

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	16-0069	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 10:05

PART I - 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 BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
MERCY MEDICAL CENTER 16-0069  
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	6
1 HOSPITAL	0	28,137	34,651	0		
2 SUBPROVIDER	0	-6,379	0	0		
2 .01 SUBPROVIDER II	0	13,595	0	0		
5 HOSPITAL-BASED SNF	0	7,831	0	0		
7 HOSPITAL-BASED HHA	0	0	0	0		
100 TOTAL	0	43,184	34,651	0		

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-2  
 I I TO 6/30/2010 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 250 MERCY DRIVE P.O. BOX:  
 1.01 CITY: DUBUQUE STATE: IA ZIP CODE: 52001- COUNTY: DUBUQUE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V 4	XVIII 5	XIX 6
02.00 HOSPITAL	MERCY MEDICAL CENTER	16-0069		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	MERCY MEDICAL CENTER	16-7069		7/ 1/1984	N	P	O
03.01 SUBPROVIDER 2	MERCY MEDICAL CENTER	16-S069		7/ 1/1988	N	P	N
06.00 HOSPITAL-BASED SNF	MERCY MEDICAL CENTER	16-5116		11/29/1983	N	P	O
09.00 HOSPITAL-BASED HHA	MERCY HOME CARE	16-7145		7/ 1/1987	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5  
 20.01 SUBPROVIDER II 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 20220

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 47

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N // /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	100	0.8380	0.8869	
	0.00	1	2200	20220

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 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. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 902022  
 40.01 NAME: TRINITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: 34605 12 MILE RD P.O. BOX:  
 40.03 CITY: FARMINGTON HILLS STATE: MI ZIP CODE: 48331-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A		PART B		OUTPATIENT	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47.00 HOSPITAL	N	N	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N	N	N
49.00 SNF	N	N	N	N	N	N	N
50.00 HHA	N	N	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 180,101  
 PAID LOSSES: 250,000  
 AND/OR SELF INSURANCE: 180,101

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-2  
I TO 6/30/2010 I

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS  
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE  
10/1/2002. Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES 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. IS  
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.  
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2  
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN  
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"  
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN  
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF  
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST  
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT  
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?  
ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,  
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS  
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"  
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/20/2010

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET 5-3  
I TO 6/30/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /		TRIPS -----	
				TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5		
1 ADULTS & PEDIATRICS	156	56,940			12,429		1,181		
2 HMO					199		8		
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	156	56,940			12,429		1,181		
6 INTENSIVE CARE UNIT	16	5,840			1,056		100		
11 NURSERY							813		
12 TOTAL	172	62,780			13,485		2,094		
13 RPCH VISITS									
14 SUBPROVIDER	9	3,285			731		24		
14 01 SUBPROVIDER-PSYCH	16	5,840			1,369		959		
15 SKILLED NURSING FACILITY	22	8,030			4,743		320		
16 NURSING FACILITY	40	14,600					5,763		
18 HOME HEALTH AGENCY					10,700		6,006		
25 TOTAL	259								
26 OBSERVATION BED DAYS									
26 01 OBSERVATION BED DAYS-SUB I									
26 02 OBSERVATION BED DAYS-SUB II									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									
29 LABOR & DELIVERY DAYS									

COMPONENT	----- I/P DAYS /		O/P VISITS /	----- TRIPS -----		-- INTERNS & RES. FTES --	
	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TOTAL ALL PATS 6	TOTAL OBSERVATION BEDS ADMITTED 6.01	TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7
1 ADULTS & PEDIATRICS			19,649				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			19,649				
6 INTENSIVE CARE UNIT			1,735				
11 NURSERY			2,695				
12 TOTAL			24,079				
13 RPCH VISITS							
14 SUBPROVIDER			1,060				
14 01 SUBPROVIDER-PSYCH			4,512				
15 SKILLED NURSING FACILITY			5,764				
16 NURSING FACILITY			14,492				
18 HOME HEALTH AGENCY			18,457				
25 TOTAL							
26 OBSERVATION BED DAYS			1,421	260	1,161		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			248				
28 01 EMP DISCOUNT DAYS -IRF			25				
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV ---		----- DISCHARGES -----		TOTAL ALL PATIENTS 15	
		EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13		TITLE XIX 14
1 ADULTS & PEDIATRICS					3,575	481	7,098
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		841.72			3,575	481	7,098
13 RPCH VISITS							
14 SUBPROVIDER		8.18			56	1	115
14 01 SUBPROVIDER-PSYCH		27.40			190	240	939
15 SKILLED NURSING FACILITY		30.09					
16 NURSING FACILITY		26.62					
18 HOME HEALTH AGENCY		44.09					
25 TOTAL		978.10					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	42,967,401		42,967,401	2,030,153.00	21.16	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,192,392		1,192,392	62,574.00	19.06	
8.01 EXCLUDED AREA SALARIES	8,717,470	192,306	8,909,776	413,438.00	21.55	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,412,428		2,412,428	89,161.00	27.06	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	229,133		229,133	1,348.00	169.98	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	7,045,002		7,045,002	139,889.00	50.36	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,715,242		12,715,242			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,908,431		3,908,431			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	996,051		996,051	78,491.00	12.69	
22 ADMINISTRATIVE & GENERAL	1,801,912	-185,854	1,616,058	98,270.00	16.45	
22.01 A & G UNDER CONTRACT	41,033		41,033	261.10	157.15	
23 MAINTENANCE & REPAIRS	1,097,858	-6,452	1,091,406	56,201.00	19.42	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	510,688		510,688	43,192.00	11.82	
26 HOUSEKEEPING	1,012,187		1,012,187	86,572.00	11.69	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,412,509		1,412,509	106,070.00	13.32	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	992,872		992,872	35,116.00	28.27	
31 CENTRAL SERVICE AND SUPPLY	344,113		344,113	24,918.00	13.81	
32 PHARMACY	1,534,909		1,534,909	46,595.00	32.94	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,979,682		1,979,682	94,291.00	21.00	
34 SOCIAL SERVICE	205,337		205,337	11,166.00	18.39	
35 OTHER GENERAL SERVICE	237,435		237,435	16,676.00	14.24	

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	43,008,434		43,008,434	2,030,414.10	21.18	
2 EXCLUDED AREA SALARIES	9,909,862	192,306	10,102,168	476,012.00	21.22	
3 SUBTOTAL SALARIES	33,098,572	-192,306	32,906,266	1,554,402.10	21.17	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	9,686,563		9,686,563	230,398.00	42.04	
5 SUBTOTAL WAGE-RELATED COSTS	12,715,242		12,715,242		38.64	
6 TOTAL	55,500,377	-192,306	55,308,071	1,784,800.10	30.99	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,166,586	-192,306	11,974,280	697,819.10	17.16	

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-4  
 I HHA NO: I TO 6/30/2010 I  
 I 16-7145 I  
 COUNTY: DUBUQUE

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	418	2,865	287
2 UNDUPLICATED CENSUS COUNT		819.00	113.00	277.00
TOTAL	5			

1 HOME HEALTH AIDE HOURS	3,570
2 UNDUPLICATED CENSUS COUNT	1,209.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
 (FULL TIME EQUIVALENT)  
 ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

40.00  
 HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	20.00		20.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	13.00		13.00
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3.00		3.00
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.00		1.00
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.00		3.00
17 HOME HEALTH AIDE SUPERVISOR			
18 DME			
18.01 RESPIRATORY THERAPY	5.00		5.00
18.02			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	2200	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA	PEP ONLY
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4
21 SKILLED NURSING VISITS	5,366	73	164	188
22 SKILLED NURSING VISIT CHARGES	686,848	9,344	20,992	24,064
23 PHYSICAL THERAPY VISITS	2,113	0	38	67
24 PHYSICAL THERAPY VISIT CHARGES	325,388	0	5,852	10,318
25 OCCUPATIONAL THERAPY VISITS	479	0	3	18
26 OCCUPATIONAL THERAPY VISIT CHARGES	73,766	0	462	2,772
27 SPEECH PATHOLOGY VISITS	5	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	770	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	6	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	118	0	0	0
31 HOME HEALTH AIDE VISITS	470	0	0	14
32 HOME HEALTH AIDE VISIT CHARGES	31,490	0	0	938
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	8,439	73	205	287
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,118,380	9,344	27,306	38,092
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	739	0	68	28
37 TOTAL NUMBER OF OUTLIER EPISODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	27,421	5,928	1,255	355



HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-4  
 I HHA NO: I TO 6/30/2010 I  
 I 16-7145 I  
 COUNTY: DUBUQUE

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
 OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,791
22 SKILLED NURSING VISIT CHARGES	0	0	741,248
23 PHYSICAL THERAPY VISITS	0	0	2,218
24 PHYSICAL THERAPY VISIT CHARGES	0	0	341,558
25 OCCUPATIONAL THERAPY VISITS	0	0	500
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	77,000
27 SPEECH PATHOLOGY VISITS	0	0	5
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	770
29 MEDICAL SOCIAL SERVICE VISITS	0	0	6
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	118
31 HOME HEALTH AIDE VISITS	0	0	484
32 HOME HEALTH AIDE VISIT CHARGES	0	0	32,428
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	9,004
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,193,122
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	835
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	34,959

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-7  
I I TO 6/30/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	4.03
1	2	3	3.01	4	4.01	4.02	4.03	
1	RUC		34					
2	RUB		11					
3	RUA							
3	.01 RUX		91					
3	.02 RUL		14					
4	RVC		141					
5	RVB		31					
6	RVA							
6	.01 RVX		968					
6	.02 RVL		72					
7	RHC		117					
8	RHB		6					
9	RHA							
9	.01 RHX							
9	.02 RHL							
10	RMC		27					
11	RMB							
12	RMA							
12	.01 RMX		2,551					
12	.02 RML		310					
13	RLB							
14	RLA							
14	.01 RLX							
15	SE3		132					
16	SE2		159					
17	SE1							
18	SSC							
19	SSB							
20	SSA		76					
21	CC2							
22	CC1							
23	CB2							
24	CB1							
25	CA2							
26	CA1							
27	IB2							
28	IB1							
29	IA2							
30	IA1							
31	BB2							
32	BB1							
33	BA2							
34	BA1							
35	PE2							
36	PE1							
37	PD2							
38	PD1		3					
39	PC2							
40	PC1							
41	PB2							
42	PB1							
43	PA2							
44	PA1							
45	AAA							
45	.01 ES3							
45	.02 ES2							
45	.03 ES1							
45	.04 HE2							
45	.05 HE1							
45	.06 HD2							
45	.07 HD1							
45	.08 HC2							
45	.09 HC1							
45	.10 HB2							
45	.11 HB1							
45	.12 LE2							
45	.13 LE1							
45	.14 LD2							
45	.15 LD1							
45	.16 LC2							
45	.17 LC1							
45	.18 LB2							
45	.19 LB1							
45	.20 CE2							
45	.21 CE1							
45	.22 CD1							
45	.23 CD1							
46	TOTAL		4,743					

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-7  
I I TO 6/30/2010 I

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8380  
 Wage Index Factor (after 10/01): 0.8869  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2200  
 SNF CBSA Code : 20220

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			
45 .18	LB2			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-7  
I I TO 6/30/2010 I

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGS	DAYS	DAYS	
1	2	4.05		4.06	5
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD1				
45 .23	CD1				
46	TOTAL				

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8380  
 Wage Index Factor (after 10/01) : 0.8869  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2200  
 SNF CBSA Code : 20220

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-10  
 I I TO 6/30/2010 I  
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	6,095,163
17.01	GROSS MEDICAID REVENUES	5,171,638
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	206,347
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	11,473,148
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	965,573
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.344026
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	332,182
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17,371,907

HOSPITAL UNCOMPENSATED CARE DATA

I IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)  
I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-10  
I I TO 6/30/2010 I  
I I I

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,976,388
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	596,261
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	205,129
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,308,570

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 16-0069  
II PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,342,095	3,342,095	-1,728,612	1,613,483
3.01	0301 NEW CAP REL COSTS-47 BLDG				758,112	758,112
3.02	0302 NEW CAP REL COSTS-DYERSVILLE				127,852	127,852
3.03	0303 NEW CAP REL COSTS-PROF ARTS PLAZA				193,255	193,255
3.04	0304 NEW CAP REL COSTS-ASBURY SQUARE				2,836	2,836
3.05	0305 NEW CAP REL COSTS-MED ARTS BUILDING				10,465	10,465
3.06	0306 NEW CAP REL COSTS-ENERGY CENTER				88,272	88,272
3.07	0307 NEW CAP REL COSTS-RENTAL PROPERTIES				6,859	6,859
3.08	0308 NEW CAP REL COSTS-PARKING DECK				68,680	68,680
3.09	0309 NEW CAP REL COSTS-97 BUILDING				1,019,062	1,019,062
3.10	0310 NEW CAP REL COSTS-BELLEVUE CLINIC				1,704	1,704
3.11	0311 NEW CAP REL COSTS-CASCADE CLINIC				634	634
3.12	0312 NEW CAP REL COSTS-RETAIL PHARMACY				47,888	47,888
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,452,366	5,452,366
5	0500 EMPLOYEE BENEFITS	327,001	95,535	422,536	-2,846	419,690
5.01	0501 CHILD CARE	669,050	331,563	1,000,613	-5,988	994,625
6.01	0610 COMMUNICATIONS	192,339	105,796	298,135	-1,373	296,762
6.02	0611 PURCHASING	185,248	476,777	662,025	-375	661,650
6.03	0612 PFS/COLLECTION	640,232	1,117,811	1,758,043	-828	1,757,215
6.04	0601 OTHER A & G	784,093	11,509,895	12,293,988	-2,380,467	9,913,521
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL					
7	0700 MAINTENANCE & REPAIRS	1,097,858	4,225,051	5,322,909	-43,142	5,279,767
8	0800 OPERATION OF PLANT		122,531	122,531	-14,700	107,831
9	0900 LAUNDRY & LINEN SERVICE	510,688	581,434	1,092,122	-54,174	1,037,948
10	1000 HOUSEKEEPING	1,012,187	625,150	1,637,337	-48,155	1,589,182
11	1100 DIETARY	1,412,509	1,448,216	2,860,725	-21,191	2,839,534
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	992,872	781,664	1,774,536	-6,062	1,768,474
15	1500 CENTRAL SERVICES & SUPPLY	344,113	184,048	528,161	-38,157	490,004
16	1600 PHARMACY	1,534,909	700,392	2,235,301	-100,512	2,134,789
17	1700 MEDICAL RECORDS & LIBRARY	1,979,682	692,790	2,672,472	-3,954	2,668,518
18	1800 SOCIAL SERVICE	205,337	62,008	267,345		267,345
19	1950 CENTRAL STERILIZATION	237,435	199,341	436,776	-38,247	398,529
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				387,910	387,910
25	2500 ADULTS & PEDIATRICS	7,269,248	3,037,939	10,307,187	-1,358,981	8,948,206
26	2600 INTENSIVE CARE UNIT	1,168,597	500,974	1,669,571	-84,640	1,584,931
31	3100 SUBPROVIDER	392,804	204,926	597,730	-1,656	596,074
31.01	3101 SUBPROVIDER-PSYCH	1,379,419	410,839	1,790,258	-11,985	1,778,273
33	3300 NURSERY	574,198	223,911	798,109	459,793	1,257,902
34	3400 SKILLED NURSING FACILITY	1,192,392	496,192	1,688,584	-45,968	1,642,616
35	3500 NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,882,857	11,154,906	14,037,763	-8,658,195	5,379,568
38	3800 RECOVERY ROOM	1,528,629	631,964	2,160,593	-112,999	2,047,594
39	3900 DELIVERY ROOM & LABOR ROOM				675,811	675,811
40	4000 ANESTHESIOLOGY	54,804	751,516	806,320	-620,358	185,962
41	4100 RADIOLOGY-DIAGNOSTIC	1,684,417	1,481,201	3,165,618	-350,973	2,814,645
41.01	4101 MAGNETIC RES. IMAGING	153,970	429,689	583,659	-343,924	239,735
44	4400 LABORATORY		4,860,773	4,860,773	-235	4,860,538
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,102,469	1,102,469	-1,646	1,100,823
49	4900 RESPIRATORY THERAPY	798,715	491,736	1,290,451	-56,912	1,233,539
50	5000 PHYSICAL THERAPY	1,884,110	696,459	2,580,569	-30,166	2,550,403
53	5300 ELECTROCARDIOLOGY	702,309	4,496,987	5,199,296	-3,734,797	1,464,499
54	5400 ELECTROENCEPHALOGRAPHY	277,756	122,920	400,676	-24,329	376,347
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		131,111	131,111	2,381,589	2,512,700
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				8,998,970	8,998,970
56	5600 DRUGS CHARGED TO PATIENTS		3,690,868	3,690,868	372,294	4,063,162
59	3020 CARDIAC REHAB	266,413	89,097	355,510	-3,355	352,155
59.01	3021 BEHAVIORAL OUTPATIENT	178,654	81,806	260,460	-53	260,407
59.02	3022 SHOCK THERAPY	24,417	17,456	41,873	-2,513	39,360
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,482,892	1,443,756	2,926,648	-95,802	2,830,846
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
68	5950 PURCHASED DIALYSIS SERVICES		188,275	188,275	-59	188,216
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	2,016,168	1,630,816	3,646,984	-36,643	3,610,341
88	8800 INTEREST EXPENSE		929,356	929,356	-929,356	
89	8900 UTILIZATION REVIEW-SNF				4,265	4,265
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	38,038,322	65,900,039	103,938,361	64,289	104,002,650
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 OAKCREST NH	888,254	388,212	1,276,466	-9,974	1,266,492
96.02	9602 SHARED SERVICES	476,862	108,269	585,131	-186	584,945
96.03	9603 MATERNAL HEALTH SERVICES	89,464	78,749	168,213	-94	168,119
96.04	9604 CAFETERIA VISITORS					
96.05	9605 TV SERVICE				30,898	30,898
96.06	9606 FUND DEVELOPMENT	266,816	317,927	584,743	200,012	784,755
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 KENNEDY LIVING CENTER	548,112	179,622	727,734		727,734
100.02	7952 OCCUPATIONAL HEALTH SERVICES	50,707	139,591	190,298	-644	189,654
100.03	7953 RENTAL PROPERTIES		8,682	8,682	14,700	23,382
100.04	7954 AUXILIARY					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 16-0069  
I

I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010 I

I PREPARED 11/29/2010  
I WORKSHEET A  
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COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
NONREIMBURS COST CENTERS						
100.05 7955	COMMUNITY EDUC/OUTSIDE LAUNDRY	97,462	32,419	129,881		129,881
100.06 7956	RURAL OUTREACH PROGRAM	38,518	36,990	75,508		75,508
100.07 7957	BAD DEBT EXPENSE		2,893,605	2,893,605		2,893,605
100.08 7958	LIFELINE	17,532	19,025	36,557		36,557
100.09 7959	MMC DYERSVILLE	2,255,574	2,561,258	4,816,832	-77,023	4,739,809
100.10 7960	CCH ELKADER	199,355	43,007	242,362		242,362
100.11 7961	RETAIL PHARMACY	423	23,453,034	23,453,457	-221,978	23,231,479
100.12 7962	IDLE SPACE					
101	TOTAL	42,967,401	96,160,429	139,127,830	-0-	139,127,830



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET A  
 I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-672,915	940,568
3.01	0301 NEW CAP REL COSTS-47 BLDG		758,112
3.02	0302 NEW CAP REL COSTS-DYERSVILLE		127,852
3.03	0303 NEW CAP REL COSTS-PROF ARTS PLAZA		193,255
3.04	0304 NEW CAP REL COSTS-ASBURY SQUARE		2,836
3.05	0305 NEW CAP REL COSTS-MED ARTS BUILDING		10,465
3.06	0306 NEW CAP REL COSTS-ENERGY CENTER		88,272
3.07	0307 NEW CAP REL COSTS-RENTAL PROPERTIES		6,859
3.08	0308 NEW CAP REL COSTS-PARKING DECK		68,680
3.09	0309 NEW CAP REL COSTS-97 BUILDING		1,019,062
3.10	0310 NEW CAP REL COSTS-BELLEVUE CLINIC		1,704
3.11	0311 NEW CAP REL COSTS-CASCADE CLINIC		634
3.12	0312 NEW CAP REL COSTS-RETAIL PHARMACY		47,888
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	293,684	5,746,050
5	0500 EMPLOYEE BENEFITS	1,733,324	2,153,014
5.01	0501 CHILD CARE	-770,667	223,958
6.01	0610 COMMUNICATIONS	-34,613	262,149
6.02	0611 PURCHASING		661,650
6.03	0612 PFS/COLLECTION		1,757,215
6.04	0601 OTHER A & G	-740,384	9,173,137
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL		
7	0700 MAINTENANCE & REPAIRS		5,279,767
8	0800 OPERATION OF PLANT		107,831
9	0900 LAUNDRY & LINEN SERVICE		1,037,948
10	1000 HOUSEKEEPING		1,589,182
11	1100 DIETARY	-914,388	1,925,146
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-27,699	1,740,775
15	1500 CENTRAL SERVICES & SUPPLY		490,004
16	1600 PHARMACY		2,134,789
17	1700 MEDICAL RECORDS & LIBRARY	-85,599	2,582,919
18	1800 SOCIAL SERVICE		267,345
19	1950 CENTRAL STERILIZATION		398,529
20	2000 NONPHYSICIAN ANESTHETISTS	-387,910	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-370,395	8,577,811
26	2600 INTENSIVE CARE UNIT		1,584,931
31	3100 SUBPROVIDER	-5,181	590,893
31.01	3101 SUBPROVIDER-PSYCH		1,778,273
33	3300 NURSERY	-979	1,256,923
34	3400 SKILLED NURSING FACILITY		1,642,616
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-18,638	5,360,930
38	3800 RECOVERY ROOM	-1,895	2,045,699
39	3900 DELIVERY ROOM & LABOR ROOM		675,811
40	4000 ANESTHESIOLOGY		185,962
41	4100 RADIOLOGY-DIAGNOSTIC	-25,199	2,789,446
41.01	4101 MAGNETIC RES. IMAGING		239,735
44	4400 LABORATORY	-1,283,763	3,576,775
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,100,823
49	4900 RESPIRATORY THERAPY		1,233,539
50	5000 PHYSICAL THERAPY	-2,207	2,548,196
53	5300 ELECTROCARDIOLOGY		1,464,499
54	5400 ELECTROENCEPHALOGRAPHY		376,347
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-192	2,512,508
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		8,998,970
56	5600 DRUGS CHARGED TO PATIENTS	-74,317	3,988,845
59	3020 CARDIAC REHAB		352,155
59.01	3021 BEHAVIORAL OUTPATIENT	-9,815	250,592
59.02	3022 SHOCK THERAPY		39,360
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-730,109	2,100,737
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
68	5950 PURCHASED DIALYSIS SERVICES		188,216
71	7100 HOME HEALTH AGENCY	106,153	3,716,494
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF	-4,265	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,027,969	99,974,681
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 OAKCREST NH		1,266,492
96.02	9602 SHARED SERVICES		584,945
96.03	9603 MATERNAL HEALTH SERVICES		168,119
96.04	9604 CAFETERIA VISITORS		
96.05	9605 TV SERVICE		30,898
96.06	9606 FUND DEVELOPMENT		784,755
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 KENNEDY LIVING CENTER		727,734
100.02	7952 OCCUPATIONAL HEALTH SERVICES		189,654
100.03	7953 RENTAL PROPERTIES		23,382
100.04	7954 AUXILIARY		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET A  
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
100.05 7955	COMMUNITY EDUC/OUTSIDE LAUNDRY		129,881
100.06 7956	RURAL OUTREACH PROGRAM		75,508
100.07 7957	BAD DEBT EXPENSE	-2,893,605	
100.08 7958	LIFELINE		36,557
100.09 7959	MMC DYERSVILLE		4,739,809
100.10 7960	CCH ELKADER		242,362
100.11 7961	RETAIL PHARMACY	-19,761	23,211,718
100.12 7962	IDLE SPACE		
101	TOTAL	-6,941,335	132,186,495

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-47 BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-DYERSVILLE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-ASBURY SQUARE	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-MED ARTS BUILDING	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-ENERGY CENTER	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-PARKING DECK	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-97 BUILDING	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-CASCADE CLINIC	0311	NEW CAP REL COSTS-BLDG & FIXT
3.12	NEW CAP REL COSTS-RETAIL PHARMACY	0312	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	CHILD CARE	0501	EMPLOYEE BENEFITS
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	PURCHASING	0611	NONPATIENT TELEPHONES
6.03	PFS/COLLECTION	0612	NONPATIENT TELEPHONES
6.04	OTHER A & G	0601	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CENTRAL STERILIZATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER-PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAGNETIC RES. IMAGING	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC REHAB	3020	ACUPUNCTURE
59.01	BEHAVIORAL OUTPATIENT	3021	ACUPUNCTURE
59.02	SHOCK THERAPY	3022	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
68	PURCHASED DIALYSIS SERVICES	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	OAKCREST NH	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	SHARED SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MATERNAL HEALTH SERVICES	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	CAFETERIA VISITORS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	TV SERVICE	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	FUND DEVELOPMENT	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	KENNEDY LIVING CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH SERVICES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RENTAL PROPERTIES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	AUXILIARY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	7955	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.06	RURAL OUTREACH PROGRAM	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	BAD DEBT EXPENSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	LIFELINE	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	MMC DYERSVILLE	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	CCH ELKADER	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	RETAIL PHARMACY	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	IDLE SPACE	7962	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 160069	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 EQUIPMENT DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		5,452,366
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1 EQUIPMENT DEPRECIATION	A				
2					
3					
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11 DEPRECIATION TO INDIVIDUAL BUILDING	B	NEW CAP REL COSTS-47 BLDG	3.01		720,320
		NEW CAP REL COSTS-PROF ARTS PLAZA	3.03		181,182
		NEW CAP REL COSTS-ASBURY SQUARE	3.04		2,836
		NEW CAP REL COSTS-ENERGY CENTER	3.06		85,822
		NEW CAP REL COSTS-RENTAL PROPERTIES	3.07		6,859
		NEW CAP REL COSTS-PARKING DECK	3.08		68,680
		NEW CAP REL COSTS-97 BUILDING	3.09		1,000,990
		NEW CAP REL COSTS-BELLEVUE CLINIC	3.10		1,704
		NEW CAP REL COSTS-CASCADE CLINIC	3.11		634
		NEW CAP REL COSTS-RETAIL PHARMACY	3.12		47,888
		NEW CAP REL COSTS-DYERSVILLE	3.02		115,779
		NEW CAP REL COSTS-MED ARTS BUILDING	3.05		7,557
23 PROPERTY INS. TO BLDG DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		45,300
		NEW CAP REL COSTS-47 BLDG	3.01		37,792
		NEW CAP REL COSTS-PROF ARTS PLAZA	3.03		12,073
		NEW CAP REL COSTS-ENERGY CENTER	3.06		2,450
		NEW CAP REL COSTS-97 BUILDING	3.09		18,072
		NEW CAP REL COSTS-DYERSVILLE	3.02		12,073
		NEW CAP REL COSTS-MED ARTS BUILDING	3.05		2,908
30 BLDG DEPRECIATION IN COST CENTER	D	NEW CAP REL COSTS-BLDG & FIXT	3		38,072
31 MAINTENANCE TO TV SERVICE	E	TV SERVICE	96.05	6,452	
		TV SERVICE	96.05		24,446
33 CRNA FEES TO NON PHYSICIAN	F	NONPHYSICIAN ANESTHETISTS	20		387,910
34 PAP PROPERTY TAXES	G	RENTAL PROPERTIES	100.03		14,700
35 NON ALLOWABLE ADVERTISING	H	FUND DEVELOPMENT	96.06	185,854	14,218

RECLASSIFICATIONS

PROVIDER NO: 160069	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
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33				
34				
35				
1	I	UTILIZATION REVIEW-SNF	89	4,265
2	J	NURSERY	33	440,265
3		DELIVERY ROOM & LABOR ROOM	39	630,135
4	K	OTHER A & G	6.04	501,089
5	L	NEW CAP REL COSTS-BLDG & FIXT	3	929,356
6	N	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	344,181
7		CARDIAC REHAB	59	277
8				
9				
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12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24	O	DRUGS CHARGED TO PATIENTS	56	372,294
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10	P	OTHER A & G	6.04	119,000
11	Q	IMPL. DEV. CHARGED TO PATIENT	55.30	8,998,970
12				
13	R	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	2,102,276
14				
15				
36		TOTAL RECLASSIFICATIONS	1,262,706	21,751,928

(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. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 160069	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/29/2010 WORKSHEET A-6
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----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 EQUIPMENT DEPRECIATION	A	EMPLOYEE BENEFITS	5		2,846	9
2		CHILD CARE	5.01		5,988	9
3		COMMUNICATIONS	6.01		1,373	9
4		PURCHASING	6.02		375	9
5		PFS/COLLECTION	6.03		828	9
6		OTHER A & G	6.04		2,669,816	9
7		MAINTENANCE & REPAIRS	7		12,244	9
8		LAUNDRY & LINEN SERVICE	9		54,174	9
9		HOUSEKEEPING	10		48,155	9
10		DIETARY	11		21,191	9
11		NURSING ADMINISTRATION	14		6,062	
12		CENTRAL SERVICES & SUPPLY	15		38,157	9
13		PHARMACY	16		100,512	9
14		MEDICAL RECORDS & LIBRARY	17		3,954	
15		CENTRAL STERILIZATION	19		38,247	9
16		ADULTS & PEDIATRICS	25		60,673	9
17		INTENSIVE CARE UNIT	26		37,018	9
18		SUBPROVIDER	31		795	9
19		SUBPROVIDER-PSYCH	31.01		11,985	9
20		NURSERY	33		1,615	9
21		SKILLED NURSING FACILITY	34		11,343	9
22		OPERATING ROOM	37		437,401	9
23		RECOVERY ROOM	38		546	9
24		ANESTHESIOLOGY	40		96,360	9
25		RADIOLOGY-DIAGNOSTIC	41		341,880	9
26		MAGNETIC RES. IMAGING	41.01		343,714	9
27		LABORATORY	44		235	9
28		BLOOD STORING, PROCESSING & TRANS.	47		1,646	9
29		RESPIRATORY THERAPY	49		54,971	9
30		PHYSICAL THERAPY	50		15,206	9
31		ELECTROCARDIOLOGY	53		713,424	9
32		ELECTROENCEPHALOGRAPHY	54		24,321	9
33		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		64,591	9
34		RECOVERY ROOM	38		22,108	9
35		CARDIAC REHAB	59		3,621	9
1 EQUIPMENT DEPRECIATION	A	BEHAVIORAL OUTPATIENT	59.01		53	9
2		SHOCK THERAPY	59.02		2,182	9
3		EMERGENCY	61		37,008	9
4		HOME HEALTH AGENCY	71		14,394	9
5		OAKCREST NH	96.01		8,535	9
6		SHARED SERVICES	96.02		186	
7		FUND DEVELOPMENT	96.06		60	9
8		OCCUPATIONAL HEALTH SERVICES	100.02		644	9
9		MMC DYERSVILLE	100.09		77,023	9
10		RETAIL PHARMACY	100.11		64,906	9
11 DEPRECIATION TO INDIVIDUAL BUILDING	B	NEW CAP REL COSTS-BLDG & FIXT	3		2,240,251	9
12						9
13						9
14						9
15						9
16						9
17						9
18						9
19						9
20						9
21						9
22						9
23 PROPERTY INS. TO BLDG DEPRECIATION	C	OTHER A & G	6.04		130,668	12
24						12
25						12
26						12
27						12
28						12
29						12
30 BLDG DEPRECIATION IN COST CENTER	D	RETAIL PHARMACY	100.11		38,072	9
31 MAINTENANCE TO TV SERVICE	E	MAINTENANCE & REPAIRS	7	6,452		
32		MAINTENANCE & REPAIRS	7		24,446	
33 CRNA FEES TO NON PHYSICIAN	F	ANESTHESIOLOGY	40		387,910	
34 PAP PROPERTY TAXES	G	OPERATION OF PLANT	8		14,700	
35 NON ALLOWABLE ADVERTISING	H	OTHER A & G	6.04	185,854	14,218	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 SNF UTILIZATION REVIEW COST	I	SKILLED NURSING FACILITY	34			4,265	
2 BIRTH CENTER COSTS	J	ADULTS & PEDIATRICS	25		1,070,400	77,589	
3							
4 GENERAL INSURANCE TO A AND G	K	NEW CAP REL COSTS-BLDG & FIXT	3			501,089	9
5 RECLASS INTEREST EXPENSE	L	INTEREST EXPENSE	88			929,356	11
6 MEDICAL SUPPLIES TO PATIENTS	N	ADULTS & PEDIATRICS	25			56,936	
7		INTENSIVE CARE UNIT	26			23,032	
8		SUBPROVIDER	31			320	
9		NURSERY	33			7,918	
10		SKILLED NURSING FACILITY	34			18,934	
11		OPERATING ROOM	37			94,976	
12		RECOVERY ROOM	38			1,342	
13		ANESTHESIOLOGY	40			46,391	
14		RADIOLOGY-DIAGNOSTIC	41			4,653	
15		RESPIRATORY THERAPY	49			863	
16		PHYSICAL THERAPY	50			14,411	
17		ELECTROCARDIOLOGY	53			4,984	
18		RECOVERY ROOM	38			19,622	
19		EMERGENCY	61			26,950	
20		PURCHASED DIALYSIS SERVICES	68			59	
21		HOME HEALTH AGENCY	71			21,830	
22		OAKCREST NH	96.01			960	
23		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			277	
24 DRUGS TO PATIENTS	O	ADULTS & PEDIATRICS	25			93,383	
25		INTENSIVE CARE UNIT	26			24,590	
26		SUBPROVIDER	31			541	
27		NURSERY	33			2,852	
28		SKILLED NURSING FACILITY	34			11,426	
29		OPERATING ROOM	37			31,947	
30		RECOVERY ROOM	38			15,699	
31		ANESTHESIOLOGY	40			81,248	
32		RADIOLOGY-DIAGNOSTIC	41			4,440	
33		MAGNETIC RES. IMAGING	41.01			210	
34		RESPIRATORY THERAPY	49			1,078	
35		PHYSICAL THERAPY	50			549	
1 DRUGS TO PATIENTS	O	ELECTROCARDIOLOGY	53			17,463	
2		ELECTROENCEPHALOGRAPHY	54			8	
3		RECOVERY ROOM	38			53,682	
4		CARDIAC REHAB	59			11	
5		SHOCK THERAPY	59.02			331	
6		EMERGENCY	61			31,844	
7		HOME HEALTH AGENCY	71			419	
8		OAKCREST NH	96.01			479	
9		MATERNAL HEALTH SERVICES	96.03			94	
10 RECLASS INC TAX ACCR AND BAD DEBTS	P	RETAIL PHARMACY	100.11			119,000	
11 IMPLANTABLE SUPPLIES	Q	ELECTROCARDIOLOGY	53			2,614,621	
12		OPERATING ROOM	37			6,384,349	
13 MEDICAL SUPPLIES TO PATIENTS	R	ELECTROCARDIOLOGY	53			384,305	
14		OPERATING ROOM	37			1,709,522	
15		ANESTHESIOLOGY	40			8,449	
36 TOTAL RECLASSIFICATIONS					1,262,706	21,751,928	

(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. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.



RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
160069	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION : EQUIPMENT DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,452,366	EMPLOYEE BENEFITS	5	2,846	
2.00			0	CHILD CARE	5.01	5,988	
3.00			0	COMMUNICATIONS	6.01	1,373	
4.00			0	PURCHASING	6.02	375	
5.00			0	PFS/COLLECTION	6.03	828	
6.00			0	OTHER A & G	6.04	2,669,816	
7.00			0	MAINTENANCE & REPAIRS	7	12,244	
8.00			0	LAUNDRY & LINEN SERVICE	9	54,174	
9.00			0	HOUSEKEEPING	10	48,155	
10.00			0	DIETARY	11	21,191	
11.00			0	NURSING ADMINISTRATION	14	6,062	
12.00			0	CENTRAL SERVICES & SUPPLY	15	38,157	
13.00			0	PHARMACY	16	100,512	
14.00			0	MEDICAL RECORDS & LIBRARY	17	3,954	
15.00			0	CENTRAL STERILIZATION	19	38,247	
16.00			0	ADULTS & PEDIATRICS	25	60,673	
17.00			0	INTENSIVE CARE UNIT	26	37,018	
18.00			0	SUBPROVIDER	31	795	
19.00			0	SUBPROVIDER-PSYCH	31.01	11,985	
20.00			0	NURSERY	33	1,615	
21.00			0	SKILLED NURSING FACILITY	34	11,343	
22.00			0	OPERATING ROOM	37	437,401	
23.00			0	RECOVERY ROOM	38	546	
24.00			0	ANESTHESIOLOGY	40	96,360	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	341,880	
26.00			0	MAGNETIC RES. IMAGING	41.01	343,714	
27.00			0	LABORATORY	44	235	
28.00			0	BLOOD STORING, PROCESSING & TR	47	1,646	
29.00			0	RESPIRATORY THERAPY	49	54,971	
30.00			0	PHYSICAL THERAPY	50	15,206	
31.00			0	ELECTROCARDIOLOGY	53	713,424	
32.00			0	ELECTROENCEPHALOGRAPHY	54	24,321	
33.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	64,591	
34.00			0	RECOVERY ROOM	38	22,108	
35.00			0	CARDIAC REHAB	59	3,621	
36.00			0	BEHAVIORAL OUTPATIENT	59.01	53	
37.00			0	SHOCK THERAPY	59.02	2,182	
38.00			0	EMERGENCY	61	37,008	
39.00			0	HOME HEALTH AGENCY	71	14,394	
40.00			0	OAKCREST NH	96.01	8,535	
41.00			0	SHARED SERVICES	96.02	186	
42.00			0	FUND DEVELOPMENT	96.06	60	
43.00			0	OCCUPATIONAL HEALTH SERVICES	100.02	644	
44.00			0	MMC DYERSVILLE	100.09	77,023	
45.00			0	RETAIL PHARMACY	100.11	64,906	
TOTAL RECLASSIFICATIONS FOR CODE A			5,452,366	5,452,366			

RECLASS CODE: B  
 EXPLANATION : DEPRECIATION TO INDIVIDUAL BUILDING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-47 BLDG	3.01	720,320	NEW CAP REL COSTS-BLDG & FIXT	3	2,240,251	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	181,182			0	
4.00	NEW CAP REL COSTS-ASBURY SQUAR	3.04	2,836			0	
5.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	85,822			0	
6.00	NEW CAP REL COSTS-RENTAL PROPE	3.07	6,859			0	
7.00	NEW CAP REL COSTS-PARKING DECK	3.08	68,680			0	
8.00	NEW CAP REL COSTS-97 BUILDING	3.09	1,000,990			0	
9.00	NEW CAP REL COSTS-BELLEVUE CLI	3.10	1,704			0	
10.00	NEW CAP REL COSTS-CASCADE CLIN	3.11	634			0	
11.00	NEW CAP REL COSTS-RETAIL PHARM	3.12	47,888			0	
12.00	NEW CAP REL COSTS-DYERSVILLE	3.02	115,779			0	
13.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	7,557			0	
TOTAL RECLASSIFICATIONS FOR CODE B			2,240,251	2,240,251			

RECLASS CODE: C  
 EXPLANATION : PROPERTY INS. TO BLDG DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	45,300	OTHER A & G	6.04	130,668	
2.00	NEW CAP REL COSTS-47 BLDG	3.01	37,792			0	

RECLASSIFICATIONS

RECLASS CODE: C  
 EXPLANATION : PROPERTY INS. TO BLDG DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	12,073			0	
4.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	2,450			0	
5.00	NEW CAP REL COSTS-97 BUILDING	3.09	18,072			0	
6.00	NEW CAP REL COSTS-DYERSVILLE	3.02	12,073			0	
7.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	2,908			0	
TOTAL RECLASSIFICATIONS FOR CODE C			130,668			130,668	

RECLASS CODE: D  
 EXPLANATION : BLDG DEPRECIATION IN COST CENTER

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	38,072	RETAIL PHARMACY	100.11	38,072	
TOTAL RECLASSIFICATIONS FOR CODE D			38,072			38,072	

RECLASS CODE: E  
 EXPLANATION : MAINTENANCE TO TV SERVICE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	TV SERVICE	96.05	6,452	MAINTENANCE & REPAIRS	7	6,452	
2.00	TV SERVICE	96.05	24,446	MAINTENANCE & REPAIRS	7	24,446	
TOTAL RECLASSIFICATIONS FOR CODE E			30,898			30,898	

RECLASS CODE: F  
 EXPLANATION : CRNA FEES TO NON PHYSICIAN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	387,910	ANESTHESIOLOGY	40	387,910	
TOTAL RECLASSIFICATIONS FOR CODE F			387,910			387,910	

RECLASS CODE: G  
 EXPLANATION : PAP PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENTAL PROPERTIES	100.03	14,700	OPERATION OF PLANT	8	14,700	
TOTAL RECLASSIFICATIONS FOR CODE G			14,700			14,700	

RECLASS CODE: H  
 EXPLANATION : NON ALLOWABLE ADVERTISING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND DEVELOPMENT	96.06	200,072	OTHER A & G	6.04	200,072	
TOTAL RECLASSIFICATIONS FOR CODE H			200,072			200,072	

RECLASS CODE: I  
 EXPLANATION : SNF UTILIZATION REVIEW COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UTILIZATION REVIEW-SNF	89	4,265	SKILLED NURSING FACILITY	34	4,265	
TOTAL RECLASSIFICATIONS FOR CODE I			4,265			4,265	

RECLASS CODE: J  
 EXPLANATION : BIRTH CENTER COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	472,178	ADULTS & PEDIATRICS	25	1,147,989	
2.00	DELIVERY ROOM & LABOR ROOM	39	675,811			0	
TOTAL RECLASSIFICATIONS FOR CODE J			1,147,989			1,147,989	

RECLASS CODE: K  
 EXPLANATION : GENERAL INSURANCE TO A AND G

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER A & G	6.04	501,089	NEW CAP REL COSTS-BLDG & FIXT	3	501,089	
TOTAL RECLASSIFICATIONS FOR CODE K			501,089			501,089	