
72	Impl. Dev. Charged to Patients	0.645499							72
73	Drugs Charged to Patients	0.303433							73
74	Renal Dialysis	0.099010							74
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.234048							90
91	Emergency	0.334927							91
92	Observation Beds (Non-Distinct	0.765029							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 16-0080****WORKSHEET D-1
PART I**

Check ☐ **Title V - I/P** ☒ **Hospital** ☐ **SUB (Other)** ☐ **ICF/IID** ☒ **PPS**
Applicable ☒ **Title XVIII, Part A** ☐ **IPF** ☐ **SNF** ☐ **TEFRA**
Boxes: ☐ **Title XIX - I/P** ☐ **IRF** ☐ **NF** ☐ **Other**

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,708	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,708	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	10,210	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	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)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,678	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	14,446,916	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	14,446,916	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,446,916	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 16-0080****WORKSHEET D-1
PART II**

Check ☐ Title V - I/P ☒ Hospital ☐ SUB (Other) ☒ PPS
Applicable ☒ Title XVIII, Part A ☐ IPF ☐ TEFRA
Boxes: ☐ Title XIX - I/P ☐ IRF ☐ Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,233.94	38
39	Program general inpatient routine service cost (line 9 x line 38)					7,006,311	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					7,006,311	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	2,158,176	1,114	1,937.32	606	1,174,016	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,259,744	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					16,440,071	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					676,014	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					678,844	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,354,858	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					15,085,213	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,498	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,233.94	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,848,442	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,223,675	14,446,916	0.084701	1,848,442	156,565	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 16-5119****WORKSHEET D-1
PART I**

Check ☐ **Title V - I/P** ☐ **Hospital** ☐ **SUB (Other)** ☐ **ICF/IID** ☒ **PPS**
Applicable ☒ **Title XVIII, Part A** ☐ **IPF** ☒ **SNF** ☐ **TEFRA**
Boxes: ☐ **Title XIX - I/P** ☐ **IRF** ☐ **NF** ☐ **Other**

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,115	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,115	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	20,115	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	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)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,785	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	8,087,542	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	8,087,542	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	8,087,542	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 16-5119****WORKSHEET D-1
PARTS III & IV**

Check ☐ **Title V - I/P** ☐ **Hospital** ☐ **SUB (Other)** ☐ **ICF/IID** ☒ **PPS**
Applicable ☒ **Title XVIII, Part A** ☐ **IPF** ☒ **SNF** ☐ **TEFRA**
Boxes: ☐ **Title XIX - I/P** ☐ **IRF** ☐ **NF** ☐ **Other**

PART III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	8,087,542	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	402.07	71
72	Program routine service cost (line 9 x line 71)	1,119,765	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	1,119,765	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	1,119,765	83
84	Program inpatient ancillary services (see instructions)	697,980	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	1,817,745	86

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 16-0080****WORKSHEET D-1
PART I**

Check ☐ **Title V - I/P** ☒ **Hospital** ☐ **SUB (Other)** ☐ **ICF/IID** ☐ **PPS**
Applicable ☐ **Title XVIII, Part A** ☐ **IPF** ☐ **SNF** ☐ **TEFRA**
Boxes: ☒ **Title XIX - I/P** ☐ **IRF** ☐ **NF** ☒ **Other**

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,708	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,708	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	10,210	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	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)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	464	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	879	15
16	Nursery days (title V or XIX only)	627	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	14,446,916	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	14,446,916	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,446,916	37

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 16-0080****WORKSHEET D-1
PART II**

Check ☐ Title V - I/P ☒ Hospital ☐ SUB (Other) ☐ PPS
 Applicable ☐ Title XVIII, Part A ☐ IPF ☐ TEFRA
 Boxes: ☒ Title XIX - I/P ☐ IRF ☒ Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,233.94	38
39	Program general inpatient routine service cost (line 9 x line 38)						572,548	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						572,548	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	233,022	879	265.10	627	166,218		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	2,158,176	1,114	1,937.32	202	391,339		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						1,130,105	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					99,225		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)					99,225		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53
TARGET AMOUNT AND LIMIT COMPUTATION								
54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63
PROGRAM INPATIENT ROUTINE SWING BED COST								
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 16-0080

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☐ Title XVIII, Part A

☒ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☐ PPS

☐ TEFRA

☒ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					1,498	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT
COMPONENT CCN: 16-0080
WORKSHEET D-3

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☐ Swing Bed SNF ☒ PPS
Applicable ☒ Title XVIII, Part A ☐ IPF ☐ SNF ☐ TEFRA
Boxes: ☐ Title XIX ☐ IRF ☐ NF ☐ ICF/IID ☐ Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		11,418,600		30
31	Intensive Care Unit		2,276,742		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.190035	5,769,188	1,096,348	50
51	Recovery Room	0.104221	593,235	61,828	51
52	Delivery Room & Labor Room	0.285531	13,215	3,773	52
53	Anesthesiology	0.052881	1,181,696	62,489	53
54	Radiology-Diagnostic	0.131325	4,716,202	619,355	54
54.01	RADIATION ONCOLOGY	0.228465	11,442	2,614	54.01
58	MRI	0.235669	118,443	27,913	58
59	Cardiac Catheterization	0.138334	3,503,171	484,608	59
60	Laboratory	0.140762	6,172,407	868,840	60
65	Respiratory Therapy	0.505479	924,018	467,072	65
66	Physical Therapy	0.457647	472,408	216,196	66
67	Occupational Therapy	0.362891	361,568	131,210	67
68	Speech Pathology	0.407069	168,033	68,401	68
69	Electrocardiology	0.153288	1,254,518	192,303	69
70	Electroencephalography	0.723786	15,030	10,879	70
71	Medical Supplies Charged to Patients	1.623006	547,281	888,240	71
72	Impl. Dev. Charged to Patients	0.645499	1,474,750	951,950	72
73	Drugs Charged to Patients	0.303433	4,647,565	1,410,225	73
74	Renal Dialysis	0.099347	133,560	13,269	74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.234048	23,774	29,338	90
91	Emergency	0.338806	1,905,974	645,755	91
92	Observation Beds (Non-Distinct Part)	0.765029	9,330	7,138	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		34,016,808	8,259,744	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		34,016,808		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT
COMPONENT CCN: 16-5119
WORKSHEET D-3

Check ☐ Title V ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF ☒ PPS
Applicable ☒ Title XVIII, Part A ☐ IPF ☒ SNF ☐ Swing Bed NF ☐ TEFRA
Boxes: ☐ Title XIX ☐ IRF ☐ NF ☐ ICF/IID ☐ Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.190035			50
51	Recovery Room	0.104221			51
52	Delivery Room & Labor Room	0.285531			52
53	Anesthesiology	0.051596			53
54	Radiology-Diagnostic	0.131325	15,957	2,096	54
54.01	RADIATION ONCOLOGY	0.210269			54.01
58	MRI	0.235669			58
59	Cardiac Catheterization	0.138334			59
60	Laboratory	0.139116	144,475	20,099	60
65	Respiratory Therapy	0.505479			65
66	Physical Therapy	0.457647	494,685	226,391	66
67	Occupational Therapy	0.362891	522,989	189,788	67
68	Speech Pathology	0.407069	334,592	136,202	68
69	Electrocardiology	0.151983			69
70	Electroencephalography	0.723786			70
71	Medical Supplies Charged to Patients	1.623006			71
72	Impl. Dev. Charged to Patients	0.645499			72
73	Drugs Charged to Patients	0.303433	406,692	123,404	73
74	Renal Dialysis	0.099010			74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.234048			90
91	Emergency	0.334927			91
92	Observation Beds (Non-Distinct Part)	0.765029			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		1,919,390	697,980	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,919,390		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT
COMPONENT CCN: 16-0080
WORKSHEET D-3

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☐ Swing Bed SNF ☐ PPS
Applicable ☐ Title XVIII, Part A ☐ IPF ☐ SNF ☐ Swing Bed NF ☐ TEFRA
Boxes: ☒ Title XIX ☐ IRF ☐ NF ☐ ICF/IID ☒ Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.190035			50
51	Recovery Room	0.104221			51
52	Delivery Room & Labor Room	0.285531			52
53	Anesthesiology	0.051596			53
54	Radiology-Diagnostic	0.131325			54
54.01	RADIATION ONCOLOGY	0.210269			54.01
58	MRI	0.235669			58
59	Cardiac Catheterization	0.138334			59
60	Laboratory	0.139116			60
65	Respiratory Therapy	0.505479			65
66	Physical Therapy	0.457647			66
67	Occupational Therapy	0.362891			67
68	Speech Pathology	0.407069			68
69	Electrocardiology	0.151983			69
70	Electroencephalography	0.723786			70
71	Medical Supplies Charged to Patients	1.623006			71
72	Impl. Dev. Charged to Patients	0.645499			72
73	Drugs Charged to Patients	0.303433			73
74	Renal Dialysis	0.099010			74
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.234048			90
91	Emergency	0.334927			91
92	Observation Beds (Non-Distinct Part)	0.765029			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	2,961,400			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	8,312,524			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	112,260			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	2,682,218			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	106.78			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0610			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2572			31
32	Sum of lines 30 and 31	0.3182			32
33	Allowable disproportionate share percentage (see instructions)	0.1547			33
34	Disproportionate share adjustment (see instructions)	436,019			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	5,977,483,147		6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000105062		0.000099180	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	628,006		671,121	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	158,292		501,962	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	660,254			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	12,482,457			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)	15,141,732			48
49	Total payment for inpatient operating costs (see instructions)	15,141,732			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	926,327			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	16,068,059			59
60	Primary payer payments	2,478			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	16,065,581			61
62	Deductibles billed to program beneficiaries	1,502,792			62
63	Coinsurance billed to program beneficiaries	658			63
64	Allowable bad debts (see instructions)	171,038			64
65	Adjusted reimbursable bad debts (see instructions)	111,175			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	131,314			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	14,673,306			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	12,931			70.93
70.94	HRR adjustment amount (see instructions)	-171,457			70.94
71	Amount due provider (see instructions)	14,514,780			71
71.01	Sequestration adjustment (see instructions)	290,296			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	14,246,882			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-22,398			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 16-0080****WORKSHEET E
PART B**

Check applicable box: ☒ **Hospital** ☐ **IPF** ☐ **IRF** ☐ **SUB (Other)** ☐ **SNF**

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	21,817			1
2	Medical and other services reimbursed under OPPS (see instructions)	14,099,523			2
3	OPPS payments	10,998,776			3
4	Outlier payment (see instructions)	26,217			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	21,817			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	71,899			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	71,899			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	71,899			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	50,082			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	21,817			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	11,024,993			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,145,631			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	8,901,179			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	8,901,179			30
31	Primary payer payments	1,894			31
32	Subtotal (line 30 minus line 31)	8,899,285			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	85,793			34
35	Adjusted reimbursable bad debts (see instructions)	55,765			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	63,110			36
37	Subtotal (see instructions)	8,955,050			37
38	MSP-LCC reconciliation amount from PS&R	582			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	8,954,468			40
40.01	Sequestration adjustment (see instructions)	179,089			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	8,707,095			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	68,284			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 16-5119****WORKSHEET E
PART B**

Check applicable box: ☐ Hospital ☐ IPF ☐ IRF ☐ SUB (Other) ☒ SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	984			1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	OPPS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	984			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	3,244			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	3,244			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	3,244			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	2,260			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)	984			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	984			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	984			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	984			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	984			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	984			40
40.01	Sequestration adjustment (see instructions)	20			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	690			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	274			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 16-0080****WORKSHEET E-1
PART I**

Check ☒ **Hospital** ☐ **SUB (Other)**
Applicable ☐ **IPF** ☐ **SNF**
Boxes: ☐ **IRF** ☐ **Swing Bed SNF**

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				14,246,882		8,707,095	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero							2
3	List separately each retroactive lump sum adjustment		.01					3.01
	amount based on subsequent revision of the interim		.02					3.02
	rate for the cost reporting period. Also show date of	Program	.03					3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04					3.04
		Provider	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		Provider	.52					3.52
		to	.53					3.53
		Program	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				14,246,882		8,707,095	4
	TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment		.01					5.01
	after desk review. Also show date of each payment.		.02					5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03					5.03
		to	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		to	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determined net settlement amount (balance due)		.01				68,284	6.01
	based on the cost report (1)		.02		-22,398			6.02
7	Total Medicare program liability (see instructions)				14,224,484		8,775,379	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 16-5119****WORKSHEET E-1
PART I**

Check ☐ **Hospital** ☐ **SUB (Other)**
Applicable ☐ **IPF** ☒ **SNF**
Boxes: ☐ **IRF** ☐ **Swing Bed SNF**

				INPATIENT PART A		PART B		
				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
	DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider				1,130,967		690	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero							2
3	List separately each retroactive lump sum adjustment		.01	01/24/2018	27,200			3.01
	amount based on subsequent revision of the interim		.02					3.02
	rate for the cost reporting period. Also show date of	Program	.03					3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04					3.04
		Provider	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		Provider	.52					3.52
		to	.53					3.53
		Program	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		27,200			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)				1,158,167		690	4
	TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment		.01					5.01
	after desk review. Also show date of each payment.		.02					5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03					5.03
		to	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		to	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determined net settlement amount (balance due)		.01				274	6.01
	based on the cost report (1)		.02		-18,842			6.02
7	Total Medicare program liability (see instructions)				1,139,325		964	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E-3
PART VI****PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES**

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	Resource Utilization Group (RUGS) payment	1,295,130	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	1,295,130	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	159,126	7
8	Allowable bad debts (see instructions)	48,051	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	48,051	9
10	Adjusted reimbursable bad debts (see instructions)	31,233	10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	1,167,237	12
13	Inpatient primary payer payments	4,660	13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	1,162,577	15
15.01	Sequestration adjustment (see instructions)	23,252	15.01
15.02	Demonstration payment adjustment amount after sequestration		15.02
16	Interim payments	1,158,167	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16 and 17)	-18,842	18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 16-0080****WORKSHEET E-3
PART VII**

Check ☐ Title V
 Applicable ☒ Title XIX
 Boxes:

☒ Hospital
☐ SUB (Other)
☐ SNF

☐ NF
☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	1,130,105		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	1,130,105		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	1,130,105		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahrge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,130,105		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	1,130,105		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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BALANCE SHEET**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	758,467				1
2	Temporary investments	16,849,149				2
3	Notes receivable	206,689				3
4	Accounts receivable	16,266,914				4
5	Other receivables	-1,904,089				5
6	Allowances for uncollectible notes and accounts receivable	-2,267,409				6
7	Inventory	2,194,556				7
8	Prepaid expenses	196,271				8
9	Other current assets					9
10	Due from other funds	77,170				10
11	Total current assets (sum of lines 1-10)	32,377,718				11
FIXED ASSETS						
12	Land	905,281				12
13	Land improvements	3,187,078				13
14	Accumulated depreciation					14
15	Buildings	77,911,402				15
16	Accumulated depreciation	-67,121,219				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	49,071,533				23
24	Accumulated depreciation	-31,210,064				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	32,744,011				30
OTHER ASSETS						
31	Investments	5,588,016				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	67,825,864				34
35	Total other assets (sum of lines 31-34)	73,413,880				35
36	Total assets (sum of lines 11, 30 and 35)	138,535,609				36
	Liabilities and Fund Balances (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	6,745,815				37
38	Salaries, wages and fees payable	1,227,653				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	589,413				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	3,712,827				44
45	Total current liabilities (sum of lines 37 thru 44)	12,275,708				45
LONG TERM LIABILITIES						
46	Mortgage payable	16,835,414				46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	1,939,727				49
50	Total long term liabilities (sum of lines 46 thru 49)	18,775,141				50
51	Total liabilities (sum of lines 45 and 50)	31,050,849				51
CAPITAL ACCOUNTS						
52	General fund balance	107,484,760				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	107,484,760				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	138,535,609				60

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STATEMENT OF CHANGES IN FUND BALANCES**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		112,307,324		1
2	Net income (loss) (from Worksheet G-3, line 29)		-1,881,104		2
3	Total (sum of line 1 and line 2)		110,426,220		3
4	Additions (credit adjustments) (specify)				4
5	NA REL FOR CAP ACQ - CATH LAB	102,643			5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		102,643		10
11	Subtotal (line 3 plus line 10)		110,528,863		11
12	Deductions (debit adjustments) (specify)				12
13	TRANSFERS (TO)FROM SPONS/AFF - IC	3,043,936			13
14	TEMP RES NA CONT INT - CATH LAB	167			14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		3,044,103		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		107,484,760		19

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				1
2	Net income (loss) (from Worksheet G-3, line 29)				2
3	Total (sum of line 1 and line 2)				3
4	Additions (credit adjustments) (specify)				4
5	NA REL FOR CAP ACQ - CATH LAB				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)				11
12	Deductions (debit adjustments) (specify)				12
13	TRANSFERS (TO)FROM SPONS/AFF - IC				13
14	TEMP RES NA CONT INT - CATH LAB				14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	30,052,918		30,052,918	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	4,588,645		4,588,645	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	34,641,563		34,641,563	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	34,641,563		34,641,563	17
18	Ancillary services	68,870,683	141,281,618	210,152,301	18
19	Outpatient services		17,687,709	17,687,709	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		6,269,518	6,269,518	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	OTHER PATIENT REVENUES		2,980,950	2,980,950	27
27.01	PHYSICIAN SERVICES	1,227,871	12,026,150	13,254,021	27.01
27.02	MLC - NORTH	5,325,331		5,325,331	27.02
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	110,065,448	180,245,945	290,311,393	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		102,250,587	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		102,250,587	43

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	290,311,393	1
2	Less contractual allowances and discounts on patients' accounts	197,992,117	2
3	Net patient revenues (line 1 minus line 2)	92,319,276	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	102,250,587	4
5	Net income from service to patients (line 3 minus line 4)	-9,931,311	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER OP/NON OP REVN)	2,641,107	24
25	Total other income (sum of lines 6-24)	2,641,107	25
26	Total (line 5 plus line 25)	-7,290,204	26
27	Other expenses (INVESTMENT EXP)	-5,409,100	27
28	Total other expenses (sum of line 27 and subscripts)	-5,409,100	28
29	Net income (or loss) for the period (line 26 minus line 28)	-1,881,104	29

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**HHA CCN: 16-7154****WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	312,265	98,332	5,141	291,451		5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	833,613	177,913	46,876	65,741	50,138	6
7	Physical Therapy	294,505	69,386	23,722	5,365	15,595	7
8	Occupational Therapy	98,987	15,504	4,741		7,185	8
9	Speech Pathology	24,373	4,292	1,491	408	1,162	9
10	Medical Social Services	7,716	1,647	705		563	10
11	Home Health Aide	101,845	21,736	11,315	7,722	13,892	11
12	Supplies (see instructions)					43,990	12
13	Drugs						13
14	DME	505,634	124,963	399	52,980	798,611	14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	35,388	11,182	3,796	1,744	4,207	17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	2,214,326	524,955	98,186	425,411	935,343	24

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**HHA CCN: 16-7154****WORKSHEET H**

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	707,189	-565,288	141,901	-17,160	124,741	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,174,281		1,174,281		1,174,281	6
7	Physical Therapy	408,573		408,573		408,573	7
8	Occupational Therapy	126,417		126,417		126,417	8
9	Speech Pathology	31,726		31,726		31,726	9
10	Medical Social Services	10,631		10,631		10,631	10
11	Home Health Aide	156,510		156,510		156,510	11
12	Supplies (see instructions)	43,990		43,990		43,990	12
13	Drugs						13
14	DME	1,482,587		1,482,587		1,482,587	14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing	56,317		56,317		56,317	17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	4,198,221	-565,288	3,632,933	-17,160	3,615,773	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**HHA CCN: 16-7154****WORKSHEET H-1
PART I**

		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANC E	
		0	1	2	3	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	124,741				5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care	1,174,281				6
7	Physical Therapy	408,573				7
8	Occupational Therapy	126,417				8
9	Speech Pathology	31,726				9
10	Medical Social Services	10,631				10
11	Home Health Aide	156,510				11
12	Supplies (see instructions)	43,990				12
13	Drugs					13
14	DME	1,482,587				14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing	56,317				17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	3,615,773				24

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS**HHA CCN: 16-7154****WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		124,741	124,741		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,174,281	41,959	1,216,240	6
7	Physical Therapy		408,573	14,599	423,172	7
8	Occupational Therapy		126,417	4,517	130,934	8
9	Speech Pathology		31,726	1,134	32,860	9
10	Medical Social Services		10,631	380	11,011	10
11	Home Health Aide		156,510	5,592	162,102	11
12	Supplies (see instructions)		43,990	1,572	45,562	12
13	Drugs					13
14	DME		1,482,587	52,976	1,535,563	14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing		56,317	2,012	58,329	17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		3,615,773		3,615,773	24

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - HHA STATISTICAL BASIS
HHA CCN: 16-7154
**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANC E (Square Feet)	TRANSPORT- ATION (Mileage)	RECONCIL- IATION	ADMINI- STRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
	GENERAL SERVICE COST CENTERS							
1	Capital Related-Bldgs. and Fixtures	14,988						1
2	Capital Related-Movable Equipment		80,680					2
3	Plant Operation & Maintenance			14,988				3
4	Transportation (see instructions)				170,778			4
5	Administrative and General	750	2,750	750	6,628	-124,741	6,982,064	5
	HHA REIMBURSABLE SERVICES							
6	Skilled Nursing Care	6,407	33,984	6,407	86,322	1,174,281	2,348,562	6
7	Physical Therapy				40,217	408,573	817,146	7
8	Occupational Therapy				7,601	126,417	252,834	8
9	Speech Pathology				2,509	31,726	63,452	9
10	Medical Social Services				1,185	10,631	21,262	10
11	Home Health Aide				19,001	156,510	313,020	11
12	Supplies (see instructions)					43,990	87,980	12
13	Drugs							13
14	DME	7,300	43,946	7,300	732	1,482,587	2,965,174	14
	HHA NONREIMBURSABLE SERVICES							
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing	531		531	6,583	56,317	112,634	17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)	14,988	80,680	14,988	170,778	3,366,291	6,982,064	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						124,741	25
26	Unit Cost Multiplier						0.017866	26

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 16-7154****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES	CAP REL 1970 BLDG	CAP REL BLUFF BUILDING	CAP REL RADIATION ONCOLOGY	CAP MOVABLE EQUIPMENT	
		0	1	1.01	1.02	1.03	2	
1	Administrative and General				24		3,044	1
2	Skilled Nursing Care	1,216,240			204		37,611	2
3	Physical Therapy	423,172						3
4	Occupational Therapy	130,934						4
5	Speech Pathology	32,860						5
6	Medical Social Services	11,011						6
7	Home Health Aide	162,102						7
8	Supplies	45,562						8
9	Drugs							9
10	DME	1,535,563			232		48,635	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	58,329			17			13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	3,615,773			477		89,290	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 16-7154****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	A+G INFO SERV	A+G PURCHASING STORES	A+G ADMITTING REGISTER	SUBTOTAL (cols.0-4)	
		4	4A	5.02	5.03	5.04		
1	Administrative and General	77,293	80,361	4,596			84,957	1
2	Skilled Nursing Care	206,340	1,460,395	83,521	2,575	9,508	1,555,999	2
3	Physical Therapy	72,897	496,069	28,371	1,117	4,122	529,679	3
4	Occupational Therapy	24,502	155,436	8,890	545	2,011	166,882	4
5	Speech Pathology	6,033	38,893	2,224	81	299	41,497	5
6	Medical Social Services	1,910	12,921	739	47	175	13,882	6
7	Home Health Aide	25,209	187,311	10,713	127	470	198,621	7
8	Supplies		45,562	2,606	96	353	48,617	8
9	Drugs							9
10	DME	125,156	1,709,586	97,772	5,012	18,500	1,830,870	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	8,759	67,105	3,838	99	367	71,409	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	548,099	4,253,639	243,270	9,699	35,805	4,542,413	20

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 16-7154****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	A+G ALL OTHER	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.06	6	7	8	9	10	
1	Administrative and General	9,515						1
2	Skilled Nursing Care	174,263						2
3	Physical Therapy	59,321						3
4	Occupational Therapy	18,690						4
5	Speech Pathology	4,647						5
6	Medical Social Services	1,555						6
7	Home Health Aide	22,244						7
8	Supplies	5,445						8
9	Drugs							9
10	DME	205,046						10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing	7,997						13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	508,723						20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 16-7154****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11	13	14	15	16	17	
1	Administrative and General							1
2	Skilled Nursing Care		139,294			7,122	22,371	2
3	Physical Therapy					3,088		3
4	Occupational Therapy					1,507		4
5	Speech Pathology					224		5
6	Medical Social Services					131		6
7	Home Health Aide					352		7
8	Supplies					264		8
9	Drugs							9
10	DME					13,858		10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing					275		13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		139,294			26,821	22,371	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS**HHA CCN: 16-7154****WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	SUBTOTAL (sum of col.4A-23)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtlI)	TOTAL HHA COSTS	
		19	24	25	26	27	28	
1	Administrative and General		94,472		94,472			1
2	Skilled Nursing Care		1,899,049		1,899,049	34,868	1,933,917	2
3	Physical Therapy		592,088		592,088	10,871	602,959	3
4	Occupational Therapy		187,079		187,079	3,435	190,514	4
5	Speech Pathology		46,368		46,368	851	47,219	5
6	Medical Social Services		15,568		15,568	286	15,854	6
7	Home Health Aide		221,217		221,217	4,062	225,279	7
8	Supplies		54,326		54,326	997	55,323	8
9	Drugs							9
10	DME		2,049,774		2,049,774	37,639	2,087,413	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		79,681		79,681	1,463	81,144	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		5,239,622		5,239,622	94,472	5,239,622	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.018361		21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP REL 1970 BLDG SQUARE FEET	CAP REL BLUFF BUILDING SQUARE FEET	CAP REL RADIATION ONCOLOGY SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	
		1	1.01	1.02	1.03	2	4	
1	Administrative and General			750		2,750	312,266	1
2	Skilled Nursing Care			6,407		33,984	833,613	2
3	Physical Therapy						294,505	3
4	Occupational Therapy						98,987	4
5	Speech Pathology						24,373	5
6	Medical Social Services						7,716	6
7	Home Health Aide						101,845	7
8	Supplies							8
9	Drugs							9
10	DME			7,300		43,945	505,633	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing			531			35,388	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			14,988		80,679	2,214,326	20
21	Total cost to be allocated			477		89,290	548,099	21
22	Unit Cost Multiplier			0.031825		1.106732		22
22	Unit Cost Multiplier						0.247524	22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154**WORKSHEET H-2
PART II**

	HHA COST CENTER	RECON- CILIATION	A+G INFO SERV ACCUM COST	A+G PURCHASING STORES GROSS REVENUE	A+G ADMITTING REGISTER GROSS REVENUE	RECON- CILIATION	A+G ALL OTHER ACCUM COST	
		4A.02	5.02	5.03	5.04		5.06	
1	Administrative and General		80,361				84,957	1
2	Skilled Nursing Care		1,460,395	1,664,831	1,664,831		1,555,999	2
3	Physical Therapy		496,069	721,804	721,804		529,679	3
4	Occupational Therapy		155,436	352,182	352,182		166,882	4
5	Speech Pathology		38,893	52,322	52,322		41,497	5
6	Medical Social Services		12,921	30,598	30,598		13,882	6
7	Home Health Aide		187,311	82,359	82,359		198,621	7
8	Supplies		45,562	61,822	61,822		48,617	8
9	Drugs							9
10	DME		1,709,586	3,239,330	3,239,330		1,830,870	10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing		67,105	64,270	64,270		71,409	13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)		4,253,639	6,269,518	6,269,518		4,542,413	20
21	Total cost to be allocated		243,270	9,699	35,805		508,723	21
22	Unit Cost Multiplier			0.001547				22
22	Unit Cost Multiplier		0.057191		0.005711		0.111994	22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154**WORKSHEET H-2
PART II**

	HHA COST CENTER	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTE'S	
		6	7	8	9	10	11	
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General							1
2	Skilled Nursing Care	22,684			1,664,831	1,050		2
3	Physical Therapy				721,804			3
4	Occupational Therapy				352,182			4
5	Speech Pathology				52,322			5
6	Medical Social Services				30,598			6
7	Home Health Aide				82,359			7
8	Supplies				61,822			8
9	Drugs							9
10	DME				3,239,330			10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing				64,270			13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	22,684			6,269,518	1,050		20
21	Total cost to be allocated	139,294			26,821	22,371		21
22	Unit Cost Multiplier	6.140628				21.305714		22
22	Unit Cost Multiplier				0.004278			22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 16-7154

WORKSHEET H-2
PART II

	HHA COST CENTER							
1	Administrative and General							1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)							20
21	Total cost to be allocated							21
22	Unit Cost Multiplier							22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF PATIENT SERVICE COSTS**HHA CCN: 16-7154****WORKSHEET H-3
PARTS I & II**Check applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX**PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST**

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	Skilled Nursing Care	2	1,933,917		1,933,917	11,304	171.08	1
2	Physical Therapy	3	602,959		602,959	3,516	171.49	2
3	Occupational Therapy	4	190,514		190,514	1,620	117.60	3
4	Speech Pathology	5	47,219		47,219	262	180.23	4
5	Medical Social Services	6	15,854		15,854	127	124.83	5
6	Home Health Aide	7	225,279		225,279	3,132	71.93	6
7	Total (sum of lines 1-6)		3,015,742		3,015,742	19,961		7

Limitation Cost Computation			Program Visits			
	Patient Services	CBSA No.	Part A	PART B		
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	99914		1,583		8
8.01	Skilled Nursing Care	99916		3,918		8.01
9	Physical Therapy	99914		586		9
9.01	Physical Therapy	99916		1,782		9.01
10	Occupational Therapy	99914		284		10
10.01	Occupational Therapy	99916		870		10.01
11	Speech Pathology	99914		35		11
11.01	Speech Pathology	99916		136		11.01
12	Medical Social Services	99914		21		12
12.01	Medical Social Services	99916		69		12.01
13	Home Health Aide	99914		67		13
13.01	Home Health Aide	99916		579		13.01
14	Total (sum of lines 8-13)			9,930		14

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
			1	2	3	4	5
15	Cost of Medical Supplies	8	55,323		55,323		15
16	Cost of Drugs	9				949	16

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
			1	2	3	4	
1	Physical Therapy	66	0.457647			col. 2, line 2	1
2	Occupational Therapy	67	0.362891			col. 2, line 3	2
3	Speech Pathology	68	0.407069			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	1.623006			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.303433			col. 2, line 16	5

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 16-7154

WORKSHEET H-3
PARTS I & II

Check applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B			Total Program Cost (sum of cols 9-10)	
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		5,501			941,111		941,111	1
2	Physical Therapy		2,368			406,088		406,088	2
3	Occupational Therapy		1,154			135,710		135,710	3
4	Speech Pathology		171			30,819		30,819	4
5	Medical Social Services		90			11,235		11,235	5
6	Home Health Aide		646			46,467		46,467	6
7	Total (sum of lines 1-6)		9,930			1,571,430		1,571,430	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services			
		Part B			Part B			
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6	7	8	9	10	11	
15	Cost of Medical Supplies							15
16	Cost of Drugs							16

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT**HHA CCN: 16-7154****WORKSHEET H-4
PARTS I & II**Check applicable box: ☐ Title V ☒ Title XVIII ☐ Title XIX**PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES**

	Description	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges	2,007,742			2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	1,744,778			4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)	2,007,742			6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,007,742			7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services	Part B Services	
		1	2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		1,689,557	11
12	Total PPS Reimbursement - Full Episodes with Outliers		5,860	12
13	Total PPS Reimbursement - LUPA Episodes		25,595	13
14	Total PPS Reimbursement - PEP Episodes		20,410	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers		3,036	15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments		708	17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		1,745,166	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		1,745,166	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		1,745,166	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		1,745,166	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		1,745,166	31
31.01	Sequestration adjustment (see instructions)		34,904	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		1,710,262	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA CCN: 16-7154

WORKSHEET H-5

				Part A		Part B		
	DESCRIPTION			mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
				1	2	3	4	
1	Total interim payments paid to provider						1,710,262	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero.							2
3	List separately each retroactive lump sum adjustment		.01					3.01
	amount based on subsequent revision of the interim		.02					3.02
	rate for the cost reporting period. Also show date of	Program	.03					3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	To	.04					3.04
		Provider	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		Provider	.52					3.52
		To	.53					3.53
		Program	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)						1,710,262	4
	TO BE COMPLETED BY CONTRACTOR							
5	List separately each tentative settlement payment		.01					5.01
	after desk review. Also show date of each payment.		.02					5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03					5.03
		To	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		To	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determine net settlement amount (balance due)		.01					6.01
	based on the cost report (see instructions)		.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)						1,710,262	7
8	Name of Contractor			Contractor Number		NPR Date: Month, Day, Year		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS**WORKSHEET I-1**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	237,537	Hours of Service	9,207.00	4.43	1
2	Licensed Practical Nurses		Hours of Service			2
3	Nurses Aides		Hours of Service			3
4	Technicians	122,706	Hours of Service	10,721.00	5.15	4
5	Social Workers	43,338	Hours of Service	2,063.00	0.99	5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	75,209	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	478,790				9
10	Employee Benefits	139,925	Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs	39,547	Percentage of Time			13
14	Supplies	198,899	Requisitions			14
15	Drugs	323,449	Requisitions			15
16	Other	116,352	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	1,296,962				17
18	Capital Related Costs-Bldgs. & Fixtures	160	Square Feet			18
19	Capital Related Costs-Mov. Equip.	36,126	Percentage of Time			19
20	Employee Benefits Department	153,021	Salary			20
21	Administrative and General	423,717	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping		Square Feet			22
23	Medical Education Program Costs					23
24	Central Services & Supplies		Requisitions			24
25	Pharmacy		Requisitions			25
26	Other Allocated Costs	203,601	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	2,113,587				27
28	Laboratory		Charges			28
29	Respiratory Therapy		Charges			29
30	Other Ancillary (specify)		Charges			30
31	Total costs (sum of lines 27-30)	2,113,587				31

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate,
and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES**WORKSHEET I-2**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	160	75,673	237,537	166,044	292,946	206,344	1
	MAINTENANCE							
2	Hemodialysis	160	75,673	237,537	166,044	292,946	206,344	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD							6
7	CCPD							7
	HOME							
8	Hemodialysis							8
9	Intermittent Peritoneal							9
10	CAPD							10
11	CCPD							11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis							12
13	Method II Home Patient							13
14	All ESAs (incl. in renal department)						117,105	14
15	N/A for FYB on/after 10/1/2015							15
16	Other							16
17	Total (sum of lines 2 through 16)	160	75,673	237,537	166,044	292,946	206,344	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES**WORKSHEET I-2**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	198,899		1,177,603	818,879	1,996,482	1
	MAINTENANCE						
2	Hemodialysis	198,899		1,177,603	818,879	1,996,482	2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis						12
13	Method II Home Patient						13
14	All ESAs (incl. in renal department)						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total (sum of lines 2 through 16)	198,899		1,177,603	818,879	1,996,482	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					1,996,482	19

KPMG LLP Compu-Max 2552-10

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS**WORKSHEET I-3**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	160	75,673	237,537	166,044	292,946	1
	MAINTENANCE						
2	Hemodialysis	92	39,547.00	9,207.00	12,784.00	478,790	2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	92	39,547.00	9,207.00	12,784.00	478,790	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	1.739130	1.913495	25.799609	12.988423	0.611847	18

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS**WORKSHEET I-3**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	206,344	198,899				1
	MAINTENANCE						
2	Hemodialysis	323,448	198,899				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD						7
	HOME						
8	Hemodialysis						8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments						12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	323,448	198,899			1,177,603	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.637951	1.000000			0.695378	18

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS**WORKSHEET I-4**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	9,160	1,996,482	217.96	7,200			1,569,312	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis								5
6	Training - Continuous Cycling Peritoneal Dialysis								6
7	Home Program - Hemodialysis								7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis								9
10	Home Program - Continuous Cycling Peritoneal Dialysis								10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	9,160	1,996,482		7,200			1,569,312	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	9,160							12

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS**WORKSHEET I-4**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	1,364,516			189.52			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis							7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis							9
10	Home Program - Continuous Cycling Peritoneal Dialysis							10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	1,364,516						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B**WORKSHEET I-5**

	DESCRIPTION		
1	Total expenses related to care of program beneficiaries (see instructions)	1,569,312	1
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	1,364,516	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)		2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)		2.02
2.03	Total payment due (see instructions)	1,364,516	2.03
2.04	Outlier payments		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	2,422	3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)		3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)		3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	2,422	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	348,990	4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)		4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)		4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	348,990	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries		5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012		5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013		5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014		5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014		5.04
5.05	Total bad debts (sum of line 5 through line 5.04)		5.05
6	Allowable bad debts (see instructions)		6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	331,942	8
9	Program payment (see instructions)	1,029,301	9
10	Unrecovered from Medicare (Part B) patients (see instructions)		10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)		11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12	Total allowable expenses (see instructions)	2,113,587	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)	1,996,482	13
14	Facility specific composite cost percentage (line 13 divided by line 12)	0.944594	14

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WORKSHEET L

PART I - FULLY PROSPECTIVE METHOD

PART II - PAYMENT UNDER REASONABLE COST

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-1970							1.01
1.02	CAP REL BLUFF BLDG							1.02
1.03	CAP REL COSTS-RADIATION ONCOLOGY							1.03
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.02	A&G-INFO SERVICE							5.02
5.03	A&G-PURCHASING, STORES							5.03
5.04	A&G-ADMITTING, REGIST							5.04
5.06	A&G-ALL OTHER							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
44	Skilled Nursing Facility							44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIATION ONCOLOGY							54.01
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
113	Interest Expense							113
116	Hospice							116
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
194	OTHER NON-REIM							194
194.0	PASSTHRU COSTS							194.0
1								1
194.0	PHYSICIAN CLINICS							194.0
7								7
194.1	NRCC-TENDERCARE(PRENATAL CLASSES)							194.1
3								3

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
194.1 6	NRCC-MLC CENTER							194.1 6
194.1 7	CHILD DAY CARE							194.1 7
194.1 8	MARKETING & ADVERTISING							194.1 8
194.1 9	FOUNDATION							194.1 9
194.2 0	RETAIL PHARMACY							194.2 0
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CCN: 16-1527
WORKSHEET O

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip		40,013	40,013		40,013		40,013	2
3	Employee Benefits Department	1,207	83,701	84,908		84,908		84,908	3
4	Administrative & General	193,300	9,212	202,512	74,314	276,826	-3,667	273,159	4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration								9
10	Routine Medical Supplies		14,528	14,528		14,528		14,528	10
11	Medical Records								11
12	Staff Transportation		25,148	25,148		25,148		25,148	12
13	Volunteer Service Coordination								13
14	Pharmacy		142,340	142,340		142,340		142,340	14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted		553,672	553,672		553,672		553,672	25
26	Physician Services		35,516	35,516		35,516		35,516	26
27	Nurse Practitioner								27
28	Registered Nurse	206,520		206,520		206,520		206,520	28
29	LPN/LVN	97,847		97,847		97,847		97,847	29
30	Physical Therapy								30
31	Occupational Therapy	31		31		31		31	31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	4,887	25,012	29,899		29,899		29,899	34
35	Dietary Counseling		326	326		326		326	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	33,090		33,090		33,090		33,090	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation		3,668	3,668		3,668		3,668	39
40	Imaging Services		1	1		1		1	40
41	Labs and Diagnostics		669	669		669		669	41
42	Medical Supplies - Non-routine		138	138		138		138	42
42.5	Drugs Charged to Patients								42.5
0									0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
100	TOTAL	536,882	933,944	1,470,826	74,314	1,545,140	-3,667	1,541,473	100

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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE CONTINUOUS HOME CARE

HOSPICE CCN: 16-1527

WORKSHEET O-1

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services								26
27	Nurse Practitioner								27
28	Registered Nurse								28
29	LPN/LVN								29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling								34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation								39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL								100

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE ROUTINE HOME CARE**
HOSPICE CCN: 16-1527
WORKSHEET O-2

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted								25
26	Physician Services		35,437	35,437		35,437		35,437	26
27	Nurse Practitioner								27
28	Registered Nurse	206,063		206,063		206,063		206,063	28
29	LPN/LVN	97,630		97,630		97,630		97,630	29
30	Physical Therapy								30
31	Occupational Therapy	31		31		31		31	31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	4,876	24,957	29,833		29,833		29,833	34
35	Dietary Counseling		325	325		325		325	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services	33,090		33,090		33,090		33,090	37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation		3,660	3,660		3,660		3,660	39
40	Imaging Services								40
41	Labs and Diagnostics		669	669		669		669	41
42	Medical Supplies - Non-routine		138	138		138		138	42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	341,690	65,186	406,876		406,876		406,876	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE INPATIENT RESPITE CARE
HOSPICE CCN: 16-1527**WORKSHEET O-3**

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted		500,091	500,091		500,091		500,091	25
26	Physician Services		71	71		71		71	26
27	Nurse Practitioner								27
28	Registered Nurse	413		413		413		413	28
29	LPN/LVN	196		196		196		196	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	10	50	60		60		60	34
35	Dietary Counseling		1	1		1		1	35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation		7	7		7		7	39
40	Imaging Services		1	1		1		1	40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	619	500,221	500,840		500,840		500,840	100

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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**ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS
HOSPICE GENERAL INPATIENT CARE**
HOSPICE CCN: 16-1527
WORKSHEET O-4

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	SUBTOTAL	ADJUST- MENTS	TOTAL (col. 5 + col. 6)	
		1	2	3	4	5	6	7	
	DIRECT PATIENT CARE SERVICE COST CENTERS								
25	Inpatient Care - Contracted		53,581	53,581		53,581		53,581	25
26	Physician Services		8	8		8		8	26
27	Nurse Practitioner								27
28	Registered Nurse	44		44		44		44	28
29	LPN/LVN	21		21		21		21	29
30	Physical Therapy								30
31	Occupational Therapy								31
32	Speech/Language Pathology								32
33	Medical Social Services								33
34	Spiritual Counseling	1	5	6		6		6	34
35	Dietary Counseling								35
36	Counseling - Other								36
37	Hospice Aide and Homemaker Services								37
38	Durable Medical Equipment - Oxygen								38
39	Patient Transportation		1	1		1		1	39
40	Imaging Services								40
41	Labs and Diagnostics								41
42	Medical Supplies - Non-routine								42
42.5 0	Drugs Charged to Patients								42.5 0
43	Outpatient Services								43
44	Palliative Radiation Therapy								44
45	Palliative Chemotherapy								45
46	Other Patient Care Services								46
100	TOTAL	66	53,595	53,661		53,661		53,661	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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**COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE
NET EXPENSES FOR ALLOCATION****HOSPICE CCN: 16-1527****WORKSHEET O-5**

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols 1+2)	
		1	2	3	
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt		27	27	1
2	Cap Rel Costs-Mvble Equip	40,013	272	40,285	2
3	Employee Benefits Department	84,908	132,891	217,799	3
4	Administrative & General	273,159	318,114	591,273	4
5	Plant Operation & Maintenance				5
6	Laundry & Linen Service				6
7	Housekeeping				7
8	Dietary				8
9	Nursing Administration		47,701	47,701	9
10	Routine Medical Supplies	14,528		14,528	10
11	Medical Records		12,753	12,753	11
12	Staff Transportation	25,148		25,148	12
13	Volunteer Service Coordination				13
14	Pharmacy	142,340		142,340	14
15	Physician Administrative Services				15
16	Other General Service				16
17	Patient/Residential Care Services		24,629	24,629	17
	LEVEL OF CARE				
50	Hospice Continuous Home Care				50
51	Hospice Routine Home Care	406,876		406,876	51
52	Hospice Inpatient Respite Care	500,840		500,840	52
53	Hospice General Inpatient Care	53,661		53,661	53
	NONREIMBURSABLE COST CENTERS				
60	Bereavement Program				60
61	Volunteer Program				61
62	Fundraising				62
63	Hospice/Palliative Medicine Fellows				63
64	Palliative care Program				64
65	Other Physician Services				65
66	Residential Care				66
67	Advertising				67
68	Telehealth / Telemonitoring				68
69	Thrift Store				69
70	Nursing Facility Room & Board				70
71	Other Nonreimbursable				71
99	Negative Cost Center				99
100	TOTAL	1,541,473	536,387	2,077,860	100

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
HOSPICE CCN: 16-1527
**WORKSHEET O-6
PART I**

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPART- MENT	SUBTOTAL	ADMINI- STRATIVE & GENERAL	PLANT OP & MAINT	
		0	1	2	3	3A	4	5	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	27	27						1
2	Cap Rel Costs-Mvble Equip	40,285		40,285					2
3	Employee Benefits Department	217,799			217,799				3
4	Administrative & General	591,273				591,273	591,273		4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration	47,701				47,701	18,973		9
10	Routine Medical Supplies	14,528				14,528	5,778		10
11	Medical Records	12,753				12,753	5,072		11
12	Staff Transportation	25,148				25,148	10,002		12
13	Volunteer Service Coordination								13
14	Pharmacy	142,340				142,340	56,614		14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services	24,629				24,629	9,796		17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care	406,876			217,316	624,192	248,265		51
52	Hospice Inpatient Respite Care	500,840	27	36,386	436	537,689	213,860		52
53	Hospice General Inpatient Care	53,661		3,899	47	57,607	22,913		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL	2,077,860	27	40,285	217,799	2,077,860	591,273		100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS**HOSPICE CCN: 16-1527****WORKSHEET O-6
PART I**

	Descriptions	LAUNDRY & LINEN	HOUSE- KEEPING	DIETARY	NURSING ADMINIS- TRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANS- PORTATION	
		6	7	8	9	10	11	12	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration				66,674				9
10	Routine Medical Supplies					20,306			10
11	Medical Records						17,825		11
12	Staff Transportation							35,150	12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care				66,523	20,261	17,785	35,071	51
52	Hospice Inpatient Respite Care				134	41	36	71	52
53	Hospice General Inpatient Care				17	4	4	8	53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	TOTAL				66,674	20,306	17,825	35,150	100

KPMG LLP Compu-Max 2552-10

MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
HOSPICE CCN: 16-1527
**WORKSHEET O-6
PART I**

	Descriptions	VOLUNTEER SVC COOR- DINATION	PHARMACY	PHYSICIAN ADMIN SERVICES	OTHER GENERAL SERVICE	PATIENT/ RES CARE SVCS	TOTAL	
		13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
3	Employee Benefits Department							3
4	Administrative & General							4
5	Plant Operation & Maintenance							5
6	Laundry & Linen Service							6
7	Housekeeping							7
8	Dietary							8
9	Nursing Administration							9
10	Routine Medical Supplies							10
11	Medical Records							11
12	Staff Transportation							12
13	Volunteer Service Coordination							13
14	Pharmacy		198,954					14
15	Physician Administrative Services							15
16	Other General Service							16
17	Patient/Residential Care Services					34,425		17
	LEVEL OF CARE							
50	Hospice Continuous Home Care							50
51	Hospice Routine Home Care		198,513				1,210,610	51
52	Hospice Inpatient Respite Care		398				752,229	52
53	Hospice General Inpatient Care		43				80,596	53
	NONREIMBURSABLE COST CENTERS							
60	Bereavement Program							60
61	Volunteer Program							61
62	Fundraising							62
63	Hospice/Palliative Medicine Fellows							63
64	Palliative care Program							64
65	Other Physician Services							65
66	Residential Care					34,425	34,425	66
67	Advertising							67
68	Telehealth / Telemonitoring							68
69	Thrift Store							69
70	Nursing Facility Room & Board							70
71	Other Nonreimbursable							71
99	Negative Cost Center							99
100	TOTAL		198,954			34,425	2,077,860	100

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MERCY MEDICAL CENTER-CLINTON Provider CCN: 16-0080	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/26/2018 Run Time: 09:42 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS
HOSPICE CCN: 16-1527
**WORKSHEET O-6
PART II**

	Descriptions	CAP REL BLDG & FIX SQUARE FEET	CAP REL MVBLE EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS DEPART- MENT GROSS SALARIES	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL ACCUM. COST	PLANT OP & MAINT SQUARE FEET	LAUNDRY & LINEN IN-FACIL- ITY DAYS	
		1	2	3	4A	4	5	6	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	854							1
2	Cap Rel Costs-Mvble Equip		40,286						2
3	Employee Benefits Department			536,882					3
4	Administrative & General				-591,273	1,486,587			4
5	Plant Operation & Maintenance						854		5
6	Laundry & Linen Service								6
7	Housekeeping								7
8	Dietary								8
9	Nursing Administration					47,701			9
10	Routine Medical Supplies					14,528			10
11	Medical Records					12,753			11
12	Staff Transportation					25,148			12
13	Volunteer Service Coordination								13
14	Pharmacy					142,340			14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services					24,629			17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care			535,693		624,192			51
52	Hospice Inpatient Respite Care	854	36,387	1,074		537,689	854		52
53	Hospice General Inpatient Care		3,899	115		57,607			53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)	27	40,285	217,799		591,273			100
101	Unit cost multiplier	0.031616	0.999975	0.405674		0.397739			101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS
HOSPICE CCN: 16-1527
**WORKSHEET O-6
PART II**

	Descriptions	HOUSE-KEEPING SQUARE FEET	DIETARY IN-FACIL- ITY DAYS	NURSING ADMINIS- TRATION DIRECT NURS. HRS.	ROUTINE MEDICAL SUPPLIES PATIENT DAYS	MEDICAL RECORDS PATIENT DAYS	STAFF TRANS- PORTATION MILEAGE	VOLUNTEER SVC COOR- DINATION HOURS OF SERVICE	
		7	8	9	10	11	12	13	
	GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt								1
2	Cap Rel Costs-Mvble Equip								2
3	Employee Benefits Department								3
4	Administrative & General								4
5	Plant Operation & Maintenance								5
6	Laundry & Linen Service								6
7	Housekeeping	854							7
8	Dietary								8
9	Nursing Administration			3,980					9
10	Routine Medical Supplies				14,003				10
11	Medical Records					14,003			11
12	Staff Transportation						18,323		12
13	Volunteer Service Coordination								13
14	Pharmacy								14
15	Physician Administrative Services								15
16	Other General Service								16
17	Patient/Residential Care Services								17
	LEVEL OF CARE								
50	Hospice Continuous Home Care								50
51	Hospice Routine Home Care			3,971	13,972	13,972	18,282		51
52	Hospice Inpatient Respite Care	854		8	28	28	37		52
53	Hospice General Inpatient Care			1	3	3	4		53
	NONREIMBURSABLE COST CENTERS								
60	Bereavement Program								60
61	Volunteer Program								61
62	Fundraising								62
63	Hospice/Palliative Medicine Fellows								63
64	Palliative care Program								64
65	Other Physician Services								65
66	Residential Care								66
67	Advertising								67
68	Telehealth / Telemonitoring								68
69	Thrift Store								69
70	Nursing Facility Room & Board								70
71	Other Nonreimbursable								71
99	Negative Cost Center								99
100	Cost to be allocated (per O-6 Pt I)			66,674	20,306	17,825	35,150		100
101	Unit cost multiplier			16.752261	1.450118	1.272942	1.918354		101

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COST ALLOCATION - HOSPITAL-BASED HOSPICE COSTS STATISTICAL BASIS
HOSPICE CCN: 16-1527
**WORKSHEET O-6
PART II**

		PHARMACY	PHYSICIAN ADMIN SERVICES PATIENT DAYS	OTHER GENERAL SERVICE SPECIFY BASIS	PATIENT/ RESIDENT CARE SVCS IN-FACIL- ITY DAYS	
	Descriptions	CHARGES				
		14	15	16	17	
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
3	Employee Benefits Department					3
4	Administrative & General					4
5	Plant Operation & Maintenance					5
6	Laundry & Linen Service					6
7	Housekeeping					7
8	Dietary					8
9	Nursing Administration					9
10	Routine Medical Supplies					10
11	Medical Records					11
12	Staff Transportation					12
13	Volunteer Service Coordination					13
14	Pharmacy	92,432				14
15	Physician Administrative Services					15
16	Other General Service					16
17	Patient/Residential Care Services				100	17
	LEVEL OF CARE					
50	Hospice Continuous Home Care					50
51	Hospice Routine Home Care	92,227				51
52	Hospice Inpatient Respite Care	185				52
53	Hospice General Inpatient Care	20				53
	NONREIMBURSABLE COST CENTERS					
60	Bereavement Program					60
61	Volunteer Program					61
62	Fundraising					62
63	Hospice/Palliative Medicine Fellows					63
64	Palliative care Program					64
65	Other Physician Services					65
66	Residential Care				100	66
67	Advertising					67
68	Telehealth / Telemonitoring					68
69	Thrift Store					69
70	Nursing Facility Room & Board					70
71	Other Nonreimbursable					71
99	Negative Cost Center					99
100	Cost to be allocated (per O-6 Pt I)	198,954			34,425	100
101	Unit cost multiplier	2.152436			344.250000	101

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**APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED
SERVICE COSTS BY LEVEL OF CARE**
HOSPICE CCN: 16-1527**WORKSHEET O-7**

		Charges by LOC (from Provider Records)						
		Wkst C Pt 1, col. 9, line	Cost to Charge Ratio	HCHC	HRHC	HIRC	HGIP	
Cost Center Descriptions		0	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS								
1	Physical Therapy	66	0.457647					1
2	Occupational Therapy	67	0.362891					2
3	Speech Language Pathology	68	0.407069					3
4	Drugs, Biological & Infusion Therapy	73	0.303433					4
5	Durable Medical Equipment/Oxygen	96						5
6	Labs and Diagnostics	60	0.139116					6
7	Medical Supplies	71	1.623006					7
8	Outpatient Services (incl E/R)	93						8
9	Radiation Therapy	55						9
10	Other	76						10
11	Totals (sum of lines 1-10)							11

		Shared Service Costs by LOC				
		HCHC (col 1 x col 2)	HRHC (col 1 x col 3)	HIRC (col 1 x col 4)	HGIP (col 1 x col 5)	
Cost Center Descriptions		6	7	8	9	
ANCILLARY SERVICE COST CENTERS						
1	Physical Therapy					1
2	Occupational Therapy					2
3	Speech Language Pathology					3
4	Drugs, Biological & Infusion Therapy					4
5	Durable Medical Equipment/Oxygen					5
6	Labs and Diagnostics					6
7	Medical Supplies					7
8	Outpatient Services (incl E/R)					8
9	Radiation Therapy					9
10	Other					10
11	Totals (sum of lines 1-10)					11

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CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST
HOSPICE CCN: 16-1527
WORKSHEET O-8

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1	2	3	
	HOSPICE CONTINUOUS HOME CARE				
1	Total cost				1
2	Total unduplicated days				2
3	Total average cost per diem				3
4	Unduplicated program days				4
5	Program cost				5
	HOSPICE ROUTINE HOME CARE				
6	Total cost			1,210,610	6
7	Total unduplicated days			13,972	7
8	Total average cost per diem			86.65	8
9	Unduplicated program days	13,397			9
10	Program cost	1,160,850			10
	HOSPICE INPATIENT RESPITE CARE				
11	Total cost			752,229	11
12	Total unduplicated days			28	12
13	Total average cost per diem			26,865.32	13
14	Unduplicated program days	16			14
15	Program cost	429,845			15
	HOSPICE GENERAL INPATIENT CARE				
16	Total cost			80,596	16
17	Total unduplicated days			3	17
18	Total average cost per diem			26,865.33	18
19	Unduplicated program days	3			19
20	Program cost	80,596			20
	TOTAL HOSPICE CARE				
21	Total cost			2,043,435	21
22	Total unduplicated days			14,003	22
23	Average cost per diem			145.93	23