



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE:	TIME:
	2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
	3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
	4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	4 -REOPENED		
	5 -AMENDED		

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE 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 HOSPITAL & MEDICAL CENTER (14-0158) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-2,053,457	-94,284		2,459,906	1
2	SUBPROVIDER - IPF		4				2
3	SUBPROVIDER - IRF		68,163				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						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		-1,985,290	-94,284		2,459,906	200

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

**WORKSHEET S
PARTS I, II & III**

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.



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:											
1	Street: 2525 SOUTH MICHIGAN AVENUE	P.O. Box:								1	
2	City: CHICAGO	State: IL	ZIP Code: 60616-2477	County: COOK						2	
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 HOSPITAL & MEDICAL CENTER	14-0158	16974	1	07/01/1966	N	P	O	3	
4	Subprovider - IPF	MERCY HOSPITAL & MEDICAL CENTER	14-S158	16974	4	07/01/1984	N	P	O	4	
5	Subprovider - IRF	MERCY HOSPITAL & MEDICAL CENTER	14-T158	16974	5	07/01/1984	N	P	O	5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF									9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA									12	
13	Separately Certified ASC									13	
14	Hospital-Based Hospice									14	
15	Hospital-Based Health Clinic - RHC									15	
16	Hospital-Based Health Clinic - FQHC									16	
17	Hospital-Based (CMHC)									17	
18	Renal Dialysis									18	
19	Other									19	
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014							20	
21	Type of control (see instructions)	1								21	
Inpatient PPS Information								1	2		
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	
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.							1	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 col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	17,431	2,307	97		3,651					
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	515	60			212					
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.	1								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.	1								27	
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.										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:			Ending:						36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.										37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:			Ending:						38
								1	2		



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
----	---	---	---	----



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
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 and enter in column 4 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 and enter in column 4 direct 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)	10.00			62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
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 non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						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 non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						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.			Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.			N			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.			Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.			Y	N		76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX			
		1	2			
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	Y	90		
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91		
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92		
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93		
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94		
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95		
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96		
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97		
Rural Providers		1	2			
105	Does this hospital qualify as a Critical Access Hospital (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	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.			107		
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108		
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical	Occupational	Speech	Respiratory	109
Miscellaneous Cost Reporting Information						
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, 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'	N			115	
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116	
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			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:	159,879	2,976,633	1,305,593	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.	N		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	
Transplant Center Information						
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				128	
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129	
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				130	
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131	
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132	
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133	
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134	



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

All Providers					
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1	2		140
		Y			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141	Name: TRINITY HEALTH	Contractor's Name: WPS			141
142	Street:	Contractor's Number: 05101			142
143	City:	P.O. Box:			143
		State:	ZIP Code:		
144	Are provider based physicians' costs included in Worksheet A?	Y			144
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	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, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)					
		Title XVIII		Title V	Title XIX
		Part A	Part B	1	2
155	Hospital	N	N	N	N
156	Subprovider - IPF	N	N	N	N
157	Subprovider - IRF	N	N	N	N
158	Subprovider - Other				
159	SNF	N	N		
160	HHA	N	N		
161	CMHC		N		
161.10	CORF				
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.				166
	Name	County	State	ZIP Code	CBSA
	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.	N			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
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

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	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	
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)	N			3
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	N			4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y			5
APPROVED EDUCATIONAL ACTIVITIES					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS					
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N	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					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15
PART A					
		Y/N	DATE		
PART B					
		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)	N		N	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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
----	---	---	--	---	--	----



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

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 COSTS			
22	HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: MICHAEL	LAST NAME: CADDICK	TITLE: VICE PRESIDENT
42	EMPLOYER: SRI, INC		
43	PHONE NUMBER: 708 466-7240	E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG	



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABL E	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	198	72,270			15,606	11,568	38,711	1
2	HMO AND OTHER (see instructions)						2,871	4,112		2
3	HMO IPF SUBPROVIDER						159	961		3
4	HMO IRF SUBPROVIDER						281	247		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)		198	72,270			15,606	11,568	38,711	7
8	INTENSIVE CARE UNIT	31	14	5,110			1,932	1,138	4,088	8
9	CORONARY CARE UNIT	32	6	2,190			915	500	2,307	9
9.01	NURSERY INTENSIVE CARE CENTER	32.01	15	5,475				2,540	2,854	9.01
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						3,128	3,726	13
14	TOTAL (see instructions)		233	85,045			18,453	18,874	51,686	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	39	14,235			1,578	3,261	6,792	16
17	SUBPROVIDER - IRF	41	16	5,840			2,877	540	3,958	17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								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)		288							27
28	OBSERVATION BED DAYS								4,076	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							500	714	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEE S 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)					3,969	5,840	12,569	1
2	HMO AND OTHER (see instructions)					593			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
9.01	NURSERY INTENSIVE CARE CENTER								9.01
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)	70.23	1,369.39			3,969	5,840	12,569	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF		31.64			249	622	1,259	16
17	SUBPROVIDER - IRF	0.50	16.85			269	35	365	17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	70.73	1,417.88						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION 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	102,751,296	-318,080	102,433,216	3,096,315.00	33.08	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE		781,909		781,909	15,391.00	50.80	4
4.01	PHYSICIAN-PART A - TEACHING		2,473,833		2,473,833	27,692.00	89.33	4.01
5	PHYSICIAN-PART B		4,006,545		4,006,545	43,267.00	92.60	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21	5,661,512	-1,450,418	4,211,094	171,207.00	24.60	7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)		1,995,176		1,995,176	69,933.00	28.53	7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (see instructions)		12,531,039	-1,097,702	11,433,337	258,740.00	44.19	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		10,534,216		10,534,216	208,317.00	50.57	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		4,454,587		4,454,587	63,241.00	70.44	14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (core)(see instructions)		18,209,998		18,209,998			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		2,040,838		2,040,838			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		81,834		81,834			22
22.01	PHYSICIAN PART A - TEACHING		340,027		340,027			22.01
23	PHYSICIAN PART B		298,832		298,832			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)		1,011,561		1,011,561			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		1,023,691		1,023,691	20,878.00	49.03	26
27	ADMINISTRATIVE & GENERAL		15,389,508	358,153	15,747,661	481,589.00	32.70	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)		235,337		235,337	941.00	250.09	28
29	MAINTENANCE & REPAIRS							29
30	OPERATION OF PLANT		2,043,608		2,043,608	69,745.00	29.30	30
31	LAUNDRY & LINEN SERVICE							31
32	HOUSEKEEPING		2,146,206		2,146,206	155,516.00	13.80	32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)		718,127		718,127	14,560.00	49.32	33
34	DIETARY							34
35	DIETARY UNDER CONTRACT (see instructions)		2,769,689		2,769,689	108,369.00	25.56	35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,551,933		1,551,933	31,864.00	48.70	38
39	CENTRAL SERVICES AND SUPPLY		571,606		571,606	31,596.00	18.09	39
40	PHARMACY							40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,293,694	-3,713	1,289,981	50,693.00	25.45	41
42	SOCIAL SERVICE							42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		92,337,383	1,132,338	93,469,721	2,908,086.00	32.14	1
2	EXCLUDED AREA SALARIES (see instructions)		12,531,039	-1,097,702	11,433,337	258,740.00	44.19	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		79,806,344	2,230,040	82,036,384	2,649,346.00	30.96	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		14,988,803		14,988,803	271,558.00	55.20	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		18,291,832		18,291,832		22.30%	5



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		113,086,979	2,230,040	115,317,019	2,920,904.00	39.48	6
7	TOTAL OVERHEAD COST (see instructions)		27,743,399	354,440	28,097,839	965,751.00	29.09	7



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3****PART IV - WAGE RELATED COST****PART IV****PART A - CORE LIST**

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	3,154,577	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)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	10,800,878	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	258,505	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	104,690	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	276,941	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	600,043	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	7,456,660	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	338,313	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	6,242	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	22,996,849	24

PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
----	------------------------------------	--	----



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Supporting Exhibit for Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

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

EXHIBIT 3

STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD				
1	WAGE INDEX FISCAL YEAR ENDING DATE			1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)			2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH			3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)			4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)			5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)				
6	EFFECTIVE DATE OF PENSION PLAN			6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE			7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)			8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S)	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)			12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD			13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)			14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2			15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)			16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX				
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)			17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)			18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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 1	BENEFIT COST 2	
	0			
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			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			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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)	0.341903	1
---	--	----------	---

MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID	81,558,101	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	190,287,216	6
7	MEDICAID COST (line 1 times line 6)	65,059,770	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.		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)		13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)		14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)		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

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)				19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	13,766,020	3,915,337	17,681,357	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	4,706,644	1,338,665	6,045,309	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	4,001,228	133,102	4,134,330	22
23	COST OF CHARITY CARE (line 21 minus line 22)	705,416	1,205,563	1,910,979	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, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)		25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	24,017,000	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)	2,602,018	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)	21,414,982	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)	7,321,847	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)	9,232,826	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)	9,232,826	31



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

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		4,385,018	4,385,018	2,584,709	6,969,727	-1,129,179	5,840,548	1
2	00200	CAP REL COSTS-MVBLE EQUIP		9,745,070	9,745,070		9,745,070	-16,556	9,728,514	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	1,023,691	23,923,572	24,947,263	764,513	25,711,776	-1,105,584	24,606,192	4
5	00500	ADMINISTRATIVE & GENERAL	15,389,508	38,802,869	54,192,377	-522,648	53,669,729	-13,281,668	40,388,061	5
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	2,043,608	8,641,733	10,685,341		10,685,341	-4,275	10,681,066	7
8	00800	LAUNDRY & LINEN SERVICE		893,768	893,768		893,768		893,768	8
9	00900	HOUSEKEEPING	2,146,206	1,095,277	3,241,483		3,241,483		3,241,483	9
10	01000	DIETARY		3,841,210	3,841,210	-2,139,351	1,701,859	-6,840	1,695,019	10
11	01100	CAFETERIA				2,139,351	2,139,351	-1,005,978	1,133,373	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	1,551,933	181,689	1,733,622		1,733,622	-34,981	1,698,641	13
14	01400	CENTRAL SERVICES & SUPPLY	571,606	483,313	1,054,919		1,054,919		1,054,919	14
15	01500	PHARMACY		16,281,885	16,281,885		16,281,885		16,281,885	15
16	01600	MEDICAL RECORDS & LIBRARY	1,293,694	340,951	1,634,645	-3,713	1,630,932	-26,849	1,604,083	16
17	01700	SOCIAL SERVICE								17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,661,512		5,661,512	-1,450,418	4,211,094		4,211,094	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		3,673,833	3,673,833	2,473,833	6,147,666	-611,588	5,536,078	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	15,365,168	3,147,052	18,512,220	-709	18,511,511	-877,931	17,633,580	30
31	03100	INTENSIVE CARE UNIT	3,455,502	779,694	4,235,196		4,235,196	-559,910	3,675,286	31
32	03200	CORONARY CARE UNIT	1,007,472	366,469	1,373,941		1,373,941		1,373,941	32
32.01	02060	NURSERY INTENSIVE CARE CENTER				1,391,908	1,391,908		1,391,908	32.01
40	04000	SUBPROVIDER - IPF	2,077,746	43,749	2,121,495		2,121,495		2,121,495	40
41	04100	SUBPROVIDER - IRF	990,112	1,062,436	2,052,548		2,052,548		2,052,548	41
43	04300	NURSERY	1,981,024	1,912,833	3,893,857	-1,478,482	2,415,375	-1,984,337	431,038	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	3,540,114	8,618,456	12,158,570	-3,739,168	8,419,402	-800	8,418,602	50
50.01	03340	GI LAB	588,807	582,190	1,170,997		1,170,997		1,170,997	50.01
51	05100	RECOVERY ROOM	588,578	29,078	617,656		617,656		617,656	51
52	05200	DELIVERY ROOM & LABOR ROOM	2,635,400	565,544	3,200,944		3,200,944		3,200,944	52
53	05300	ANESTHESIOLOGY	92,602	233,303	325,905		325,905		325,905	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,148,939	748,609	3,897,548		3,897,548	-33,056	3,864,492	54
54.01	05401	MRI CENTER								54.01
55	05500	RADIOLOGY-THERAPEUTIC	587,050	238,523	825,573	-20,710	804,863	-189,290	615,573	55
56	05600	RADIOISOTOPE	361,503	649,477	1,010,980	-699	1,010,281	-19,235	991,046	56
57	05700	CT SCAN	782,290	431,488	1,213,778		1,213,778	-105,125	1,108,653	57
58	05800	MRI	248,167	1,852,291	2,100,458		2,100,458	-874,141	1,226,317	58
59	05900	CARDIAC CATHETERIZATION	3,320,792	5,108,157	8,428,949	-3,075,396	5,353,553	-2,465,428	2,888,125	59
60	06000	LABORATORY	4,225,048	5,355,042	9,580,090		9,580,090	-191,732	9,388,358	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	1,242,216	300,341	1,542,557		1,542,557		1,542,557	65
66	06600	PHYSICAL THERAPY	1,104,660	96,334	1,200,994		1,200,994		1,200,994	66
67	06700	OCCUPATIONAL THERAPY	823,521	14,550	838,071		838,071		838,071	67
68	06800	SPEECH PATHOLOGY	267,384	6,296	273,680		273,680	-11,067	262,613	68
70	07000	ELECTROENCEPHALOGRAPHY	36,550	856	37,406		37,406		37,406	70
72	07200	IMPL. DEV. CHARGED TO PATIENTS				6,776,465	6,776,465		6,776,465	72
73	07300	DRUGS CHARGED TO PATIENTS								73
74	07400	RENAL DIALYSIS		741,974	741,974		741,974		741,974	74
76	03951	EMG	40,890	1,133	42,023		42,023		42,023	76
76.01	03952	CARDIOVASCULAR LAB								76.01
76.02	03953	MERCY EYE CENTER	181,809	21,128	202,937		202,937		202,937	76.02
76.03	03954	MERCY ENT	318,080	21,543	339,623		339,623	-339,623		76.03
76.04	03955	WOUND CARE CENTER	249,614	20,670	270,284		270,284		270,284	76.04
76.05	03956	CARDIAC REHAB								76.05
76.06	03957	PRE-BIRTH CENTER	648,519	276,641	925,160	-46,972	878,188	-440,539	437,649	76.06
76.07	03958	SLEEP LAB		312,179	312,179		312,179		312,179	76.07
76.08	03640	UROLOGY	79,177	5,400	84,577		84,577		84,577	76.08
76.09	03959	ADDP OP	595,387	13,922	609,309		609,309	-91,940	517,369	76.09



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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 ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
76.10	03550	PSYCH PARTIAL HOSPITAL								76.10
76.11	03960	DIABETES TREATMENT	114,258	67,672	181,930		181,930		181,930	76.11
76.12	03961	MENTAL HEALTH CENTER	1,033,863	26,086	1,059,949		1,059,949	-401,836	658,113	76.12
76.13	03650	VEIN CLINIC	10,614	48,564	59,178		59,178	-39,915	19,263	76.13
76.97	07697	CARDIAC REHABILITATION	293,652	15,804	309,456		309,456	-13,005	296,451	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	4,161,206	3,617,975	7,779,181	-1,257,915	6,521,266	-2,093,231	4,428,035	90
90.01	09001	MERCY CLINICS	3,298,274	2,698,984	5,997,258		5,997,258	-89,244	5,908,014	90.01
90.02	09002	MERCY CLINIC STATE ST								90.02
90.03	09003	MERCY CLINIC POLK ST								90.03
91	09100	EMERGENCY	4,110,369	1,840,208	5,950,577		5,950,577	-764,685	5,185,892	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	93,288,115	154,162,839	247,450,954	2,394,598	249,845,552	-28,809,568	221,035,984	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								190
191	19100	RESEARCH	182,773	146,350	329,123		329,123		329,123	191
192	19200	PHYSICIANS' PRIVATE OFFICES	8,889,821	4,344,279	13,234,100	-2,381,367	10,852,733		10,852,733	192
192.0 1	19201	DNBAR CLINIC	81,525	138,911	220,436	-11,846	208,590		208,590	192.0 1
192.0 2	19202	PHILLIPS HEALTH	48,832	38,387	87,219	-1,385	85,834		85,834	192.0 2
192.0 3	19204	OTHER HOME HEALTH								192.0 3
192.0 4	19205	VITAS HOSPICE								192.0 4
192.0 5	19203	DOCTORS OFFICE	260,230	95,129	355,359		355,359		355,359	192.0 5
194	07950	OTHER NONREIMBURSABLE COST CENTERS								194
194.0 1	07951	SENIOR FRIENDS								194.0 1
194.0 2	07952	OTHER NONREIMBURSABLE COST CENTERS								194.0 2
194.0 3	07953	OTHER NONREIMBURSABLE COST CENTERS								194.0 3
200		TOTAL (sum of lines 118-199)	102,751,296	158,925,895	261,677,191		261,677,191	-28,809,568	232,867,623	200



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	PROPERTY INSURANCE	A	CAP REL COSTS-BLDG & FIXT	1		164,028	1
500	TOTAL RECLASSIFICATIONS					164,028	500
	CODE LETTER - A						
1	D&T BENEFITS	B	EMPLOYEE BENEFITS DEPARTMENT	4		764,513	1
500	TOTAL RECLASSIFICATIONS					764,513	500
	CODE LETTER - B						
1	CAFETERIA COSTS	C	CAFETERIA	11		2,139,351	1
500	TOTAL RECLASSIFICATIONS					2,139,351	500
	CODE LETTER - C						
1	SPECIAL CARE NURSERY	D	NURSERY INTENSIVE CARE CENTER	32.01	1,250,615	141,293	1
500	TOTAL RECLASSIFICATIONS				1,250,615	141,293	500
	CODE LETTER - D						
1	IMPLANT SUPPLIES	E	IMPL. DEV. CHARGED TO PATIENT	72		6,776,465	1
2							2
500	TOTAL RECLASSIFICATIONS					6,776,465	500
	CODE LETTER - E						
1	INTEREST EXPENSE	F	CAP REL COSTS-BLDG & FIXT	1		2,420,681	1
500	TOTAL RECLASSIFICATIONS					2,420,681	500
	CODE LETTER - F						
1	PHYSICIANS PART A ADMIN SAL	G	ADMINISTRATIVE & GENERAL	5	455,476		1
2							2
500	TOTAL RECLASSIFICATIONS				455,476		500
	CODE LETTER - G						
1	BILLING FEES	H	ADMINISTRATIVE & GENERAL	5		686,541	1
2							2
500	TOTAL RECLASSIFICATIONS					686,541	500
	CODE LETTER - H						
1	ENT SALARY RCLASS PRO FEES	I	MERCY ENT	76.03		318,080	1
500	TOTAL RECLASSIFICATIONS					318,080	500
	CODE LETTER - I						
1	TEACHING SALARIES	J	I&R SERVICES-OTHER PRGM COSTS	22	2,473,833		1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
500	TOTAL RECLASSIFICATIONS				2,473,833		500
	CODE LETTER - J						
1	BILLING FEES	L	ADMINISTRATIVE & GENERAL	5		1,017,367	1
2							2
3							3
500	TOTAL RECLASSIFICATIONS					1,017,367	500
	CODE LETTER - L						
	GRAND TOTAL (INCREASES)				4,179,924	14,428,319	

(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.



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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	PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	5		164,028	9	
500	TOTAL RECLASSIFICATIONS					164,028	500	
	CODE LETTER - A							
1	D&T BENEFITS	B	CLINIC	90		764,513	1	
500	TOTAL RECLASSIFICATIONS					764,513	500	
	CODE LETTER - B							
1	CAFETERIA COSTS	C	DIETARY	10		2,139,351	1	
500	TOTAL RECLASSIFICATIONS					2,139,351	500	
	CODE LETTER - C							
1	SPECIAL CARE NURSERY	D	NURSERY	43	1,250,615	141,293	1	
500	TOTAL RECLASSIFICATIONS				1,250,615	141,293	500	
	CODE LETTER - D							
1	IMPLANT SUPPLIES	E	OPERATING ROOM	50		3,739,168	1	
2			CARDIAC CATHETERIZATION	59		3,037,297	2	
500	TOTAL RECLASSIFICATIONS					6,776,465	500	
	CODE LETTER - E							
1	INTEREST EXPENSE	F	ADMINISTRATIVE & GENERAL	5		2,420,681	9	
500	TOTAL RECLASSIFICATIONS					2,420,681	500	
	CODE LETTER - F							
1	PHYSICIANS PART A ADMIN SAL	G	I&R SERVICES-SALARY & FRINGES	21	264,411		1	
2			PHYSICIANS' PRIVATE OFFICES	192	191,065		2	
500	TOTAL RECLASSIFICATIONS				455,476		500	
	CODE LETTER - G							
1	BILLING FEES	H	NURSERY	43		50,517	1	
2			PHYSICIANS' PRIVATE OFFICES	192		636,024	2	
500	TOTAL RECLASSIFICATIONS					686,541	500	
	CODE LETTER - H							
1	ENT SALARY RCLASS PRO FEES	I	MERCY ENT	76.03	318,080		1	
500	TOTAL RECLASSIFICATIONS				318,080		500	
	CODE LETTER - I							
1	TEACHING SALARIES	J	ADMINISTRATIVE & GENERAL	5	97,323		1	
2			RADIOLOGY-THERAPEUTIC	55	20,710		2	
3			RADIOISOTOPE	56	699		3	
4			MEDICAL RECORDS & LIBRARY	16	3,713		4	
5			PRE-BIRTH CENTER	76.06	46,972		5	
6			ADULTS & PEDIATRICS	30	709		6	
7			CLINIC	90	172,964		7	
8			PHYSICIANS' PRIVATE OFFICES	192	893,406		8	
9			I&R SERVICES-SALARY & FRINGES	21	1,186,007		9	
10			CARDIAC CATHETERIZATION	59	38,099		10	
11			DNBAR CLINIC	192.01	11,846		11	
12			PHILLIPS HEALTH	192.02	1,385		12	
500	TOTAL RECLASSIFICATIONS				2,473,833		500	
	CODE LETTER - J							
1	BILLING FEES	L	NURSERY	43		36,057	1	
2			CLINIC	90		320,438	2	
3			PHYSICIANS' PRIVATE OFFICES	192		660,872	3	
500	TOTAL RECLASSIFICATIONS					1,017,367	500	
	CODE LETTER - L							
	GRAND TOTAL (DECREASES)				4,498,004	14,110,239		

(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.



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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	26,173,000					26,173,000		1
2	LAND IMPROVEMENTS	1,574,000	140,140		140,140		1,714,140		2
3	BUILDINGS AND FIXTURES	105,082,467	13,372,008		13,372,008		118,454,475		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	27,902,572	12,920,060		12,920,060	1,094,100	39,728,532		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	160,732,039	26,432,208		26,432,208	1,094,100	186,070,147		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	160,732,039	26,432,208		26,432,208	1,094,100	186,070,147		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	4,385,018						4,385,018	1	
2	CAP REL COSTS-MVBLE EQUIP	9,745,070						9,745,070	2	
3	TOTAL (sum of lines 1-2)	14,130,088						14,130,088	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 instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				0.000000					1
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	5,840,548						5,840,548	1	
2	CAP REL COSTS-MVBLE EQUIP	9,728,514						9,728,514	2	
3	TOTAL (sum of lines 1-2)	15,569,062						15,569,062	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.)



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)	B	-46,489	CAP REL COSTS-BLDG & FIXT	1	9	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)	B	-1,082,690	CAP REL COSTS-BLDG & FIXT	1	9	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	-10,968,444				10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)						11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	1,581,289				12
13	LAUNDRY AND LINEN SERVICE						13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-1,005,978	CAFETERIA	11		14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						16
17	SALE OF DRUGS TO OTHER THAN PATIENTS						17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS						18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						19
20	VENDING MACHINES						20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)						21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE 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			NONPHYSICIAN ANESTHETISTS	19		28
29	PHYSICIANS' ASSISTANT						29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67		30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68		31
32	CAH HIT ADJ FOR DEPRECIATION AND						32
33							33
33.61	MARKETING COSTS	A	-951,502	ADMINISTRATIVE & GENERAL	5		33.61
33.62	AMBULANCE COSTS	A	-34,981	NURSING ADMINISTRATION	13		33.62
33.63	LOBBYING COSTS	A	-25,375	ADMINISTRATIVE & GENERAL	5		33.63
33.73	MISCELLANEOUS INCOME	B	-585,586	ADMINISTRATIVE & GENERAL	5		33.73
33.74	EXPENSE REIMBURSEMENT	B	-535,393	ADMINISTRATIVE & GENERAL	5		33.74
33.75	EQUIPMENT RENTAL REVENUE	B	-16,556	CAP REL COSTS-MVBLE EQUIP	2	9	33.75
33.78	MISCELLANEOUS INCOME	B	8,859	RADIOLOGY-DIAGNOSTIC	54		33.78
33.79	REFERRAL LAB REVENUE	B	-191,732	LABORATORY	60		33.79
33.80	THERAPY CONTRACT REVENUE	B	-11,067	SPEECH PATHOLOGY	68		33.80
33.81	OTHER REVENUE	B	-6,840	DIETARY	10		33.81
33.84	D&T SUBSIDY	A	-331,978	ADMINISTRATIVE & GENERAL	5		33.84
33.85	D & T COST ALLOCATIONS	A	-705,125	CLINIC	90		33.85
33.87	ENT PHYSICIANS COSTS	A	-339,623	MERCY ENT	76.03		33.87
33.89	OTHER REVENUE	B	-11,440	CARDIAC CATHETERIZATION	59		33.89
33.91	OTHER REVENUE	B	-675	MENTAL HEALTH CENTER	76.12		33.91
33.92	MRI OTHER REVENUE	B	-205,285	MRI	58		33.92
33.93	COMMISSION INCOME	B	-14,852	ADMINISTRATIVE & GENERAL	5		33.93
33.94	OTHER REVENUE	B	-112,277	I&R SERVICES-OTHER PRGM COSTS APRVD	22		33.94
33.95	OTHER REVENUE	B	-800	OPERATING ROOM	50		33.95
33.96	OTHER REVENUE	B	-112,631	EMPLOYEE BENEFITS DEPARTMENT	4		33.96
33.97	OTHER REVENUE	B	-4,275	OPERATION OF PLANT	7		33.97
34	OTHER REVENUE	B	-89,244	MERCY CLINICS	90.01		34
35							35



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
36	OCC MEDICINE BENEIFTS	A	-113,349	EMPLOYEE BENEFITS DEPARTMENT	4	36
37	PHYSICIANS MALPRACTICE EXPENSES	A	-989,537	ADMINISTRATIVE & GENERAL	5	37
38	PHYSICIANS PART B BENEFITS	A	-537,124	EMPLOYEE BENEFITS DEPARTMENT	4	38
39	OCCUPATIONAL MEDICINE ADMIN	A	-437,222	ADMINISTRATIVE & GENERAL	5	39
40	HOSPICE COSTS	A	-55,682	ADULTS & PEDIATRICS	30	40
41						41
42	MEDICAID ASSESSMENT	A	-10,875,964	ADMINISTRATIVE & GENERAL	5	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)		-28,809,568			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 subscripts thereof.

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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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	7	OPERATION OF PLANT	HOME OFFICE COSTS	1,598,243	1,598,243		1
2	57	CT SCAN	JOINT VENTURE	100,974	176,234	-75,260	2
3	58	MRI	JOINT VNETURE	679,406	1,348,262	-668,856	3
3.01	5	ADMINISTRATIVE & GENERAL	TRINITY HEALTH	12,444,183	9,776,298	2,667,885	3.01
3.02	4	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS HOME OF	866,898	1,209,378	-342,480	3.02
4							4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			15,689,704	14,108,415	1,581,289	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.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
B	SISTERS OF MERCY	100.00			RELIGIOUS ORDER	6
7						7
8						8
9						9
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:



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN / PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GEN AGGREGATE	1,339,559	1,097,293	242,266	177,200	1,613	137,415	6,871	1
2	16	MEDICAL RECORDS & LI AGGREGATE	32,642	6,805	25,837	177,200	68	5,793	290	2
3	22	I&R SERVICES-OTHER P AGGREGATE	499,311	499,311						3
4	30	ADULTS & PEDIATRICS AGGREGATE	833,194	822,249	10,945	177,200	155	13,205	660	4
5	31	INTENSIVE CARE UNIT AGGREGATE	613,070		613,070	177,200	624	53,160	2,658	5
6	40	SUBPROVIDER - IPF AGGREGATE	131,789		131,789	177,200	1,560	132,900	6,645	6
7										7
8	43	NURSERY AGGREGATE	1,984,337	1,984,337						8
9	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	42,000		42,000	177,200	1	85	4	9
10	55	RADIOLOGY-THERAPEUTI AGGREGATE	193,890	188,712	5,178	177,200	54	4,600	230	10
11	57	CT SCAN AGGREGATE	29,950		29,950	177,200	1	85	4	11
12	59	CARDIAC CATHETERIZAT AGGREGATE	2,510,300	1,813,836	696,464	177,200	661	56,312	2,816	12
13	76.97	CARDIAC REHABILITATI AGGREGATE	21,675	13,005	8,670	177,200	102	8,690	435	13
14	76.12	MENTAL HEALTH CENTER AGGREGATE	401,161	401,161						14
15	76.13	VEIN CLINIC AGGREGATE	40,000		40,000	177,200	1	85	4	15
16	91	EMERGENCY AGGREGATE	764,770	596,770	168,000	177,200	1	85	4	16
17	56	RADIOISOTOPE AGGREGATE	24,261	18,370	5,891	177,200	59	5,026	251	17
18	76.09	ADDP OP AGGREGATE	197,238		197,238	177,200	1,236	105,298	5,265	18
19	90	CLINIC AGGREGATE	1,532,507	1,334,265	198,242	177,200	1,695	144,401	7,220	19
20	76.06	PRE-BIRTH CENTER AGGREGATE	576,336	19,778	556,558	177,200	1,594	135,797	6,790	20
200		TOTAL	11,767,990	8,795,892	2,972,098		9,425	802,937	40,147	200



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRAC T- ICE INSURANC E	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW - ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GEN AGGREGATE					137,415	104,851	1,202,144	1
2	16	MEDICAL RECORDS & LI AGGREGATE					5,793	20,044	26,849	2
3	22	I&R SERVICES-OTHER P AGGREGATE							499,311	3
4	30	ADULTS & PEDIATRICS AGGREGATE					13,205		822,249	4
5	31	INTENSIVE CARE UNIT AGGREGATE					53,160	559,910	559,910	5
6	40	SUBPROVIDER - IPF AGGREGATE					132,900			6
7										7
8	43	NURSERY AGGREGATE							1,984,337	8
9	54	RADIOLOGY-DIAGNOSTIC AGGREGATE					85	41,915	41,915	9
10	55	RADIOLOGY-THERAPEUTI AGGREGATE					4,600	578	189,290	10
11	57	CT SCAN AGGREGATE					85	29,865	29,865	11
12	59	CARDIAC CATHETERIZAT AGGREGATE					56,312	640,152	2,453,988	12
13	76.97	CARDIAC REHABILITATI AGGREGATE					8,690		13,005	13
14	76.12	MENTAL HEALTH CENTER AGGREGATE							401,161	14
15	76.13	VEIN CLINIC AGGREGATE					85	39,915	39,915	15
16	91	EMERGENCY AGGREGATE					85	167,915	764,685	16
17	56	RADIOISOTOPE AGGREGATE					5,026	865	19,235	17
18	76.09	ADDP OP AGGREGATE					105,298	91,940	91,940	18
19	90	CLINIC AGGREGATE					144,401	53,841	1,388,106	19
20	76.06	PRE-BIRTH CENTER AGGREGATE					135,797	420,761	440,539	20
200		TOTAL					802,937	2,172,552	10,968,444	200



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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 MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	5,840,548	5,840,548					1
2	CAP REL COSTS-MVBLE EQUIP	9,728,514		9,728,514				2
4	EMPLOYEE BENEFITS DEPARTMENT	24,606,192	42,213	575	24,648,980			4
5	ADMINISTRATIVE & GENERAL	40,388,061	1,255,731	4,425,417	3,916,311	49,985,520	49,985,520	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	10,681,066	877,375	409,968	700,132	12,668,541	3,462,578	7
8	LAUNDRY & LINEN SERVICE	893,768	73,586		90,261	1,057,615	289,068	8
9	HOUSEKEEPING	3,241,483	57,402	14,219	633,823	3,946,927	1,078,778	9
10	DIETARY	1,695,019	77,311	13,633		1,785,963	488,141	10
11	CAFETERIA	1,133,373	97,150	17,131		1,247,654	341,010	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,698,641	19,318	58,637	482,814	2,259,410	617,544	13
14	CENTRAL SERVICES & SUPPLY	1,054,919	60,404	19,263	133,038	1,267,624	346,468	14
15	PHARMACY	16,281,885		11,776		16,293,661	4,453,400	15
16	MEDICAL RECORDS & LIBRARY	1,604,083	30,354	3,490	346,652	1,984,579	542,427	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	4,211,094			985,420	5,196,514	1,420,316	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,536,078	137,940	4,154	552,690	6,230,862	1,703,025	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	17,633,580	877,367	296,902	4,234,596	23,042,445	6,297,987	30
31	INTENSIVE CARE UNIT	3,675,286	65,715	180,796	777,482	4,699,279	1,284,412	31
32	CORONARY CARE UNIT	1,373,941	28,044	104,966	378,346	1,885,297	515,291	32
32.01	NURSERY INTENSIVE CARE CENTER	1,391,908	16,845	40,628	254,132	1,703,513	465,606	32.01
40	SUBPROVIDER - IPF	2,121,495	174,321	4,983	661,399	2,962,198	809,631	40
41	SUBPROVIDER - IRF	2,052,548	75,250	10,685	183,887	2,322,370	634,752	41
43	NURSERY	431,038	9,838	23,729	237,811	702,416	191,985	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	8,418,602	278,859	810,828	1,063,806	10,572,095	2,889,576	50
50.01	GI LAB	1,170,997	10,678	4,422	174,257	1,360,354	371,813	50.01
51	RECOVERY ROOM	617,656	18,307	11,658	202,662	850,283	232,400	51
52	DELIVERY ROOM & LABOR ROOM	3,200,944	132,372	76,557	656,436	4,066,309	1,111,408	52
53	ANESTHESIOLOGY	325,905	2,823	120,101	28,002	476,831	130,328	53
54	RADIOLOGY-DIAGNOSTIC	3,864,492	207,280	1,390,645	900,990	6,363,407	1,739,253	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	615,573	41,078	39,233	102,534	798,418	218,224	55
56	RADIOISOTOPE	991,046	17,008	76,998	88,524	1,173,576	320,763	56
57	CT SCAN	1,108,653	3,888	318,691	216,622	1,647,854	450,393	57
58	MRI	1,226,317	28,845	133,896	65,090	1,454,148	397,449	58
59	CARDIAC CATHETERIZATION	2,888,125	181,180	464,401	732,495	4,266,201	1,166,042	59
60	LABORATORY	9,388,358	165,012	372,563	1,193,422	11,119,355	3,039,153	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,542,557	28,907	119,248	348,968	2,039,680	557,487	65
66	PHYSICAL THERAPY	1,200,994	35,206		205,605	1,441,805	394,076	66
67	OCCUPATIONAL THERAPY	838,071	66,050		161,081	1,065,202	291,142	67
68	SPEECH PATHOLOGY	262,613	4,153		92,797	359,563	98,276	68
70	ELECTROENCEPHALOGRAPHY	37,406	10,896	3,597	13,605	65,504	17,904	70
72	IMPL. DEV. CHARGED TO PATIENTS	6,776,465				6,776,465	1,852,150	72
73	DRUGS CHARGED TO PATIENTS		32,951			32,951	9,006	73
74	RENAL DIALYSIS	741,974	9,192			751,166	205,309	74
76	EMG	42,023		2,951	13,460	58,434	15,971	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	202,937	71,393	15,794	49,119	339,243	92,722	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	270,284	7,598		57,761	335,643	91,738	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	437,649		20,651	69,891	528,191	144,366	76.06
76.07	SLEEP LAB	312,179				312,179	85,325	76.07
76.08	UROLOGY	84,577		1,341	21,295	107,213	29,304	76.08
76.09	ADDP OP	517,369				517,369	141,408	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	181,930			31,882	213,812	58,439	76.11
76.12	MENTAL HEALTH CENTER	658,113	46,639		148,566	853,318	233,230	76.12
76.13	VEIN CLINIC	19,263				19,263	5,265	76.13
76.97	CARDIAC REHABILITATION	296,451	8,827	4,838	73,140	383,256	104,752	76.97



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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 MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,428,035	147,654		928,124	5,503,813	1,504,308	90
90.01	MERCY CLINICS	5,908,014		33,647		5,941,661	1,623,981	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	5,185,892	112,020	52,407	1,205,350	6,555,669	1,791,802	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	221,035,984	5,644,980	9,715,419	23,414,278	219,592,619	46,357,182	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,233			7,233	1,977	190
191	RESEARCH	329,123			6,595	335,718	91,759	191
192	PHYSICIANS' PRIVATE OFFICES	10,852,733		13,095	1,049,377	11,915,205	3,256,676	192
192.0 1	DNBAR CLINIC	208,590			14,551	223,141	60,989	192.0 1
192.0 2	PHILLIPS HEALTH	85,834			15,647	101,481	27,737	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE		139,006			139,006	37,993	192.0 4
192.0 5	DOCTORS OFFICE	355,359	49,329		72,394	477,082	130,397	192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				76,138	76,138	20,810	194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	232,867,623	5,840,548	9,728,514	24,648,980	232,867,623	49,985,520	202



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	16,131,119						7
8	LAUNDRY & LINEN SERVICE	332,678	1,679,361					8
9	HOUSEKEEPING	259,511		5,285,216				9
10	DIETARY	349,519		118,881	2,742,504			10
11	CAFETERIA					1,588,664		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	87,336		29,705		21,124	3,015,119	13
14	CENTRAL SERVICES & SUPPLY	273,083		92,883		20,946		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	137,227		46,675		33,607		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	623,622		212,111		124,044		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	3,966,536	1,114,176	1,349,128	2,025,817	337,070	1,207,263	30
31	INTENSIVE CARE UNIT	297,097	115,530	101,051	105,029	51,219	183,449	31
32	CORONARY CARE UNIT	126,785	65,197	43,123	59,280	20,744	74,298	32
32.01	NURSERY INTENSIVE CARE CENTER	76,155	80,656	25,902		41,488	148,597	32.01
40	SUBPROVIDER - IPF	788,097	191,946	268,053	349,000	43,735	156,641	40
41	SUBPROVIDER - IRF	340,202	111,856	115,712	203,378	23,273	83,357	41
43	NURSERY	44,477		15,128		12,116	43,395	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,260,710		428,802		74,815	267,960	50
50.01	GI LAB	48,274		16,419		10,349	37,065	50.01
51	RECOVERY ROOM	82,765		28,151		10,262	36,756	51
52	DELIVERY ROOM & LABOR ROOM	598,448		203,548		51,657	185,016	52
53	ANESTHESIOLOGY	12,763		4,341		2,703	9,681	53
54	RADIOLOGY-DIAGNOSTIC	937,103		318,734		61,003		54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	185,712		63,166		6,874		55
56	RADIOISOTOPE	76,894		26,154		5,044		56
57	CT SCAN	17,580		5,979		13,691		57
58	MRI	130,406		44,355		3,511		58
59	CARDIAC CATHETERIZATION	819,108		278,601		47,910	171,596	59
60	LABORATORY	746,012		253,739		98,345		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	130,687		44,450		25,887	92,719	65
66	PHYSICAL THERAPY	159,166		54,137		19,750		66
67	OCCUPATIONAL THERAPY	298,609		101,565		13,372		67
68	SPEECH PATHOLOGY	18,775		6,386		4,801		68
70	ELECTROENCEPHALOGRAPHY	49,258		16,754		1,004		70
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	148,970		50,669				73
74	RENAL DIALYSIS	41,558		14,135				74
76	EMG					1,104	3,953	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	322,763		109,781		4,912		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	34,351		11,684		3,966	14,204	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					6,979		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					1,379		76.08
76.09	ADDP OP					10,274		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					2,334		76.11
76.12	MENTAL HEALTH CENTER	210,851		71,716		17,167		76.12
76.13	VEIN CLINIC					229		76.13
76.97	CARDIAC REHABILITATION	39,906		13,573		5,348		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	667,536		227,047		84,063		90
90.01	MERCY CLINICS					82,514		90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	506,436		172,253		83,529	299,169	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	15,246,966	1,679,361	4,984,491	2,742,504	1,484,142	3,015,119	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,698		11,122				190
191	RESEARCH					3,756		191
192	PHYSICIANS' PRIVATE OFFICES					86,284		192
192.01	DNBAR CLINIC					1,616		192.01
192.02	PHILLIPS HEALTH					1,364		192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE	628,439		213,749				192.04
192.05	DOCTORS OFFICE	223,016		75,854		9,434		192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS					2,068		194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	16,131,119	1,679,361	5,285,216	2,742,504	1,588,664	3,015,119	202

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY	2,001,004						14
15	PHARMACY	3,798	20,750,859					15
16	MEDICAL RECORDS & LIBRARY			2,744,515				16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				6,616,830			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	753				8,894,417		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	127,123		306,168	3,779,753	5,080,786	48,634,252	30
31	INTENSIVE CARE UNIT	45,167		43,382	253,422	340,653	7,519,690	31
32	CORONARY CARE UNIT	9,865		19,575	95,381	128,213	3,043,049	32
32.01	NURSERY INTENSIVE CARE CENTER	7,142		31,664	186,586	250,811	3,018,120	32.01
40	SUBPROVIDER - IPF	1,452		35,527			5,606,280	40
41	SUBPROVIDER - IRF	11,942		25,821	84,938	114,175	4,071,776	41
43	NURSERY	4,171		19,038			1,032,726	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	297,421		129,803	556,972	748,688	17,226,842	50
50.01	GI LAB	31,989		40,039			1,916,302	50.01
51	RECOVERY ROOM	2,504		17,087			1,260,208	51
52	DELIVERY ROOM & LABOR ROOM	43,727		82,381			6,342,494	52
53	ANESTHESIOLOGY	24,832		19,466			680,945	53
54	RADIOLOGY-DIAGNOSTIC	55,785		178,265	852,864	1,146,429	11,652,843	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	431		23,817			1,296,642	55
56	RADIOISOTOPE	54,929		36,230			1,693,590	56
57	CT SCAN	20,726		134,723			2,290,946	57
58	MRI	862		37,041			2,067,772	58
59	CARDIAC CATHETERIZATION	41,667		239,147			7,030,272	59
60	LABORATORY	365,652		564,143			16,186,399	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	21,853		67,478			2,980,241	65
66	PHYSICAL THERAPY	1,641		22,557			2,093,132	66
67	OCCUPATIONAL THERAPY	1,172		12,811			1,783,873	67
68	SPEECH PATHOLOGY	399		6,054			494,254	68
70	ELECTROENCEPHALOGRAPHY	91		1,419			151,934	70
72	IMPL. DEV. CHARGED TO PATIENTS	740,852		70,487			9,439,954	72
73	DRUGS CHARGED TO PATIENTS		20,750,859	237,218			21,229,673	73
74	RENAL DIALYSIS	1,650		16,289			1,030,107	74
76	EMG	109		1,955			81,526	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	561		4,058			874,040	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	1,595		2,731			495,912	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	478		16,187			696,201	76.06
76.07	SLEEP LAB			9,100			406,604	76.07
76.08	UROLOGY	560		251			138,707	76.08
76.09	ADDP OP	6		11,730			680,787	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	10		840			275,435	76.11
76.12	MENTAL HEALTH CENTER	51		5,273			1,391,606	76.12
76.13	VEIN CLINIC	920		532			26,209	76.13
76.97	CARDIAC REHABILITATION	502		5,118			552,455	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			41,117			8,027,884	90
90.01	MERCY CLINICS	9,487		18,687			7,676,330	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	61,973		209,306	806,914	1,084,662	11,571,713	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,995,848	20,750,859	2,744,515	6,616,830	8,894,417	214,669,725	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						53,030	190
191	RESEARCH						431,233	191
192	PHYSICIANS' PRIVATE OFFICES	2,694					15,260,859	192
192.01	DNBAR CLINIC	133					285,879	192.01
192.02	PHILLIPS HEALTH	85					130,667	192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE						1,019,187	192.04
192.05	DOCTORS OFFICE	2,244					918,027	192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						99,016	194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,001,004	20,750,859	2,744,515	6,616,830	8,894,417	232,867,623	202



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	-8,860,539	39,773,713				30
31	INTENSIVE CARE UNIT	-594,075	6,925,615				31
32	CORONARY CARE UNIT	-223,594	2,819,455				32
32.01	NURSERY INTENSIVE CARE CENTER	-437,397	2,580,723				32.01
40	SUBPROVIDER - IPF		5,606,280				40
41	SUBPROVIDER - IRF	-199,113	3,872,663				41
43	NURSERY		1,032,726				43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	-1,305,660	15,921,182				50
50.01	GI LAB		1,916,302				50.01
51	RECOVERY ROOM		1,260,208				51
52	DELIVERY ROOM & LABOR ROOM		6,342,494				52
53	ANESTHESIOLOGY		680,945				53
54	RADIOLOGY-DIAGNOSTIC	-1,999,293	9,653,550				54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC		1,296,642				55
56	RADIOISOTOPE		1,693,590				56
57	CT SCAN		2,290,946				57
58	MRI		2,067,772				58
59	CARDIAC CATHETERIZATION		7,030,272				59
60	LABORATORY		16,186,399				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		2,980,241				65
66	PHYSICAL THERAPY		2,093,132				66
67	OCCUPATIONAL THERAPY		1,783,873				67
68	SPEECH PATHOLOGY		494,254				68
70	ELECTROENCEPHALOGRAPHY		151,934				70
72	IMPL. DEV. CHARGED TO PATIENTS		9,439,954				72
73	DRUGS CHARGED TO PATIENTS		21,229,673				73
74	RENAL DIALYSIS		1,030,107				74
76	EMG		81,526				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		874,040				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		495,912				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		696,201				76.06
76.07	SLEEP LAB		406,604				76.07
76.08	UROLOGY		138,707				76.08
76.09	ADDP OP		680,787				76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT		275,435				76.11
76.12	MENTAL HEALTH CENTER		1,391,606				76.12
76.13	VEIN CLINIC		26,209				76.13
76.97	CARDIAC REHABILITATION		552,455				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		8,027,884				90
90.01	MERCY CLINICS		7,676,330				90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	-1,891,576	9,680,137				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	-15,511,247	199,158,478				118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		53,030				190
191	RESEARCH		431,233				191
192	PHYSICIANS' PRIVATE OFFICES		15,260,859				192
192.0 1	DNBAR CLINIC		285,879				192.0 1
192.0 2	PHILLIPS HEALTH		130,667				192.0 2
192.0 3	OTHER HOME HEALTH						192.0 3
192.0 4	VITAS HOSPICE		1,019,187				192.0 4
192.0 5	DOCTORS OFFICE		918,027				192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS						194
194.0 1	SENIOR FRIENDS						194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		99,016				194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS						194.0 3
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	-15,511,247	217,356,376				202



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDG & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		42,213	575	42,788	42,788		4
5	ADMINISTRATIVE & GENERAL	436,801	1,255,731	4,425,417	6,117,949	6,797	6,124,746	5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	46,368	877,375	409,968	1,333,711	1,215	424,269	7
8	LAUNDRY & LINEN SERVICE		73,586		73,586	157	35,420	8
9	HOUSEKEEPING		57,402	14,219	71,621	1,100	132,183	9
10	DIETARY	9,343	77,311	13,633	100,287		59,812	10
11	CAFETERIA		97,150	17,131	114,281		41,784	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,650	19,318	58,637	82,605	838	75,668	13
14	CENTRAL SERVICES & SUPPLY	349,487	60,404	19,263	429,154	231	42,453	14
15	PHARMACY	5,100		11,776	16,876		545,675	15
16	MEDICAL RECORDS & LIBRARY		30,354	3,490	33,844	602	66,464	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					1,710	174,031	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		137,940	4,154	142,094	959	208,672	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	130,933	877,367	296,902	1,305,202	7,358	771,711	30
31	INTENSIVE CARE UNIT	22,485	65,715	180,796	268,996	1,349	157,379	31
32	CORONARY CARE UNIT	30,923	28,044	104,966	163,933	657	63,139	32
32.01	NURSERY INTENSIVE CARE CENTER		16,845	40,628	57,473	441	57,051	32.01
40	SUBPROVIDER - IPF		174,321	4,983	179,304	1,148	99,204	40
41	SUBPROVIDER - IRF	4,359	75,250	10,685	90,294	319	77,776	41
43	NURSERY		9,838	23,729	33,567	413	23,524	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,125,898	278,859	810,828	2,215,585	1,846	354,059	50
50.01	GI LAB	269,646	10,678	4,422	284,746	302	45,558	50.01
51	RECOVERY ROOM	567	18,307	11,658	30,532	352	28,476	51
52	DELIVERY ROOM & LABOR ROOM	15,735	132,372	76,557	224,664	1,139	136,181	52
53	ANESTHESIOLOGY		2,823	120,101	122,924	49	15,969	53
54	RADIOLOGY-DIAGNOSTIC		207,280	1,390,645	1,597,925	1,564	213,111	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC		41,078	39,233	80,311	178	26,739	55
56	RADIOISOTOPE		17,008	76,998	94,006	154	39,303	56
57	CT SCAN		3,888	318,691	322,579	376	55,187	57
58	MRI		28,845	133,896	162,741	113	48,699	58
59	CARDIAC CATHETERIZATION	5,825	181,180	464,401	651,406	1,271	142,875	59
60	LABORATORY	8,100	165,012	372,563	545,675	2,071	372,387	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	22,107	28,907	119,248	170,262	606	68,309	65
66	PHYSICAL THERAPY		35,206		35,206	357	48,286	66
67	OCCUPATIONAL THERAPY		66,050		66,050	280	35,674	67
68	SPEECH PATHOLOGY		4,153		4,153	161	12,042	68
70	ELECTROENCEPHALOGRAPHY		10,896	3,597	14,493	24	2,194	70
72	IMPL. DEV. CHARGED TO PATIENTS						226,944	72
73	DRUGS CHARGED TO PATIENTS		32,951		32,951		1,104	73
74	RENAL DIALYSIS		9,192		9,192		25,157	74
76	EMG			2,951	2,951	23	1,957	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		71,393	15,794	87,187	85	11,361	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	3,272	7,598		10,870	100	11,241	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER			20,651	20,651	121	17,689	76.06
76.07	SLEEP LAB						10,455	76.07
76.08	UROLOGY			1,341	1,341	37	3,591	76.08
76.09	ADDP OP	174			174		17,327	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					55	7,161	76.11
76.12	MENTAL HEALTH CENTER		46,639		46,639	258	28,578	76.12
76.13	VEIN CLINIC						645	76.13
76.97	CARDIAC REHABILITATION		8,827	4,838	13,665	127	12,835	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINIS- TRATIVE & GENERAL	
		0	1	2	2A	4	5	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		147,654		147,654	1,611	184,323	90
90.01	MERCY CLINICS	715,612		33,647	749,259		198,986	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY		112,020	52,407	164,427	2,092	219,549	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	3,207,385	5,644,980	9,715,419	18,567,784	40,646	5,680,167	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,233		7,233		242	190
191	RESEARCH					11	11,243	191
192	PHYSICIANS' PRIVATE OFFICES	618,406		13,095	631,501	1,821	399,040	192
192.0 1	DNBAR CLINIC					25	7,473	192.0 1
192.0 2	PHILLIPS HEALTH					27	3,399	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE		139,006		139,006		4,655	192.0 4
192.0 5	DOCTORS OFFICE		49,329		49,329	126	15,977	192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS					132	2,550	194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	3,825,791	5,840,548	9,728,514	19,394,853	42,788	6,124,746	202



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,759,195						7
8	LAUNDRY & LINEN SERVICE	36,281	145,444					8
9	HOUSEKEEPING	28,301		233,205				9
10	DIETARY	38,117		5,246	203,462			10
11	CAFETERIA					156,065		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	9,525		1,311		2,075	172,022	13
14	CENTRAL SERVICES & SUPPLY	29,781		4,098		2,058		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	14,965		2,059		3,301		16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	68,010		9,359		12,186		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	432,573	96,495	59,530	150,292	33,110	68,877	30
31	INTENSIVE CARE UNIT	32,400	10,006	4,459	7,792	5,032	10,466	31
32	CORONARY CARE UNIT	13,827	5,647	1,903	4,398	2,038	4,239	32
32.01	NURSERY INTENSIVE CARE CENTER	8,305	6,985	1,143		4,076	8,478	32.01
40	SUBPROVIDER - IPF	85,947	16,624	11,828	25,892	4,296	8,937	40
41	SUBPROVIDER - IRF	37,101	9,687	5,106	15,088	2,286	4,756	41
43	NURSERY	4,850		667		1,190	2,476	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	137,488		18,920		7,350	15,288	50
50.01	GI LAB	5,265		724		1,017	2,115	50.01
51	RECOVERY ROOM	9,026		1,242		1,008	2,097	51
52	DELIVERY ROOM & LABOR ROOM	65,264		8,981		5,075	10,556	52
53	ANESTHESIOLOGY	1,392		192		266	552	53
54	RADIOLOGY-DIAGNOSTIC	102,197		14,064		5,993		54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	20,253		2,787		675		55
56	RADIOISOTOPE	8,386		1,154		496		56
57	CT SCAN	1,917		264		1,345		57
58	MRI	14,222		1,957		345		58
59	CARDIAC CATHETERIZATION	89,329		12,293		4,707	9,790	59
60	LABORATORY	81,357		11,196		9,661		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	14,252		1,961		2,543	5,290	65
66	PHYSICAL THERAPY	17,358		2,389		1,940		66
67	OCCUPATIONAL THERAPY	32,565		4,481		1,314		67
68	SPEECH PATHOLOGY	2,048		282		472		68
70	ELECTROENCEPHALOGRAPHY	5,372		739		99		70
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	16,246		2,236				73
74	RENAL DIALYSIS	4,532		624				74
76	EMG					108	226	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	35,199		4,844		483		76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	3,746		516		390	810	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER					686		76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY					135		76.08
76.09	ADDP OP					1,009		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT					229		76.11
76.12	MENTAL HEALTH CENTER	22,995		3,164		1,686		76.12
76.13	VEIN CLINIC					22		76.13
76.97	CARDIAC REHABILITATION	4,352		599		525		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	72,799		10,018		8,258		90
90.01	MERCY CLINICS					8,106		90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	55,230		7,600		8,206	17,069	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,662,773	145,444	219,936	203,462	145,797	172,022	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,566		491				190
191	RESEARCH					369		191
192	PHYSICIANS' PRIVATE OFFICES					8,476		192
192.0 1	DNBAR CLINIC					159		192.0 1
192.0 2	PHILLIPS HEALTH					134		192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE	68,535		9,431				192.0 4
192.0 5	DOCTORS OFFICE	24,321		3,347		927		192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS					203		194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,759,195	145,444	233,205	203,462	156,065	172,022	202

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY	507,775						14
15	PHARMACY	964	563,515					15
16	MEDICAL RECORDS & LIBRARY			121,235				16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				175,741			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	191				441,471		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	32,259		13,515			2,970,922	30
31	INTENSIVE CARE UNIT	11,462		1,915			511,256	31
32	CORONARY CARE UNIT	2,503		864			263,148	32
32.01	NURSERY INTENSIVE CARE CENTER	1,812		1,398			147,162	32.01
40	SUBPROVIDER - IPF	368		1,568			435,116	40
41	SUBPROVIDER - IRF	3,030		1,140			246,583	41
43	NURSERY	1,059		840			68,586	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	75,473		5,730			2,831,739	50
50.01	GI LAB	8,118		1,767			349,612	50.01
51	RECOVERY ROOM	635		754			74,122	51
52	DELIVERY ROOM & LABOR ROOM	11,096		3,637			466,593	52
53	ANESTHESIOLOGY	6,301		859			148,504	53
54	RADIOLOGY-DIAGNOSTIC	14,156		7,869			1,956,879	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	109		1,051			132,103	55
56	RADIOISOTOPE	13,939		1,599			159,037	56
57	CT SCAN	5,259		5,947			392,874	57
58	MRI	219		1,635			229,931	58
59	CARDIAC CATHETERIZATION	10,573		10,557			932,801	59
60	LABORATORY	92,787		24,988			1,140,122	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	5,546		2,979			271,748	65
66	PHYSICAL THERAPY	416		996			106,948	66
67	OCCUPATIONAL THERAPY	297		566			141,227	67
68	SPEECH PATHOLOGY	101		267			19,526	68
70	ELECTROENCEPHALOGRAPHY	23		63			23,007	70
72	IMPL. DEV. CHARGED TO PATIENTS	188,005		3,111			418,060	72
73	DRUGS CHARGED TO PATIENTS		563,515	10,471			626,523	73
74	RENAL DIALYSIS	419		719			40,643	74
76	EMG	28		86			5,379	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	142		179			139,480	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	405		121			28,199	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	121		715			39,983	76.06
76.07	SLEEP LAB			402			10,857	76.07
76.08	UROLOGY	142		11			5,257	76.08
76.09	ADDP OP	1		518			19,029	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	2		37			7,484	76.11
76.12	MENTAL HEALTH CENTER	13		233			103,566	76.12
76.13	VEIN CLINIC	233		23			923	76.13
76.97	CARDIAC REHABILITATION	127		226			32,456	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS + LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC			1,815			426,478	90
90.01	MERCY CLINICS	2,407		825			959,583	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	15,726		9,239			499,138	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	506,467	563,515	121,235			17,382,584	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						11,532	190
191	RESEARCH						11,623	191
192	PHYSICIANS' PRIVATE OFFICES	684					1,041,522	192
192.0 1	DNBAR CLINIC	34					7,691	192.0 1
192.0 2	PHILLIPS HEALTH	21					3,581	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE						221,627	192.0 4
192.0 5	DOCTORS OFFICE	569					94,596	192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS						2,885	194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	CROSS FOOT ADJUSTMENTS				175,741	441,471	617,212	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	507,775	563,515	121,235	175,741	441,471	19,394,853	202



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP-DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS		2,970,922				30
31	INTENSIVE CARE UNIT		511,256				31
32	CORONARY CARE UNIT		263,148				32
32.01	NURSERY INTENSIVE CARE CENTER		147,162				32.01
40	SUBPROVIDER - IPF		435,116				40
41	SUBPROVIDER - IRF		246,583				41
43	NURSERY		68,586				43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM		2,831,739				50
50.01	GI LAB		349,612				50.01
51	RECOVERY ROOM		74,122				51
52	DELIVERY ROOM & LABOR ROOM		466,593				52
53	ANESTHESIOLOGY		148,504				53
54	RADIOLOGY-DIAGNOSTIC		1,956,879				54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC		132,103				55
56	RADIOISOTOPE		159,037				56
57	CT SCAN		392,874				57
58	MRI		229,931				58
59	CARDIAC CATHETERIZATION		932,801				59
60	LABORATORY		1,140,122				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		271,748				65
66	PHYSICAL THERAPY		106,948				66
67	OCCUPATIONAL THERAPY		141,227				67
68	SPEECH PATHOLOGY		19,526				68
70	ELECTROENCEPHALOGRAPHY		23,007				70
72	IMPL. DEV. CHARGED TO PATIENTS		418,060				72
73	DRUGS CHARGED TO PATIENTS		626,523				73
74	RENAL DIALYSIS		40,643				74
76	EMG		5,379				76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER		139,480				76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER		28,199				76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER		39,983				76.06
76.07	SLEEP LAB		10,857				76.07
76.08	UROLOGY		5,257				76.08
76.09	ADDP OP		19,029				76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT		7,484				76.11
76.12	MENTAL HEALTH CENTER		103,566				76.12
76.13	VEIN CLINIC		923				76.13
76.97	CARDIAC REHABILITATION		32,456				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC		426,478				90
90.01	MERCY CLINICS		959,583				90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY		499,138				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		17,382,584				118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		11,532				190
191	RESEARCH		11,623				191
192	PHYSICIANS' PRIVATE OFFICES		1,041,522				192
192.0 1	DNBAR CLINIC		7,691				192.0 1
192.0 2	PHILLIPS HEALTH		3,581				192.0 2
192.0 3	OTHER HOME HEALTH						192.0 3
192.0 4	VITAS HOSPICE		221,627				192.0 4
192.0 5	DOCTORS OFFICE		94,596				192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS						194
194.0 1	SENIOR FRIENDS						194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS		2,885				194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS						194.0 3
200	CROSS FOOT ADJUSTMENTS		617,212				200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)		19,394,853				202



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT T GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	751,005						1
2	CAP REL COSTS-MVBLE EQUIP		9,736,072					2
4	EMPLOYEE BENEFITS DEPARTMENT	5,428	575	87,483,047				4
5	ADMINISTRATIVE & GENERAL	161,468	4,428,858	13,899,605	-49,985,520	182,882,103		5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	112,817	410,286	2,484,880		12,668,541	458,800	7
8	LAUNDRY & LINEN SERVICE	9,462		320,349		1,057,615	9,462	8
9	HOUSEKEEPING	7,381	14,230	2,249,539		3,946,927	7,381	9
10	DIETARY	9,941	13,644			1,785,963	9,941	10
11	CAFETERIA	12,492	17,144			1,247,654		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,484	58,683	1,713,584		2,259,410	2,484	13
14	CENTRAL SERVICES & SUPPLY	7,767	19,278	472,174		1,267,624	7,767	14
15	PHARMACY		11,785			16,293,661		15
16	MEDICAL RECORDS & LIBRARY	3,903	3,493	1,230,322		1,984,579	3,903	16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			3,497,411		5,196,514		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,737	4,157	1,961,585		6,230,862	17,737	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	112,816	297,133	15,029,178		23,042,445	112,816	30
31	INTENSIVE CARE UNIT	8,450	180,936	2,759,407		4,699,279	8,450	31
32	CORONARY CARE UNIT	3,606	105,048	1,342,808		1,885,297	3,606	32
32.01	NURSERY INTENSIVE CARE CENTER	2,166	40,660	901,953		1,703,513	2,166	32.01
40	SUBPROVIDER - IPF	22,415	4,987	2,347,409		2,962,198	22,415	40
41	SUBPROVIDER - IRF	9,676	10,693	652,644		2,322,370	9,676	41
43	NURSERY	1,265	23,747	844,028		702,416	1,265	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	35,857	811,458	3,775,614		10,572,095	35,857	50
50.01	GI LAB	1,373	4,425	618,467		1,360,354	1,373	50.01
51	RECOVERY ROOM	2,354	11,667	719,279		850,283	2,354	51
52	DELIVERY ROOM & LABOR ROOM	17,021	76,616	2,329,795		4,066,309	17,021	52
53	ANESTHESIOLOGY	363	120,194	99,382		476,831	363	53
54	RADIOLOGY-DIAGNOSTIC	26,653	1,391,725	3,197,754		6,363,407	26,653	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	5,282	39,263	363,911		798,418	5,282	55
56	RADIOISOTOPE	2,187	77,058	314,186		1,173,576	2,187	56
57	CT SCAN	500	318,938	768,827		1,647,854	500	57
58	MRI	3,709	134,000	231,013		1,454,148	3,709	58
59	CARDIAC CATHETERIZATION	23,297	464,762	2,599,739		4,266,201	23,297	59
60	LABORATORY	21,218	372,852	4,235,644		11,119,355	21,218	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,717	119,341	1,238,543		2,039,680	3,717	65
66	PHYSICAL THERAPY	4,527		729,724		1,441,805	4,527	66
67	OCCUPATIONAL THERAPY	8,493		571,702		1,065,202	8,493	67
68	SPEECH PATHOLOGY	534		329,351		359,563	534	68
70	ELECTROENCEPHALOGRAPHY	1,401	3,600	48,287		65,504	1,401	70
72	IMPL. DEV. CHARGED TO PATIENTS					6,776,465		72
73	DRUGS CHARGED TO PATIENTS	4,237				32,951	4,237	73
74	RENAL DIALYSIS	1,182				751,166	1,182	74
76	EMG		2,953	47,773		58,434		76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	9,180	15,806	174,330		339,243	9,180	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	977		205,003		335,643	977	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER		20,667	248,054		528,191		76.06
76.07	SLEEP LAB					312,179		76.07
76.08	UROLOGY		1,342	75,579		107,213		76.08
76.09	ADDP OP					517,369		76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT			113,153		213,812		76.11
76.12	MENTAL HEALTH CENTER	5,997		527,285		853,318	5,997	76.12
76.13	VEIN CLINIC					19,263		76.13
76.97	CARDIAC REHABILITATION	1,135	4,842	259,584		383,256	1,135	76.97

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		1	2	4	5A	5	7	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	18,986		3,294,060		5,503,813	18,986	90
90.01	MERCY CLINICS		33,673			5,941,661		90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	14,404	52,448	4,277,976		6,555,669	14,404	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	725,858	9,722,967	83,100,891	-49,985,520	169,607,099	433,653	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	930				7,233	930	190
191	RESEARCH			23,407		335,718		191
192	PHYSICIANS' PRIVATE OFFICES		13,105	3,724,406		11,915,205		192
192.0 1	DNBAR CLINIC			51,645		223,141		192.0 1
192.0 2	PHILLIPS HEALTH			55,535		101,481		192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE	17,874				139,006	17,874	192.0 4
192.0 5	DOCTORS OFFICE	6,343		256,938		477,082	6,343	192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			270,225		76,138		194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	5,840,548	9,728,514	24,648,980		49,985,520	16,131,119	202
203	UNIT COST MULT-WS B PT I	7.776976	0.999224	0.281757		0.273321	35.159370	203
204	COST TO BE ALLOC PER B PT II			42,788		6,124,746	1,759,195	204
205	UNIT COST MULT-WS B PT II			0.000489		0.033490	3.834340	205



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINISTRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE	59,424						8
9	HOUSEKEEPING		441,957					9
10	DIETARY		9,941	160,118				10
11	CAFETERIA				2,396,371			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		2,484		31,864	1,269,827		13
14	CENTRAL SERVICES & SUPPLY		7,767		31,596		18,630,458	14
15	PHARMACY						35,360	15
16	MEDICAL RECORDS & LIBRARY		3,903		50,693			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		17,737		187,110		7,011	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	39,425	112,816	118,275	508,443	508,443	1,183,583	30
31	INTENSIVE CARE UNIT	4,088	8,450	6,132	77,260	77,260	420,534	31
32	CORONARY CARE UNIT	2,307	3,606	3,461	31,291	31,291	91,848	32
32.01	NURSERY INTENSIVE CARE CENTER	2,854	2,166		62,582	62,582	66,497	32.01
40	SUBPROVIDER - IPF	6,792	22,415	20,376	65,970	65,970	13,515	40
41	SUBPROVIDER - IRF	3,958	9,676	11,874	35,106	35,106	111,184	41
43	NURSERY		1,265		18,276	18,276	38,837	43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		35,857		112,852	112,852	2,769,150	50
50.01	GI LAB		1,373		15,610	15,610	297,836	50.01
51	RECOVERY ROOM		2,354		15,480	15,480	23,311	51
52	DELIVERY ROOM & LABOR ROOM		17,021		77,920	77,920	407,123	52
53	ANESTHESIOLOGY		363		4,077	4,077	231,204	53
54	RADIOLOGY-DIAGNOSTIC		26,653		92,018		519,389	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC		5,282		10,369		4,017	55
56	RADIOISOTOPE		2,187		7,609		511,416	56
57	CT SCAN		500		20,652		192,967	57
58	MRI		3,709		5,296		8,026	58
59	CARDIAC CATHETERIZATION		23,297		72,268	72,268	387,941	59
60	LABORATORY		21,218		148,345		3,404,419	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		3,717		39,049	39,049	203,468	65
66	PHYSICAL THERAPY		4,527		29,792		15,278	66
67	OCCUPATIONAL THERAPY		8,493		20,171		10,913	67
68	SPEECH PATHOLOGY		534		7,242		3,714	68
70	ELECTROENCEPHALOGRAPHY		1,401		1,514		847	70
72	IMPL. DEV. CHARGED TO PATIENTS						6,897,766	72
73	DRUGS CHARGED TO PATIENTS		4,237					73
74	RENAL DIALYSIS		1,182				15,363	74
76	EMG				1,665	1,665	1,011	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		9,180		7,409		5,225	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER		977		5,982	5,982	14,853	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER				10,527		4,447	76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY				2,080		5,217	76.08
76.09	ADDP OP				15,498		53	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT				3,521		91	76.11
76.12	MENTAL HEALTH CENTER		5,997		25,895		477	76.12
76.13	VEIN CLINIC				345		8,564	76.13
76.97	CARDIAC REHABILITATION		1,135		8,067		4,673	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	
		8	9	10	11	13	14	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		18,986		126,802			90
90.01	MERCY CLINICS				124,466		88,331	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY		14,404		125,996	125,996	577,002	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	59,424	416,810	160,118	2,238,708	1,269,827	18,582,461	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		930					190
191	RESEARCH				5,666			191
192	PHYSICIANS' PRIVATE OFFICES				130,153		25,083	192
192.0 1	DNBAR CLINIC				2,437		1,238	192.0 1
192.0 2	PHILLIPS HEALTH				2,057		787	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE		17,874					192.0 4
192.0 5	DOCTORS OFFICE		6,343		14,230		20,889	192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS				3,120			194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,679,361	5,285,216	2,742,504	1,588,664	3,015,119	2,001,004	202
203	UNIT COST MULT-WS B PT I	28.260652	11.958666	17.128018	0.662946	2.374433	0.107405	203
204	COST TO BE ALLOC PER B PT II	145,444	233,205	203,462	156,065	172,022	507,775	204
205	UNIT COST MULT-WS B PT II	2.447563	0.527664	1.270700	0.065126	0.135469	0.027255	205



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS + LIBRARY GROSS REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		COSTED REQUI	16	21	22	23		
		15						

	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY	10,000						15
16	MEDICAL RECORDS & LIBRARY		582,500,296					16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			9,504				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				9,504			22
23	PARAMED ED PRGM-(SPECIFY)					100		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		64,976,274	5,429	5,429			30
31	INTENSIVE CARE UNIT		9,206,611	364	364			31
32	CORONARY CARE UNIT		4,154,268	137	137			32
32.01	NURSERY INTENSIVE CARE CENTER		6,719,950	268	268			32.01
40	SUBPROVIDER - IPF		7,539,638					40
41	SUBPROVIDER - IRF		5,479,848	122	122			41
43	NURSERY		4,040,360					43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		27,547,250	800	800			50
50.01	GI LAB		8,497,153					50.01
51	RECOVERY ROOM		3,626,308					51
52	DELIVERY ROOM & LABOR ROOM		17,483,227					52
53	ANESTHESIOLOGY		4,131,051					53
54	RADIOLOGY-DIAGNOSTIC		37,832,086	1,225	1,225			54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC		5,054,436					55
56	RADIOISOTOPE		7,688,847					56
57	CT SCAN		28,591,428					57
58	MRI		7,861,019					58
59	CARDIAC CATHETERIZATION		50,752,822					59
60	LABORATORY		119,773,244					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		14,320,365					65
66	PHYSICAL THERAPY		4,787,034					66
67	OCCUPATIONAL THERAPY		2,718,797					67
68	SPEECH PATHOLOGY		1,284,763					68
70	ELECTROENCEPHALOGRAPHY		301,162					70
72	IMPL. DEV. CHARGED TO PATIENTS		14,959,041					72
73	DRUGS CHARGED TO PATIENTS	10,000	50,343,303			100		73
74	RENAL DIALYSIS		3,456,976					74
76	EMG		414,871					76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER		861,146					76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER		579,642					76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER		3,435,283					76.06
76.07	SLEEP LAB		1,931,274					76.07
76.08	UROLOGY		53,287					76.08
76.09	ADDP OP		2,489,384					76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT		178,356					76.11
76.12	MENTAL HEALTH CENTER		1,118,966					76.12
76.13	VEIN CLINIC		112,951					76.13



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUI 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	PARAMED EDUCATION ASSIGNED TIME 23		
76.97	CARDIAC REHABILITATION		1,086,266					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		8,726,003					90
90.01	MERCY CLINICS		3,965,741					90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY		44,419,865	1,159	1,159			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	10,000	582,500,296	9,504	9,504	100		118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
192	PHYSICIANS' PRIVATE OFFICES							192
192.0	DNBAR CLINIC							192.0
1								1
192.0	PHILLIPS HEALTH							192.0
2								2
192.0	OTHER HOME HEALTH							192.0
3								3
192.0	VITAS HOSPICE							192.0
4								4
192.0	DOCTORS OFFICE							192.0
5								5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0	SENIOR FRIENDS							194.0
1								1
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
2								2
194.0	OTHER NONREIMBURSABLE COST CENTERS							194.0
3								3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	20,750,859	2,744,515	6,616,830	8,894,417			202
203	UNIT COST MULT-WS B PT I	2,075,085,900	0,004,712	696,215,278	935,860,375			203
204	COST TO BE ALLOC PER B PT II	563,515	121,235	175,741	441,471			204
205	UNIT COST MULT-WS B PT II	56,351,500	0,000,208	18,491,267	46,451,073			205



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	39,773,713		39,773,713		39,773,713	30
31	INTENSIVE CARE UNIT	6,925,615		6,925,615	559,910	7,485,525	31
32	CORONARY CARE UNIT	2,819,455		2,819,455		2,819,455	32
32.01	NURSERY INTENSIVE CARE CENTER	2,580,723		2,580,723		2,580,723	32.01
40	SUBPROVIDER - IPF	5,606,280		5,606,280		5,606,280	40
41	SUBPROVIDER - IRF	3,872,663		3,872,663		3,872,663	41
43	NURSERY	1,032,726		1,032,726		1,032,726	43
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	15,921,182		15,921,182		15,921,182	50
50.01	GI LAB	1,916,302		1,916,302		1,916,302	50.01
51	RECOVERY ROOM	1,260,208		1,260,208		1,260,208	51
52	DELIVERY ROOM & LABOR ROOM	6,342,494		6,342,494		6,342,494	52
53	ANESTHESIOLOGY	680,945		680,945		680,945	53
54	RADIOLOGY-DIAGNOSTIC	9,653,550		9,653,550	41,915	9,695,465	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	1,296,642		1,296,642	578	1,297,220	55
56	RADIOISOTOPE	1,693,590		1,693,590	865	1,694,455	56
57	CT SCAN	2,290,946		2,290,946	29,865	2,320,811	57
58	MRI	2,067,772		2,067,772		2,067,772	58
59	CARDIAC CATHETERIZATION	7,030,272		7,030,272	640,152	7,670,424	59
60	LABORATORY	16,186,399		16,186,399		16,186,399	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	2,980,241		2,980,241		2,980,241	65
66	PHYSICAL THERAPY	2,093,132		2,093,132		2,093,132	66
67	OCCUPATIONAL THERAPY	1,783,873		1,783,873		1,783,873	67
68	SPEECH PATHOLOGY	494,254		494,254		494,254	68
70	ELECTROENCEPHALOGRAPHY	151,934		151,934		151,934	70
72	IMPL. DEV. CHARGED TO PATIENTS	9,439,954		9,439,954		9,439,954	72
73	DRUGS CHARGED TO PATIENTS	21,229,673		21,229,673		21,229,673	73
74	RENAL DIALYSIS	1,030,107		1,030,107		1,030,107	74
76	EMG	81,526		81,526		81,526	76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	874,040		874,040		874,040	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	495,912		495,912		495,912	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	696,201		696,201	420,761	1,116,962	76.06
76.07	SLEEP LAB	406,604		406,604		406,604	76.07
76.08	UROLOGY	138,707		138,707		138,707	76.08
76.09	ADDP OP	680,787		680,787	91,940	772,727	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	275,435		275,435		275,435	76.11
76.12	MENTAL HEALTH CENTER	1,391,606		1,391,606		1,391,606	76.12
76.13	VEIN CLINIC	26,209		26,209	39,915	66,124	76.13
76.97	CARDIAC REHABILITATION	552,455		552,455		552,455	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,027,884		8,027,884	53,841	8,081,725	90
90.01	MERCY CLINICS	7,676,330		7,676,330		7,676,330	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	9,680,137		9,680,137	167,915	9,848,052	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,788,927		3,788,927		3,788,927	92
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	202,947,405		202,947,405	2,047,657	204,995,062	200
201	LESS OBSERVATION BEDS	3,788,927		3,788,927		3,788,927	201
202	TOTAL (SEE INSTRUCTIONS)	199,158,478		199,158,478		201,206,135	202

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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 SERV COST CENTERS							
30	ADULTS & PEDIATRICS	58,341,770		58,341,770				30
31	INTENSIVE CARE UNIT	9,206,611		9,206,611				31
32	CORONARY CARE UNIT	4,154,268		4,154,268				32
32.01	NURSERY INTENSIVE CARE CENTER	6,719,950		6,719,950				32.01
40	SUBPROVIDER - IPF	7,539,638		7,539,638				40
41	SUBPROVIDER - IRF	5,479,848		5,479,848				41
43	NURSERY	4,040,360		4,040,360				43
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	12,725,793	14,821,457	27,547,250	0.577959	0.577959	0.577959	50
50.01	GI LAB	1,961,441	6,535,712	8,497,153	0.225523	0.225523	0.225523	50.01
51	RECOVERY ROOM	1,064,663	2,561,645	3,626,308	0.347518	0.347518	0.347518	51
52	DELIVERY ROOM & LABOR ROOM	16,604,648	878,579	17,483,227	0.362776	0.362776	0.362776	52
53	ANESTHESIOLOGY	2,273,639	1,857,412	4,131,051	0.164836	0.164836	0.164836	53
54	RADIOLOGY-DIAGNOSTIC	7,573,916	30,258,170	37,832,086	0.255168	0.255168	0.256276	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	313,096	4,741,340	5,054,436	0.256535	0.256535	0.256650	55
56	RADIOISOTOPE	1,480,712	6,208,135	7,688,847	0.220266	0.220266	0.220378	56
57	CT SCAN	8,114,229	20,477,199	28,591,428	0.080127	0.080127	0.081172	57
58	MRI	1,841,552	6,019,467	7,861,019	0.263041	0.263041	0.263041	58
59	CARDIAC CATHETERIZATION	27,562,657	23,190,165	50,752,822	0.138520	0.138520	0.151133	59
60	LABORATORY	51,601,358	68,171,886	119,773,244	0.135142	0.135142	0.135142	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	13,225,447	1,094,918	14,320,365	0.208112	0.208112	0.208112	65
66	PHYSICAL THERAPY	2,832,901	1,954,133	4,787,034	0.437250	0.437250	0.437250	66
67	OCCUPATIONAL THERAPY	1,956,455	762,342	2,718,797	0.656126	0.656126	0.656126	67
68	SPEECH PATHOLOGY	910,900	373,863	1,284,763	0.384704	0.384704	0.384704	68
70	ELECTROENCEPHALOGRAPHY	182,141	119,021	301,162	0.504493	0.504493	0.504493	70
72	IMPL. DEV. CHARGED TO PATIENTS	9,868,641	5,090,400	14,959,041	0.631053	0.631053	0.631053	72
73	DRUGS CHARGED TO PATIENTS	22,980,424	27,362,879	50,343,303	0.421698	0.421698	0.421698	73
74	RENAL DIALYSIS	3,197,531	259,445	3,456,976	0.297979	0.297979	0.297979	74
76	EMG	2,736	412,135	414,871	0.196509	0.196509	0.196509	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	2,551	858,595	861,146	1.014973	1.014973	1.014973	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	12,375	567,267	579,642	0.855549	0.855549	0.855549	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	187,498	3,247,785	3,435,283	0.202662	0.202662	0.325144	76.06
76.07	SLEEP LAB	8,792	1,922,482	1,931,274	0.210537	0.210537	0.210537	76.07
76.08	UROLOGY		53,287	53,287	2.603018	2.603018	2.603018	76.08
76.09	ADDP OP	1,043	2,488,341	2,489,384	0.273476	0.273476	0.310409	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	207	178,149	178,356	1.544299	1.544299	1.544299	76.11
76.12	MENTAL HEALTH CENTER	391	1,118,575	1,118,966	1.243654	1.243654	1.243654	76.12
76.13	VEIN CLINIC	14,075	98,876	112,951	0.232039	0.232039	0.585422	76.13
76.97	CARDIAC REHABILITATION	33,219	1,053,047	1,086,266	0.508582	0.508582	0.508582	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		8,726,003	8,726,003	0.919996	0.919996	0.926166	90
90.01	MERCY CLINICS	1,452	3,964,289	3,965,741	1.935661	1.935661	1.935661	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	12,560,427	31,859,438	44,419,865	0.217924	0.217924	0.221704	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	765,442	5,869,062	6,634,504	0.571094	0.571094	0.571094	92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	SUBTOTAL (SEE INSTRUCTIONS)	297,344,797	285,155,499	582,500,296				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	297,344,797	285,155,499	582,500,296				202



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] 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 SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	2,970,922		2,970,922	42,787	69.44	15,606	1,083,681	30
31	INTENSIVE CARE UNIT	511,256		511,256	4,088	125.06	1,932	241,616	31
32	CORONARY CARE UNIT	263,148		263,148	2,307	114.07	915	104,374	32
32.01	NURSERY INTENSIVE CARE CENTER	147,162		147,162	2,854	51.56			32.01
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	435,116		435,116	6,792	64.06	1,578	101,087	40
41	SUBPROVIDER - IRF	246,583		246,583	3,958	62.30	2,877	179,237	41
42	SUBPROVIDER I								42
43	NURSERY	68,586		68,586	3,726	18.41			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	4,642,773		4,642,773	66,512		22,908	1,709,995	200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0158

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	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)	
1	2	3	4	5			
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,831,739	27,547,250	0.102796	4,197,148	431,450	50
50.01	GI LAB	349,612	8,497,153	0.041145	925,329	38,073	50.01
51	RECOVERY ROOM	74,122	3,626,308	0.020440	395,639	8,087	51
52	DELIVERY ROOM & LABOR ROOM	466,593	17,483,227	0.026688	41,188	1,099	52
53	ANESTHESIOLOGY	148,504	4,131,051	0.035948	653,620	23,496	53
54	RADIOLOGY-DIAGNOSTIC	1,956,879	37,832,086	0.051725	3,803,672	196,745	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	132,103	5,054,436	0.026136	95,934	2,507	55
56	RADIOISOTOPE	159,037	7,688,847	0.020684	769,213	15,910	56
57	CT SCAN	392,874	28,591,428	0.013741	4,709,413	64,712	57
58	MRI	229,931	7,861,019	0.029250	800,939	23,427	58
59	CARDIAC CATHETERIZATION	932,801	50,752,822	0.018379	14,264,602	262,169	59
60	LABORATORY	1,140,122	119,773,244	0.009519	21,172,059	201,537	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	271,748	14,320,365	0.018976	6,230,103	118,222	65
66	PHYSICAL THERAPY	106,948	4,787,034	0.022341	713,120	15,932	66
67	OCCUPATIONAL THERAPY	141,227	2,718,797	0.051945	187,195	9,724	67
68	SPEECH PATHOLOGY	19,526	1,284,763	0.015198	293,518	4,461	68
70	ELECTROENCEPHALOGRAPHY	23,007	301,162	0.076394	91,157	6,964	70
72	IMPL. DEV. CHARGED TO PATIENTS	418,060	14,959,041	0.027947	5,137,205	143,569	72
73	DRUGS CHARGED TO PATIENTS	626,523	50,343,303	0.012445	9,079,363	112,993	73
74	RENAL DIALYSIS	40,643	3,456,976	0.011757	1,765,031	20,751	74
76	EMG	5,379	414,871	0.012965			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	139,480	861,146	0.161970	185	30	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	28,199	579,642	0.048649	6,483	315	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	39,983	3,435,283	0.011639	1,737	20	76.06
76.07	SLEEP LAB	10,857	1,931,274	0.005622			76.07
76.08	UROLOGY	5,257	53,287	0.098654			76.08
76.09	ADDP OP	19,029	2,489,384	0.007644	481	4	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	7,484	178,356	0.041961	122	5	76.11
76.12	MENTAL HEALTH CENTER	103,566	1,118,966	0.092555			76.12
76.13	VEIN CLINIC	923	112,951	0.008172	6,896	56	76.13
76.97	CARDIAC REHABILITATION	32,456	1,086,266	0.029879	12,698	379	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	426,478	8,726,003	0.048874			90
90.01	MERCY CLINICS	959,583	3,965,741	0.241968	671	162	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	499,138	44,419,865	0.011237	4,997,041	56,152	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	283,018	6,634,504	0.042659	392,651	16,750	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	13,022,829	487,017,851		80,744,413	1,775,701	200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
32.01	NURSERY INTENSIVE CARE CENTER						32.01
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] TEFRA
 BOXES: [] TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	42,787		15,606		30
31	INTENSIVE CARE UNIT	4,088		1,932		31
32	CORONARY CARE UNIT	2,307		915		32
32.01	NURSERY INTENSIVE CARE CENTER	2,854				32.01
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	6,792		1,578		40
41	SUBPROVIDER - IRF	3,958		2,877		41
42	SUBPROVIDER I					42
43	NURSERY	3,726				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	66,512		22,908		200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
50.01	GI LAB							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76	EMG							76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER							76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER							76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER							76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY							76.08
76.09	ADDP OP							76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT							76.11
76.12	MENTAL HEALTH CENTER							76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	27,547,250			4,197,148		3,247,648	50
50.01	GI LAB	8,497,153			925,329		2,072,863	50.01
51	RECOVERY ROOM	3,626,308			395,639		581,836	51
52	DELIVERY ROOM & LABOR ROOM	17,483,227			41,188		2,649	52
53	ANESTHESIOLOGY	4,131,051			653,620		365,454	53
54	RADIOLOGY-DIAGNOSTIC	37,832,086			3,803,672		4,908,929	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	5,054,436			95,934		1,364,868	55
56	RADIOISOTOPE	7,688,847			769,213		2,008,272	56
57	CT SCAN	28,591,428			4,709,413		6,006,615	57
58	MRI	7,861,019			800,939		1,472,879	58
59	CARDIAC CATHETERIZATION	50,752,822			14,264,602		9,213,163	59
60	LABORATORY	119,773,244			21,172,059		4,395,652	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	14,320,365			6,230,103		780,940	65
66	PHYSICAL THERAPY	4,787,034			713,120			66
67	OCCUPATIONAL THERAPY	2,718,797			187,195		19,455	67
68	SPEECH PATHOLOGY	1,284,763			293,518			68
70	ELECTROENCEPHALOGRAPHY	301,162			91,157		58,262	70
72	IMPL. DEV. CHARGED TO PATIENTS	14,959,041			5,137,205		2,196,196	72
73	DRUGS CHARGED TO PATIENTS	50,343,303			9,079,363		7,901,301	73
74	RENAL DIALYSIS	3,456,976			1,765,031		222,261	74
76	EMG	414,871					110,725	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	861,146			185		490,179	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	579,642			6,483		233,106	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	3,435,283			1,737		35,796	76.06
76.07	SLEEP LAB	1,931,274					568,824	76.07
76.08	UROLOGY	53,287					13,621	76.08
76.09	ADDP OP	2,489,384			481		520,190	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	178,356			122		37,742	76.11
76.12	MENTAL HEALTH CENTER	1,118,966					371,474	76.12
76.13	VEIN CLINIC	112,951			6,896		37,339	76.13
76.97	CARDIAC REHABILITATION	1,086,266			12,698		506,466	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,726,003					312,101	90
90.01	MERCY CLINICS	3,965,741			671		159,146	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	44,419,865			4,997,041		4,843,682	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,634,504			392,651		1,841,873	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	487,017,851			80,744,413		56,901,507	200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0158

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES				PROGRAM COST		
			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.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	0.577959	3,247,648			1,877,007		50	
50.01	GI LAB	0.225523	2,072,863			467,478		50.01	
51	RECOVERY ROOM	0.347518	581,836			202,198		51	
52	DELIVERY ROOM & LABOR ROOM	0.362776	2,649			961		52	
53	ANESTHESIOLOGY	0.164836	365,454			60,240		53	
54	RADIOLOGY-DIAGNOSTIC	0.255168	4,908,929			1,252,602		54	
54.01	MRI CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.256535	1,364,868			350,136		55	
56	RADIOISOTOPE	0.220266	2,008,272			442,354		56	
57	CT SCAN	0.080127	6,006,615			481,292		57	
58	MRI	0.263041	1,472,879			387,428		58	
59	CARDIAC CATHETERIZATION	0.138520	9,213,163			1,276,207		59	
60	LABORATORY	0.135142	4,395,652			594,037		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.208112	780,940			162,523		65	
66	PHYSICAL THERAPY	0.437250						66	
67	OCCUPATIONAL THERAPY	0.656126	19,455			12,765		67	
68	SPEECH PATHOLOGY	0.384704						68	
70	ELECTROENCEPHALOGRAPHY	0.504493	58,262			29,393		70	
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053	2,196,196			1,385,916		72	
73	DRUGS CHARGED TO PATIENTS	0.421698	7,901,301		25,023	3,331,963	10,552	73	
74	RENAL DIALYSIS	0.297979	222,261			66,229		74	
76	EMG	0.196509	110,725			21,758		76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	1.014973	490,179			497,518		76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	0.855549	233,106			199,434		76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	0.202662	35,796			7,254		76.06	
76.07	SLEEP LAB	0.210537	568,824			119,758		76.07	
76.08	UROLOGY	2.603018	13,621			35,456		76.08	
76.09	ADDP OP	0.273476	520,190			142,259		76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	1.544299	37,742			58,285		76.11	
76.12	MENTAL HEALTH CENTER	1.243654	371,474			461,985		76.12	
76.13	VEIN CLINIC	0.232039	37,339			8,664		76.13	
76.97	CARDIAC REHABILITATION	0.508582	506,466			257,579		76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	0.919996	312,101			287,132		90	
90.01	MERCY CLINICS	1.935661	159,146			308,053		90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	EMERGENCY	0.217924	4,843,682			1,055,555		91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094	1,841,873			1,051,883		92	
OTHER REIMBURSABLE COST CENTERS									
200	SUBTOTAL (see instructions)		56,901,507		25,023	16,893,302		10,552	
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								
202	NET CHARGES (line 200 - line 201)		56,901,507		25,023	16,893,302		10,552	

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S158

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	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)	
1	2	3	4	5			
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,831,739	27,547,250	0.102796	4,867	500	50
50.01	GI LAB	349,612	8,497,153	0.041145			50.01
51	RECOVERY ROOM	74,122	3,626,308	0.020440	2,274	46	51
52	DELIVERY ROOM & LABOR ROOM	466,593	17,483,227	0.026688			52
53	ANESTHESIOLOGY	148,504	4,131,051	0.035948	2,120	76	53
54	RADIOLOGY-DIAGNOSTIC	1,956,879	37,832,086	0.051725	7,851	406	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	132,103	5,054,436	0.026136			55
56	RADIOISOTOPE	159,037	7,688,847	0.020684			56
57	CT SCAN	392,874	28,591,428	0.013741	12,940	178	57
58	MRI	229,931	7,861,019	0.029250	9,528	279	58
59	CARDIAC CATHETERIZATION	932,801	50,752,822	0.018379	16,650	306	59
60	LABORATORY	1,140,122	119,773,244	0.009519	462,269	4,400	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	271,748	14,320,365	0.018976	24,128	458	65
66	PHYSICAL THERAPY	106,948	4,787,034	0.022341	206	5	66
67	OCCUPATIONAL THERAPY	141,227	2,718,797	0.051945	72,900	3,787	67
68	SPEECH PATHOLOGY	19,526	1,284,763	0.015198			68
70	ELECTROENCEPHALOGRAPHY	23,007	301,162	0.076394	515	39	70
72	IMPL. DEV. CHARGED TO PATIENTS	418,060	14,959,041	0.027947			72
73	DRUGS CHARGED TO PATIENTS	626,523	50,343,303	0.012445	214,518	2,670	73
74	RENAL DIALYSIS	40,643	3,456,976	0.011757			74
76	EMG	5,379	414,871	0.012965			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	139,480	861,146	0.161970			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	28,199	579,642	0.048649			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	39,983	3,435,283	0.011639			76.06
76.07	SLEEP LAB	10,857	1,931,274	0.005622			76.07
76.08	UROLOGY	5,257	53,287	0.098654			76.08
76.09	ADDP OP	19,029	2,489,384	0.007644			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	7,484	178,356	0.041961			76.11
76.12	MENTAL HEALTH CENTER	103,566	1,118,966	0.092555			76.12
76.13	VEIN CLINIC	923	112,951	0.008172			76.13
76.97	CARDIAC REHABILITATION	32,456	1,086,266	0.029879			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	426,478	8,726,003	0.048874			90
90.01	MERCY CLINICS	959,583	3,965,741	0.241968			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	499,138	44,419,865	0.011237	179,235	2,014	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		6,634,504				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	12,739,811	487,017,851		1,010,001	15,164	200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	GI LAB						50.01
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
70	ELECTROENCEPHALOGRAPHY						70
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	27,547,250			4,867			50
50.01	GI LAB	8,497,153						50.01
51	RECOVERY ROOM	3,626,308			2,274			51
52	DELIVERY ROOM & LABOR ROOM	17,483,227						52
53	ANESTHESIOLOGY	4,131,051			2,120			53
54	RADIOLOGY-DIAGNOSTIC	37,832,086			7,851			54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	5,054,436						55
56	RADIOISOTOPE	7,688,847						56
57	CT SCAN	28,591,428			12,940			57
58	MRI	7,861,019			9,528			58
59	CARDIAC CATHETERIZATION	50,752,822			16,650			59
60	LABORATORY	119,773,244			462,269			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	14,320,365			24,128			65
66	PHYSICAL THERAPY	4,787,034			206			66
67	OCCUPATIONAL THERAPY	2,718,797			72,900			67
68	SPEECH PATHOLOGY	1,284,763						68
70	ELECTROENCEPHALOGRAPHY	301,162			515			70
72	IMPL. DEV. CHARGED TO PATIENTS	14,959,041						72
73	DRUGS CHARGED TO PATIENTS	50,343,303			214,518			73
74	RENAL DIALYSIS	3,456,976						74
76	EMG	414,871						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	861,146						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	579,642						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	3,435,283						76.06
76.07	SLEEP LAB	1,931,274						76.07
76.08	UROLOGY	53,287						76.08
76.09	ADDP OP	2,489,384						76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	178,356						76.11
76.12	MENTAL HEALTH CENTER	1,118,966						76.12
76.13	VEIN CLINIC	112,951						76.13
76.97	CARDIAC REHABILITATION	1,086,266						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,726,003						90
90.01	MERCY CLINICS	3,965,741						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	44,419,865			179,235			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,634,504						92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	487,017,851			1,010,001			200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S158

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES				PROGRAM COST		
			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.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.577959						50	
50.01	GI LAB	0.225523						50.01	
51	RECOVERY ROOM	0.347518						51	
52	DELIVERY ROOM & LABOR ROOM	0.362776						52	
53	ANESTHESIOLOGY	0.164836						53	
54	RADIOLOGY-DIAGNOSTIC	0.255168						54	
54.01	MRI CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.256535						55	
56	RADIOISOTOPE	0.220266						56	
57	CT SCAN	0.080127						57	
58	MRI	0.263041						58	
59	CARDIAC CATHETERIZATION	0.138520						59	
60	LABORATORY	0.135142						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.208112						65	
66	PHYSICAL THERAPY	0.437250						66	
67	OCCUPATIONAL THERAPY	0.656126						67	
68	SPEECH PATHOLOGY	0.384704						68	
70	ELECTROENCEPHALOGRAPHY	0.504493						70	
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053						72	
73	DRUGS CHARGED TO PATIENTS	0.421698						73	
74	RENAL DIALYSIS	0.297979						74	
76	EMG	0.196509						76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	1.014973						76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	0.855549						76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	0.202662						76.06	
76.07	SLEEP LAB	0.210537						76.07	
76.08	UROLOGY	2.603018						76.08	
76.09	ADDP OP	0.273476						76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	1.544299						76.11	
76.12	MENTAL HEALTH CENTER	1.243654						76.12	
76.13	VEIN CLINIC	0.232039						76.13	
76.97	CARDIAC REHABILITATION	0.508582						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.919996						90	
90.01	MERCY CLINICS	1.935661						90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	EMERGENCY	0.217924						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094						92	
	OTHER REIMBURSABLE COST CENTERS								
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T158

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF

(A)	COST CENTER DESCRIPTION	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)	
1	2	3	4	5			
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	2,831,739	27,547,250	0.102796	6,678	686	50
50.01	GI LAB	349,612	8,497,153	0.041145	3,230	133	50.01
51	RECOVERY ROOM	74,122	3,626,308	0.020440	1,235	25	51
52	DELIVERY ROOM & LABOR ROOM	466,593	17,483,227	0.026688			52
53	ANESTHESIOLOGY	148,504	4,131,051	0.035948			53
54	RADIOLOGY-DIAGNOSTIC	1,956,879	37,832,086	0.051725	63,316	3,275	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	132,103	5,054,436	0.026136	3,159	83	55
56	RADIOISOTOPE	159,037	7,688,847	0.020684			56
57	CT SCAN	392,874	28,591,428	0.013741	45,941	631	57
58	MRI	229,931	7,861,019	0.029250	9,322	273	58
59	CARDIAC CATHETERIZATION	932,801	50,752,822	0.018379	26,276	483	59
60	LABORATORY	1,140,122	119,773,244	0.009519	357,253	3,401	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	271,748	14,320,365	0.018976	127,385	2,417	65
66	PHYSICAL THERAPY	106,948	4,787,034	0.022341	1,010,653	22,579	66
67	OCCUPATIONAL THERAPY	141,227	2,718,797	0.051945	847,380	44,017	67
68	SPEECH PATHOLOGY	19,526	1,284,763	0.015198	208,948	3,176	68
70	ELECTROENCEPHALOGRAPHY	23,007	301,162	0.076394	1,030	79	70
72	IMPL. DEV. CHARGED TO PATIENTS	418,060	14,959,041	0.027947	743	21	72
73	DRUGS CHARGED TO PATIENTS	626,523	50,343,303	0.012445	607,198	7,557	73
74	RENAL DIALYSIS	40,643	3,456,976	0.011757	133,338	1,568	74
76	EMG	5,379	414,871	0.012965			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	139,480	861,146	0.161970			76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	28,199	579,642	0.048649			76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	39,983	3,435,283	0.011639			76.06
76.07	SLEEP LAB	10,857	1,931,274	0.005622			76.07
76.08	UROLOGY	5,257	53,287	0.098654			76.08
76.09	ADDP OP	19,029	2,489,384	0.007644			76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	7,484	178,356	0.041961			76.11
76.12	MENTAL HEALTH CENTER	103,566	1,118,966	0.092555			76.12
76.13	VEIN CLINIC	923	112,951	0.008172			76.13
76.97	CARDIAC REHABILITATION	32,456	1,086,266	0.029879			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	426,478	8,726,003	0.048874			90
90.01	MERCY CLINICS	959,583	3,965,741	0.241968			90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	499,138	44,419,865	0.011237	4,235	48	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		6,634,504				92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	12,739,811	487,017,851		3,457,320	90,452	200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	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)
		1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	GI LAB						50.01
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
70	ELECTROENCEPHALOGRAPHY						70
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	27,547,250			6,678			50
50.01	GI LAB	8,497,153			3,230			50.01
51	RECOVERY ROOM	3,626,308			1,235			51
52	DELIVERY ROOM & LABOR ROOM	17,483,227						52
53	ANESTHESIOLOGY	4,131,051						53
54	RADIOLOGY-DIAGNOSTIC	37,832,086			63,316			54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	5,054,436			3,159			55
56	RADIOISOTOPE	7,688,847						56
57	CT SCAN	28,591,428			45,941			57
58	MRI	7,861,019			9,322			58
59	CARDIAC CATHETERIZATION	50,752,822			26,276			59
60	LABORATORY	119,773,244			357,253			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	14,320,365			127,385			65
66	PHYSICAL THERAPY	4,787,034			1,010,653			66
67	OCCUPATIONAL THERAPY	2,718,797			847,380			67
68	SPEECH PATHOLOGY	1,284,763			208,948			68
70	ELECTROENCEPHALOGRAPHY	301,162			1,030			70
72	IMPL. DEV. CHARGED TO PATIENTS	14,959,041			743			72
73	DRUGS CHARGED TO PATIENTS	50,343,303			607,198			73
74	RENAL DIALYSIS	3,456,976			133,338			74
76	EMG	414,871						76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	861,146						76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	579,642						76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	3,435,283						76.06
76.07	SLEEP LAB	1,931,274						76.07
76.08	UROLOGY	53,287						76.08
76.09	ADDP OP	2,489,384						76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	178,356						76.11
76.12	MENTAL HEALTH CENTER	1,118,966						76.12
76.13	VEIN CLINIC	112,951						76.13
76.97	CARDIAC REHABILITATION	1,086,266						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	8,726,003						90
90.01	MERCY CLINICS	3,965,741						90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	44,419,865			4,235			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,634,504						92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	487,017,851			3,457,320			200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T158

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES				PROGRAM COST		
			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.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.577959						50	
50.01	GI LAB	0.225523						50.01	
51	RECOVERY ROOM	0.347518						51	
52	DELIVERY ROOM & LABOR ROOM	0.362776						52	
53	ANESTHESIOLOGY	0.164836						53	
54	RADIOLOGY-DIAGNOSTIC	0.255168						54	
54.01	MRI CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.256535						55	
56	RADIOISOTOPE	0.220266						56	
57	CT SCAN	0.080127						57	
58	MRI	0.263041						58	
59	CARDIAC CATHETERIZATION	0.138520						59	
60	LABORATORY	0.135142						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.208112						65	
66	PHYSICAL THERAPY	0.437250						66	
67	OCCUPATIONAL THERAPY	0.656126						67	
68	SPEECH PATHOLOGY	0.384704						68	
70	ELECTROENCEPHALOGRAPHY	0.504493						70	
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053						72	
73	DRUGS CHARGED TO PATIENTS	0.421698						73	
74	RENAL DIALYSIS	0.297979						74	
76	EMG	0.196509						76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	1.014973						76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	0.855549						76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	0.202662						76.06	
76.07	SLEEP LAB	0.210537						76.07	
76.08	UROLOGY	2.603018						76.08	
76.09	ADDP OP	0.273476						76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	1.544299						76.11	
76.12	MENTAL HEALTH CENTER	1.243654						76.12	
76.13	VEIN CLINIC	0.232039						76.13	
76.97	CARDIAC REHABILITATION	0.508582						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.919996						90	
90.01	MERCY CLINICS	1.935661						90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	EMERGENCY	0.217924						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094						92	
	OTHER REIMBURSABLE COST CENTERS								
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	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)	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	2,970,922		2,970,922	42,787	69.44	11,568	803,282	30
31	INTENSIVE CARE UNIT	511,256		511,256	4,088	125.06	1,138	142,318	31
32	CORONARY CARE UNIT	263,148		263,148	2,307	114.07	500	57,035	32
32.01	NURSERY INTENSIVE CARE CENTER	147,162		147,162	2,854	51.56	2,540	130,962	32.01
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	435,116		435,116	6,792	64.06	3,261	208,900	40
41	SUBPROVIDER - IRF	246,583		246,583	3,958	62.30	540	33,642	41
42	SUBPROVIDER I								42
43	NURSERY	68,586		68,586	3,726	18.41	3,128	57,586	43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	4,642,773		4,642,773	66,512		22,675	1,433,725	200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0158

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	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)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,831,739	27,547,250	0.102796		50
50.01	GI LAB	349,612	8,497,153	0.041145		50.01
51	RECOVERY ROOM	74,122	3,626,308	0.020440		51
52	DELIVERY ROOM & LABOR ROOM	466,593	17,483,227	0.026688		52
53	ANESTHESIOLOGY	148,504	4,131,051	0.035948		53
54	RADIOLOGY-DIAGNOSTIC	1,956,879	37,832,086	0.051725		54
54.01	MRI CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	132,103	5,054,436	0.026136		55
56	RADIOISOTOPE	159,037	7,688,847	0.020684		56
57	CT SCAN	392,874	28,591,428	0.013741		57
58	MRI	229,931	7,861,019	0.029250		58
59	CARDIAC CATHETERIZATION	932,801	50,752,822	0.018379		59
60	LABORATORY	1,140,122	119,773,244	0.009519		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	271,748	14,320,365	0.018976		65
66	PHYSICAL THERAPY	106,948	4,787,034	0.022341		66
67	OCCUPATIONAL THERAPY	141,227	2,718,797	0.051945		67
68	SPEECH PATHOLOGY	19,526	1,284,763	0.015198		68
70	ELECTROENCEPHALOGRAPHY	23,007	301,162	0.076394		70
72	IMPL. DEV. CHARGED TO PATIENTS	418,060	14,959,041	0.027947		72
73	DRUGS CHARGED TO PATIENTS	626,523	50,343,303	0.012445		73
74	RENAL DIALYSIS	40,643	3,456,976	0.011757		74
76	EMG	5,379	414,871	0.012965		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	139,480	861,146	0.161970		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	28,199	579,642	0.048649		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	39,983	3,435,283	0.011639		76.06
76.07	SLEEP LAB	10,857	1,931,274	0.005622		76.07
76.08	UROLOGY	5,257	53,287	0.098654		76.08
76.09	ADDP OP	19,029	2,489,384	0.007644		76.09
76.10	PSYCH PARTIAL HOSPITAL					76.10
76.11	DIABETES TREATMENT	7,484	178,356	0.041961		76.11
76.12	MENTAL HEALTH CENTER	103,566	1,118,966	0.092555		76.12
76.13	VEIN CLINIC	923	112,951	0.008172		76.13
76.97	CARDIAC REHABILITATION	32,456	1,086,266	0.029879		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	426,478	8,726,003	0.048874		90
90.01	MERCY CLINICS	959,583	3,965,741	0.241968		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	EMERGENCY	499,138	44,419,865	0.011237		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	283,018	6,634,504	0.042659		92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	13,022,829	487,017,851			200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	1 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
32.01	NURSERY INTENSIVE CARE CENTER						32.01
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	42,787		11,568		30
31	INTENSIVE CARE UNIT	4,088		1,138		31
32	CORONARY CARE UNIT	2,307		500		32
32.01	NURSERY INTENSIVE CARE CENTER	2,854		2,540		32.01
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	6,792		3,261		40
41	SUBPROVIDER - IRF	3,958		540		41
42	SUBPROVIDER I					42
43	NURSERY	3,726		3,128		43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	66,512		22,675		200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	GI LAB						50.01
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
70	ELECTROENCEPHALOGRAPHY						70
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.01	MERCY CLINICS						90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)						200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
	7	8	9	10	11	12	13		
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	27,547,250						50	
50.01	GI LAB	8,497,153						50.01	
51	RECOVERY ROOM	3,626,308						51	
52	DELIVERY ROOM & LABOR ROOM	17,483,227						52	
53	ANESTHESIOLOGY	4,131,051						53	
54	RADIOLOGY-DIAGNOSTIC	37,832,086						54	
54.01	MRI CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	5,054,436						55	
56	RADIOISOTOPE	7,688,847						56	
57	CT SCAN	28,591,428						57	
58	MRI	7,861,019						58	
59	CARDIAC CATHETERIZATION	50,752,822						59	
60	LABORATORY	119,773,244						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	14,320,365						65	
66	PHYSICAL THERAPY	4,787,034						66	
67	OCCUPATIONAL THERAPY	2,718,797						67	
68	SPEECH PATHOLOGY	1,284,763						68	
70	ELECTROENCEPHALOGRAPHY	301,162						70	
72	IMPL. DEV. CHARGED TO PATIENTS	14,959,041						72	
73	DRUGS CHARGED TO PATIENTS	50,343,303						73	
74	RENAL DIALYSIS	3,456,976						74	
76	EMG	414,871						76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	861,146						76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	579,642						76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	3,435,283						76.06	
76.07	SLEEP LAB	1,931,274						76.07	
76.08	UROLOGY	53,287						76.08	
76.09	ADDP OP	2,489,384						76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	178,356						76.11	
76.12	MENTAL HEALTH CENTER	1,118,966						76.12	
76.13	VEIN CLINIC	112,951						76.13	
76.97	CARDIAC REHABILITATION	1,086,266						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	8,726,003						90	
90.01	MERCY CLINICS	3,965,741						90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	EMERGENCY	44,419,865						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,634,504						92	
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	487,017,851						200	

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0158

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES				PROGRAM COST		
			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.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.577959						50	
50.01	GI LAB	0.225523						50.01	
51	RECOVERY ROOM	0.347518						51	
52	DELIVERY ROOM & LABOR ROOM	0.362776						52	
53	ANESTHESIOLOGY	0.164836						53	
54	RADIOLOGY-DIAGNOSTIC	0.255168						54	
54.01	MRI CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.256535						55	
56	RADIOISOTOPE	0.220266						56	
57	CT SCAN	0.080127						57	
58	MRI	0.263041						58	
59	CARDIAC CATHETERIZATION	0.138520						59	
60	LABORATORY	0.135142						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.208112						65	
66	PHYSICAL THERAPY	0.437250						66	
67	OCCUPATIONAL THERAPY	0.656126						67	
68	SPEECH PATHOLOGY	0.384704						68	
70	ELECTROENCEPHALOGRAPHY	0.504493						70	
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053						72	
73	DRUGS CHARGED TO PATIENTS	0.421698						73	
74	RENAL DIALYSIS	0.297979						74	
76	EMG	0.196509						76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	1.014973						76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	0.855549						76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	0.202662						76.06	
76.07	SLEEP LAB	0.210537						76.07	
76.08	UROLOGY	2.603018						76.08	
76.09	ADDP OP	0.273476						76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	1.544299						76.11	
76.12	MENTAL HEALTH CENTER	1.243654						76.12	
76.13	VEIN CLINIC	0.232039						76.13	
76.97	CARDIAC REHABILITATION	0.508582						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.919996						90	
90.01	MERCY CLINICS	1.935661						90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	EMERGENCY	0.217924						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094						92	
	OTHER REIMBURSABLE COST CENTERS								
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S158

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	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)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,831,739	27,547,250	0.102796		50
50.01	GI LAB	349,612	8,497,153	0.041145		50.01
51	RECOVERY ROOM	74,122	3,626,308	0.020440		51
52	DELIVERY ROOM & LABOR ROOM	466,593	17,483,227	0.026688		52
53	ANESTHESIOLOGY	148,504	4,131,051	0.035948		53
54	RADIOLOGY-DIAGNOSTIC	1,956,879	37,832,086	0.051725		54
54.01	MRI CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	132,103	5,054,436	0.026136		55
56	RADIOISOTOPE	159,037	7,688,847	0.020684		56
57	CT SCAN	392,874	28,591,428	0.013741		57
58	MRI	229,931	7,861,019	0.029250		58
59	CARDIAC CATHETERIZATION	932,801	50,752,822	0.018379		59
60	LABORATORY	1,140,122	119,773,244	0.009519		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	271,748	14,320,365	0.018976		65
66	PHYSICAL THERAPY	106,948	4,787,034	0.022341		66
67	OCCUPATIONAL THERAPY	141,227	2,718,797	0.051945		67
68	SPEECH PATHOLOGY	19,526	1,284,763	0.015198		68
70	ELECTROENCEPHALOGRAPHY	23,007	301,162	0.076394		70
72	IMPL. DEV. CHARGED TO PATIENTS	418,060	14,959,041	0.027947		72
73	DRUGS CHARGED TO PATIENTS	626,523	50,343,303	0.012445		73
74	RENAL DIALYSIS	40,643	3,456,976	0.011757		74
76	EMG	5,379	414,871	0.012965		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	139,480	861,146	0.161970		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	28,199	579,642	0.048649		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	39,983	3,435,283	0.011639		76.06
76.07	SLEEP LAB	10,857	1,931,274	0.005622		76.07
76.08	UROLOGY	5,257	53,287	0.098654		76.08
76.09	ADDP OP	19,029	2,489,384	0.007644		76.09
76.10	PSYCH PARTIAL HOSPITAL					76.10
76.11	DIABETES TREATMENT	7,484	178,356	0.041961		76.11
76.12	MENTAL HEALTH CENTER	103,566	1,118,966	0.092555		76.12
76.13	VEIN CLINIC	923	112,951	0.008172		76.13
76.97	CARDIAC REHABILITATION	32,456	1,086,266	0.029879		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	426,478	8,726,003	0.048874		90
90.01	MERCY CLINICS	959,583	3,965,741	0.241968		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	EMERGENCY	499,138	44,419,865	0.011237		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		6,634,504			92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	12,739,811	487,017,851			200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM							50
50.01	GI LAB							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76	EMG							76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER							76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER							76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER							76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY							76.08
76.09	ADDP OP							76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT							76.11
76.12	MENTAL HEALTH CENTER							76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	CLINIC							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	27,547,250							50
50.01	GI LAB	8,497,153							50.01
51	RECOVERY ROOM	3,626,308							51
52	DELIVERY ROOM & LABOR ROOM	17,483,227							52
53	ANESTHESIOLOGY	4,131,051							53
54	RADIOLOGY-DIAGNOSTIC	37,832,086							54
54.01	MRI CENTER								54.01
55	RADIOLOGY-THERAPEUTIC	5,054,436							55
56	RADIOISOTOPE	7,688,847							56
57	CT SCAN	28,591,428							57
58	MRI	7,861,019							58
59	CARDIAC CATHETERIZATION	50,752,822							59
60	LABORATORY	119,773,244							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	14,320,365							65
66	PHYSICAL THERAPY	4,787,034							66
67	OCCUPATIONAL THERAPY	2,718,797							67
68	SPEECH PATHOLOGY	1,284,763							68
70	ELECTROENCEPHALOGRAPHY	301,162							70
72	IMPL. DEV. CHARGED TO PATIENTS	14,959,041							72
73	DRUGS CHARGED TO PATIENTS	50,343,303							73
74	RENAL DIALYSIS	3,456,976							74
76	EMG	414,871							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	861,146							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	579,642							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,435,283							76.06
76.07	SLEEP LAB	1,931,274							76.07
76.08	UROLOGY	53,287							76.08
76.09	ADDP OP	2,489,384							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	178,356							76.11
76.12	MENTAL HEALTH CENTER	1,118,966							76.12
76.13	VEIN CLINIC	112,951							76.13
76.97	CARDIAC REHABILITATION	1,086,266							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	8,726,003							90
90.01	MERCY CLINICS	3,965,741							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	EMERGENCY	44,419,865							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,634,504							92
OTHER REIMBURSABLE COST CENTERS									
200	TOTAL (sum of lines 50-199)	487,017,851							200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S158

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [XX] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES				PROGRAM COST		
			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.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.577959						50	
50.01	GI LAB	0.225523						50.01	
51	RECOVERY ROOM	0.347518						51	
52	DELIVERY ROOM & LABOR ROOM	0.362776						52	
53	ANESTHESIOLOGY	0.164836						53	
54	RADIOLOGY-DIAGNOSTIC	0.255168						54	
54.01	MRI CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.256535						55	
56	RADIOISOTOPE	0.220266						56	
57	CT SCAN	0.080127						57	
58	MRI	0.263041						58	
59	CARDIAC CATHETERIZATION	0.138520						59	
60	LABORATORY	0.135142						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.208112						65	
66	PHYSICAL THERAPY	0.437250						66	
67	OCCUPATIONAL THERAPY	0.656126						67	
68	SPEECH PATHOLOGY	0.384704						68	
70	ELECTROENCEPHALOGRAPHY	0.504493						70	
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053						72	
73	DRUGS CHARGED TO PATIENTS	0.421698						73	
74	RENAL DIALYSIS	0.297979						74	
76	EMG	0.196509						76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	1.014973						76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	0.855549						76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	0.202662						76.06	
76.07	SLEEP LAB	0.210537						76.07	
76.08	UROLOGY	2.603018						76.08	
76.09	ADDP OP	0.273476						76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	1.544299						76.11	
76.12	MENTAL HEALTH CENTER	1.243654						76.12	
76.13	VEIN CLINIC	0.232039						76.13	
76.97	CARDIAC REHABILITATION	0.508582						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.919996						90	
90.01	MERCY CLINICS	1.935661						90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	EMERGENCY	0.217924						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094						92	
	OTHER REIMBURSABLE COST CENTERS								
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T158

WORKSHEET D
PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [XX] IRF

(A)	COST CENTER DESCRIPTION	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)
1		2	3	4	5	
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,831,739	27,547,250	0.102796		50
50.01	GI LAB	349,612	8,497,153	0.041145		50.01
51	RECOVERY ROOM	74,122	3,626,308	0.020440		51
52	DELIVERY ROOM & LABOR ROOM	466,593	17,483,227	0.026688		52
53	ANESTHESIOLOGY	148,504	4,131,051	0.035948		53
54	RADIOLOGY-DIAGNOSTIC	1,956,879	37,832,086	0.051725		54
54.01	MRI CENTER					54.01
55	RADIOLOGY-THERAPEUTIC	132,103	5,054,436	0.026136		55
56	RADIOISOTOPE	159,037	7,688,847	0.020684		56
57	CT SCAN	392,874	28,591,428	0.013741		57
58	MRI	229,931	7,861,019	0.029250		58
59	CARDIAC CATHETERIZATION	932,801	50,752,822	0.018379		59
60	LABORATORY	1,140,122	119,773,244	0.009519		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	271,748	14,320,365	0.018976		65
66	PHYSICAL THERAPY	106,948	4,787,034	0.022341		66
67	OCCUPATIONAL THERAPY	141,227	2,718,797	0.051945		67
68	SPEECH PATHOLOGY	19,526	1,284,763	0.015198		68
70	ELECTROENCEPHALOGRAPHY	23,007	301,162	0.076394		70
72	IMPL. DEV. CHARGED TO PATIENTS	418,060	14,959,041	0.027947		72
73	DRUGS CHARGED TO PATIENTS	626,523	50,343,303	0.012445		73
74	RENAL DIALYSIS	40,643	3,456,976	0.011757		74
76	EMG	5,379	414,871	0.012965		76
76.01	CARDIOVASCULAR LAB					76.01
76.02	MERCY EYE CENTER	139,480	861,146	0.161970		76.02
76.03	MERCY ENT					76.03
76.04	WOUND CARE CENTER	28,199	579,642	0.048649		76.04
76.05	CARDIAC REHAB					76.05
76.06	PRE-BIRTH CENTER	39,983	3,435,283	0.011639		76.06
76.07	SLEEP LAB	10,857	1,931,274	0.005622		76.07
76.08	UROLOGY	5,257	53,287	0.098654		76.08
76.09	ADDP OP	19,029	2,489,384	0.007644		76.09
76.10	PSYCH PARTIAL HOSPITAL					76.10
76.11	DIABETES TREATMENT	7,484	178,356	0.041961		76.11
76.12	MENTAL HEALTH CENTER	103,566	1,118,966	0.092555		76.12
76.13	VEIN CLINIC	923	112,951	0.008172		76.13
76.97	CARDIAC REHABILITATION	32,456	1,086,266	0.029879		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	426,478	8,726,003	0.048874		90
90.01	MERCY CLINICS	959,583	3,965,741	0.241968		90.01
90.02	MERCY CLINIC STATE ST					90.02
90.03	MERCY CLINIC POLK ST					90.03
91	EMERGENCY	499,138	44,419,865	0.011237		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		6,634,504			92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	12,739,811	487,017,851			200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [XX] IRF [] NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	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)	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
50.01	GI LAB							50.01
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
70	ELECTROENCEPHALOGRAPHY							70
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
76	EMG							76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER							76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER							76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER							76.06
76.07	SLEEP LAB							76.07
76.08	UROLOGY							76.08
76.09	ADDP OP							76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT							76.11
76.12	MENTAL HEALTH CENTER							76.12
76.13	VEIN CLINIC							76.13
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T158

**WORKSHEET D
PART IV**

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
		7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	27,547,250							50
50.01	GI LAB	8,497,153							50.01
51	RECOVERY ROOM	3,626,308							51
52	DELIVERY ROOM & LABOR ROOM	17,483,227							52
53	ANESTHESIOLOGY	4,131,051							53
54	RADIOLOGY-DIAGNOSTIC	37,832,086							54
54.01	MRI CENTER								54.01
55	RADIOLOGY-THERAPEUTIC	5,054,436							55
56	RADIOISOTOPE	7,688,847							56
57	CT SCAN	28,591,428							57
58	MRI	7,861,019							58
59	CARDIAC CATHETERIZATION	50,752,822							59
60	LABORATORY	119,773,244							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	14,320,365							65
66	PHYSICAL THERAPY	4,787,034							66
67	OCCUPATIONAL THERAPY	2,718,797							67
68	SPEECH PATHOLOGY	1,284,763							68
70	ELECTROENCEPHALOGRAPHY	301,162							70
72	IMPL. DEV. CHARGED TO PATIENTS	14,959,041							72
73	DRUGS CHARGED TO PATIENTS	50,343,303							73
74	RENAL DIALYSIS	3,456,976							74
76	EMG	414,871							76
76.01	CARDIOVASCULAR LAB								76.01
76.02	MERCY EYE CENTER	861,146							76.02
76.03	MERCY ENT								76.03
76.04	WOUND CARE CENTER	579,642							76.04
76.05	CARDIAC REHAB								76.05
76.06	PRE-BIRTH CENTER	3,435,283							76.06
76.07	SLEEP LAB	1,931,274							76.07
76.08	UROLOGY	53,287							76.08
76.09	ADDP OP	2,489,384							76.09
76.10	PSYCH PARTIAL HOSPITAL								76.10
76.11	DIABETES TREATMENT	178,356							76.11
76.12	MENTAL HEALTH CENTER	1,118,966							76.12
76.13	VEIN CLINIC	112,951							76.13
76.97	CARDIAC REHABILITATION	1,086,266							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	8,726,003							90
90.01	MERCY CLINICS	3,965,741							90.01
90.02	MERCY CLINIC STATE ST								90.02
90.03	MERCY CLINIC POLK ST								90.03
91	EMERGENCY	44,419,865							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	6,634,504							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	487,017,851							200

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T158

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: [XX] TITLE XIX - O/P [XX] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES				PROGRAM COST		
			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.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.577959						50	
50.01	GI LAB	0.225523						50.01	
51	RECOVERY ROOM	0.347518						51	
52	DELIVERY ROOM & LABOR ROOM	0.362776						52	
53	ANESTHESIOLOGY	0.164836						53	
54	RADIOLOGY-DIAGNOSTIC	0.255168						54	
54.01	MRI CENTER							54.01	
55	RADIOLOGY-THERAPEUTIC	0.256535						55	
56	RADIOISOTOPE	0.220266						56	
57	CT SCAN	0.080127						57	
58	MRI	0.263041						58	
59	CARDIAC CATHETERIZATION	0.138520						59	
60	LABORATORY	0.135142						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
65	RESPIRATORY THERAPY	0.208112						65	
66	PHYSICAL THERAPY	0.437250						66	
67	OCCUPATIONAL THERAPY	0.656126						67	
68	SPEECH PATHOLOGY	0.384704						68	
70	ELECTROENCEPHALOGRAPHY	0.504493						70	
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053						72	
73	DRUGS CHARGED TO PATIENTS	0.421698						73	
74	RENAL DIALYSIS	0.297979						74	
76	EMG	0.196509						76	
76.01	CARDIOVASCULAR LAB							76.01	
76.02	MERCY EYE CENTER	1.014973						76.02	
76.03	MERCY ENT							76.03	
76.04	WOUND CARE CENTER	0.855549						76.04	
76.05	CARDIAC REHAB							76.05	
76.06	PRE-BIRTH CENTER	0.202662						76.06	
76.07	SLEEP LAB	0.210537						76.07	
76.08	UROLOGY	2.603018						76.08	
76.09	ADDP OP	0.273476						76.09	
76.10	PSYCH PARTIAL HOSPITAL							76.10	
76.11	DIABETES TREATMENT	1.544299						76.11	
76.12	MENTAL HEALTH CENTER	1.243654						76.12	
76.13	VEIN CLINIC	0.232039						76.13	
76.97	CARDIAC REHABILITATION	0.508582						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.919996						90	
90.01	MERCY CLINICS	1.935661						90.01	
90.02	MERCY CLINIC STATE ST							90.02	
90.03	MERCY CLINIC POLK ST							90.03	
91	EMERGENCY	0.217924						91	
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094						92	
	OTHER REIMBURSABLE COST CENTERS								
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] 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)	42,787	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	42,787	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)	38,711	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	15,606	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	39,773,713	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	39,773,713	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 - line 36)	39,773,713	37



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

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	
		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		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					929.57	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					14,506,869	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)					14,506,869	41	
42	NURSERY (Titles V and XIX only) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						42	
43	INTENSIVE CARE UNIT	7,485,525	4,088	1,831.10	1,932	3,537,685	43	
44	CORONARY CARE UNIT	2,819,455	2,307	1,222.13	915	1,118,249	44	
44.01	NURSERY INTENSIVE CARE CENTER	2,580,723	2,854	904.25			44.01	
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 (Worksheet D-3, column 3, line 200)					20,510,780	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					39,673,583	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					1,429,671	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					1,775,701	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					3,205,372	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					36,468,211	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



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					4,076	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					929.57	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					3,788,927	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	2,970,922	39,773,713	0.074696	3,788,927	283,018	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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)	6,792	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	6,792	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)	6,792	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,578	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	5,606,280	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	5,606,280	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 - line 36)	5,606,280	37



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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)	825.42	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	1,302,513	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	1,302,513	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	257,910	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	1,560,423	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	101,087	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	15,164	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	116,251	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	1,444,172	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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1
PART I

CHECK [] TITLE V - I/P [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] TEFRA
 BOXES: [] TITLE XIX - I/P [XX] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	3,958	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	3,958	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)	3,958	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	2,877	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	3,872,663	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	3,872,663	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 - line 36)	3,872,663	37



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

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

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	978.44	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,814,972	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)	2,814,972	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	1,482,989	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	4,297,961	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	179,237	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	90,452	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	269,689	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	4,028,272	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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR 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)	42,787	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	42,787	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)	38,711	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	11,568	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)	3,726	15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)	3,128	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)	39,773,713	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	39,773,713	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 - line 36)	39,773,713	37



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

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)						929.57	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						10,753,266	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)						10,753,266	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)	1,032,726	3,726	277.17	3,128	866,988		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	6,925,615	4,088	1,694.13	1,138	1,927,920		43
44	CORONARY CARE UNIT	2,819,455	2,307	1,222.13	500	611,065		44
44.01	NURSERY INTENSIVE CARE CENTER	2,580,723	2,854	904.25	2,540	2,296,795		44.01
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 (Worksheet D-3, column 3, line 200)							48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)						16,456,034	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)						1,191,183	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)							51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)						1,191,183	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



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0158

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					4,076	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 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR 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)	6,792	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	6,792	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)	6,792	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	3,261	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	5,606,280	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	5,606,280	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 - line 36)	5,606,280	37



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S158

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)	825.42	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,691,695	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)	2,691,695	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,691,695	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	208,900	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	208,900	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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR 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)	3,958	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	3,958	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)	3,958	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	540	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed days)		14
15	TOTAL NURSERY DAYS (Title V or Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title XIX only)		16

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (see instructions)	3,872,663	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	3,872,663	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 - line 36)	3,872,663	37



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T158

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

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	978.44	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	528,358	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)	528,358	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	528,358	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	33,642	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	33,642	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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0158

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		23,212,173		30
31	INTENSIVE CARE UNIT		4,330,527		31
32	CORONARY CARE UNIT		2,604,643		32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.577959	4,197,148	2,425,779	50
50.01	GI LAB	0.225523	925,329	208,683	50.01
51	RECOVERY ROOM	0.347518	395,639	137,492	51
52	DELIVERY ROOM & LABOR ROOM	0.362776	41,188	14,942	52
53	ANESTHESIOLOGY	0.164836	653,620	107,740	53
54	RADIOLOGY-DIAGNOSTIC	0.256276	3,803,672	974,790	54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.256650	95,934	24,621	55
56	RADIOISOTOPE	0.220378	769,213	169,518	56
57	CT SCAN	0.081172	4,709,413	382,272	57
58	MRI	0.263041	800,939	210,680	58
59	CARDIAC CATHETERIZATION	0.151133	14,264,602	2,155,852	59
60	LABORATORY	0.135142	21,172,059	2,861,234	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.208112	6,230,103	1,296,559	65
66	PHYSICAL THERAPY	0.437250	713,120	311,812	66
67	OCCUPATIONAL THERAPY	0.656126	187,195	122,824	67
68	SPEECH PATHOLOGY	0.384704	293,518	112,918	68
70	ELECTROENCEPHALOGRAPHY	0.504493	91,157	45,988	70
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053	5,137,205	3,241,849	72
73	DRUGS CHARGED TO PATIENTS	0.421698	9,079,363	3,828,749	73
74	RENAL DIALYSIS	0.297979	1,765,031	525,942	74
76	EMG	0.196509			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.014973	185	188	76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.855549	6,483	5,547	76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.325144	1,737	565	76.06
76.07	SLEEP LAB	0.210537			76.07
76.08	UROLOGY	2.603018			76.08
76.09	ADDP OP	0.310409	481	149	76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.544299	122	188	76.11
76.12	MENTAL HEALTH CENTER	1.243654			76.12
76.13	VEIN CLINIC	0.585422	6,896	4,037	76.13
76.97	CARDIAC REHABILITATION	0.508582	12,698	6,458	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.926166			90
90.01	MERCY CLINICS	1.935661	671	1,299	90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	EMERGENCY	0.221704	4,997,041	1,107,864	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094	392,651	224,241	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		80,744,413	20,510,780	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		80,744,413		202

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S158

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
32	CORONARY CARE UNIT				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	SUBPROVIDER - IPF		1,842,852		40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.577959	4,867	2,813	50
50.01	GI LAB	0.225523			50.01
51	RECOVERY ROOM	0.347518	2,274	790	51
52	DELIVERY ROOM & LABOR ROOM	0.362776			52
53	ANESTHESIOLOGY	0.164836	2,120	349	53
54	RADIOLOGY-DIAGNOSTIC	0.256276	7,851	2,012	54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.256650			55
56	RADIOISOTOPE	0.220378			56
57	CT SCAN	0.081172	12,940	1,050	57
58	MRI	0.263041	9,528	2,506	58
59	CARDIAC CATHETERIZATION	0.151133	16,650	2,516	59
60	LABORATORY	0.135142	462,269	62,472	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.208112	24,128	5,021	65
66	PHYSICAL THERAPY	0.437250	206	90	66
67	OCCUPATIONAL THERAPY	0.656126	72,900	47,832	67
68	SPEECH PATHOLOGY	0.384704			68
70	ELECTROENCEPHALOGRAPHY	0.504493	515	260	70
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053			72
73	DRUGS CHARGED TO PATIENTS	0.421698	214,518	90,462	73
74	RENAL DIALYSIS	0.297979			74
76	EMG	0.196509			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.014973			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.855549			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.325144			76.06
76.07	SLEEP LAB	0.210537			76.07
76.08	UROLOGY	2.603018			76.08
76.09	ADDP OP	0.310409			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.544299			76.11
76.12	MENTAL HEALTH CENTER	1.243654			76.12
76.13	VEIN CLINIC	0.585422			76.13
76.97	CARDIAC REHABILITATION	0.508582			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.926166			90
90.01	MERCY CLINICS	1.935661			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	EMERGENCY	0.221704	179,235	39,737	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		1,010,001	257,910	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		1,010,001		202

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T158

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [] TITLE XIX [XX] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
32	CORONARY CARE UNIT				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		3,524,736		41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.577959	6,678	3,860	50
50.01	GI LAB	0.225523	3,230	728	50.01
51	RECOVERY ROOM	0.347518	1,235	429	51
52	DELIVERY ROOM & LABOR ROOM	0.362776			52
53	ANESTHESIOLOGY	0.164836			53
54	RADIOLOGY-DIAGNOSTIC	0.256276	63,316	16,226	54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.256650	3,159	811	55
56	RADIOISOTOPE	0.220378			56
57	CT SCAN	0.081172	45,941	3,729	57
58	MRI	0.263041	9,322	2,452	58
59	CARDIAC CATHETERIZATION	0.151133	26,276	3,971	59
60	LABORATORY	0.135142	357,253	48,280	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.208112	127,385	26,510	65
66	PHYSICAL THERAPY	0.437250	1,010,653	441,908	66
67	OCCUPATIONAL THERAPY	0.656126	847,380	555,988	67
68	SPEECH PATHOLOGY	0.384704	208,948	80,383	68
70	ELECTROENCEPHALOGRAPHY	0.504493	1,030	520	70
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053	743	469	72
73	DRUGS CHARGED TO PATIENTS	0.421698	607,198	256,054	73
74	RENAL DIALYSIS	0.297979	133,338	39,732	74
76	EMG	0.196509			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.014973			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.855549			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.325144			76.06
76.07	SLEEP LAB	0.210537			76.07
76.08	UROLOGY	2.603018			76.08
76.09	ADDP OP	0.310409			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.544299			76.11
76.12	MENTAL HEALTH CENTER	1.243654			76.12
76.13	VEIN CLINIC	0.585422			76.13
76.97	CARDIAC REHABILITATION	0.508582			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.926166			90
90.01	MERCY CLINICS	1.935661			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	EMERGENCY	0.221704	4,235	939	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		3,457,320	1,482,989	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		3,457,320		202

(A) Worksheet A line numbers



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0158

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [] TEFRA
 BOXES: [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
32	CORONARY CARE UNIT				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
43	NURSERY				43
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.577959			50
50.01	GI LAB	0.225523			50.01
51	RECOVERY ROOM	0.347518			51
52	DELIVERY ROOM & LABOR ROOM	0.362776			52
53	ANESTHESIOLOGY	0.164836			53
54	RADIOLOGY-DIAGNOSTIC	0.255168			54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.256535			55
56	RADIOISOTOPE	0.220266			56
57	CT SCAN	0.080127			57
58	MRI	0.263041			58
59	CARDIAC CATHETERIZATION	0.138520			59
60	LABORATORY	0.135142			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.208112			65
66	PHYSICAL THERAPY	0.437250			66
67	OCCUPATIONAL THERAPY	0.656126			67
68	SPEECH PATHOLOGY	0.384704			68
70	ELECTROENCEPHALOGRAPHY	0.504493			70
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053			72
73	DRUGS CHARGED TO PATIENTS	0.421698			73
74	RENAL DIALYSIS	0.297979			74
76	EMG	0.196509			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.014973			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.855549			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.202662			76.06
76.07	SLEEP LAB	0.210537			76.07
76.08	UROLOGY	2.603018			76.08
76.09	ADDP OP	0.273476			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.544299			76.11
76.12	MENTAL HEALTH CENTER	1.243654			76.12
76.13	VEIN CLINIC	0.232039			76.13
76.97	CARDIAC REHABILITATION	0.508582			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.919996			90
90.01	MERCY CLINICS	1.935661			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	EMERGENCY	0.217924			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094			92
	OTHER REIMBURSABLE COST CENTERS				
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S158

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/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
32	CORONARY CARE UNIT				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.577959			50
50.01	GI LAB	0.225523			50.01
51	RECOVERY ROOM	0.347518			51
52	DELIVERY ROOM & LABOR ROOM	0.362776			52
53	ANESTHESIOLOGY	0.164836			53
54	RADIOLOGY-DIAGNOSTIC	0.255168			54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.256535			55
56	RADIOISOTOPE	0.220266			56
57	CT SCAN	0.080127			57
58	MRI	0.263041			58
59	CARDIAC CATHETERIZATION	0.138520			59
60	LABORATORY	0.135142			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.208112			65
66	PHYSICAL THERAPY	0.437250			66
67	OCCUPATIONAL THERAPY	0.656126			67
68	SPEECH PATHOLOGY	0.384704			68
70	ELECTROENCEPHALOGRAPHY	0.504493			70
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053			72
73	DRUGS CHARGED TO PATIENTS	0.421698			73
74	RENAL DIALYSIS	0.297979			74
76	EMG	0.196509			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.014973			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.855549			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.202662			76.06
76.07	SLEEP LAB	0.210537			76.07
76.08	UROLOGY	2.603018			76.08
76.09	ADDP OP	0.273476			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.544299			76.11
76.12	MENTAL HEALTH CENTER	1.243654			76.12
76.13	VEIN CLINIC	0.232039			76.13
76.97	CARDIAC REHABILITATION	0.508582			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.919996			90
90.01	MERCY CLINICS	1.935661			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	EMERGENCY	0.217924			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094			92
	OTHER REIMBURSABLE COST CENTERS				
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T158

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: [XX] TITLE XIX [XX] IRF [] NF [] ICF/MR [XX] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
32	CORONARY CARE UNIT				32
32.01	NURSERY INTENSIVE CARE CENTER				32.01
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.577959			50
50.01	GI LAB	0.225523			50.01
51	RECOVERY ROOM	0.347518			51
52	DELIVERY ROOM & LABOR ROOM	0.362776			52
53	ANESTHESIOLOGY	0.164836			53
54	RADIOLOGY-DIAGNOSTIC	0.255168			54
54.01	MRI CENTER				54.01
55	RADIOLOGY-THERAPEUTIC	0.256535			55
56	RADIOISOTOPE	0.220266			56
57	CT SCAN	0.080127			57
58	MRI	0.263041			58
59	CARDIAC CATHETERIZATION	0.138520			59
60	LABORATORY	0.135142			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.208112			65
66	PHYSICAL THERAPY	0.437250			66
67	OCCUPATIONAL THERAPY	0.656126			67
68	SPEECH PATHOLOGY	0.384704			68
70	ELECTROENCEPHALOGRAPHY	0.504493			70
72	IMPL. DEV. CHARGED TO PATIENTS	0.631053			72
73	DRUGS CHARGED TO PATIENTS	0.421698			73
74	RENAL DIALYSIS	0.297979			74
76	EMG	0.196509			76
76.01	CARDIOVASCULAR LAB				76.01
76.02	MERCY EYE CENTER	1.014973			76.02
76.03	MERCY ENT				76.03
76.04	WOUND CARE CENTER	0.855549			76.04
76.05	CARDIAC REHAB				76.05
76.06	PRE-BIRTH CENTER	0.202662			76.06
76.07	SLEEP LAB	0.210537			76.07
76.08	UROLOGY	2.603018			76.08
76.09	ADDP OP	0.273476			76.09
76.10	PSYCH PARTIAL HOSPITAL				76.10
76.11	DIABETES TREATMENT	1.544299			76.11
76.12	MENTAL HEALTH CENTER	1.243654			76.12
76.13	VEIN CLINIC	0.232039			76.13
76.97	CARDIAC REHABILITATION	0.508582			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.919996			90
90.01	MERCY CLINICS	1.935661			90.01
90.02	MERCY CLINIC STATE ST				90.02
90.03	MERCY CLINIC POLK ST				90.03
91	EMERGENCY	0.217924			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.571094			92
	OTHER REIMBURSABLE COST CENTERS				
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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

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, 2013 (see instructions)	8,887,787			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	24,031,487			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	353,087			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	4,584,278			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	221.83			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)	87.01			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) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002				8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)	16.00			8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)	103.01			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	96.20			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	5.00			11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	101.20			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	106.38			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	103.01			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	103.53			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	103.53			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.466709			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.469408			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.466709			21
22	IME PAYMENT ADJUSTMENT (see instructions)	8,495,792			22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON					
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)				23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)	-6.81			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)				25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)				26
27	IME PAYMENTS ADJUSTMENT (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)	8,495,792			29
DISPROPORTIONATE SHARE ADJUSTMENT					
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.1533			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.4482			31
32	SUM OF LINES 30 AND 31	0.6015			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.3884			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	5,785,473			34
		PRIOR TO	ON OR AFTER		



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		9,046,380,143		35
35.01	FACTOR 3 (see instructions)		0.000748125		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		6,767,823		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		5,061,959		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	5,061,959			36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
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)	52,615,585			47
48	HOSPITAL SPECIFIC PAYMENTS (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (see instructions)	52,615,585			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	3,604,858			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	3,335,229			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)				55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)				58
59	TOTAL (sum of amounts on lines 49 through 58)	59,555,672			59
60	PRIMARY PAYER PAYMENTS	16,159			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	59,539,513			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,292,960			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	195,912			63
64	ALLOWABLE BAD DEBTS (see instructions)	2,409,665			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,566,282			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	2,054,910			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	57,616,923			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	-66,281			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-269,606			70.94
71	AMOUNT DUE PROVIDER (see instructions)	57,281,036			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,145,621			71.01
72	INTERIM PAYMENTS	58,188,872			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-2,053,457			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	1,042,618			75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2				91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)				94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0158

**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)	10,552			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	16,893,302			2
3	PPS PAYMENTS	14,449,447			3
4	OUTLIER PAYMENT (see instructions)	28,344			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	10,552			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	25,023			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)	25,023			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)	25,023			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	14,471			19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)	10,552			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	14,477,791			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	204			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	3,297,407			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	11,190,732			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	1,238,578			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	12,429,310			30
31	PRIMARY PAYER PAYMENTS	987			31
32	SUBTOTAL (line 30 minus line 31)	12,428,323			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)	1,593,440			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,035,736			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,200,817			36
37	SUBTOTAL (see instructions)	13,464,059			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	305			38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	13,463,754			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	269,275			40.01
41	INTERIM PAYMENTS	13,288,763			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-94,284			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	60,571			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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

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)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.850			5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T158

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)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)				2
3	PPS PAYMENTS				3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.850			5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)				25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)				27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)				30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)				37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)				40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)				40.01
41	INTERIM PAYMENTS				41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)				43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0158

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		61,943,045		13,267,660	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT			06/25/2014	21,103	3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
			06/25/2014	3,754,173		3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	-3,754,173		21,103	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)		58,188,872		13,288,763	4
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						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) BASED ON THE COST REPORT (1)	.01			174,991	6.01
		.02	-907,836			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		57,281,036		13,463,754	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.



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S158

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,100,104		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				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO			3.04
		PROVIDER			3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
		PROVIDER			3.52
		TO			3.53
		PROGRAM			3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)				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)		1,100,104		4
	TO BE COMPLETED BY CONTRACTOR				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT				5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.				5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM			5.03
		TO			5.04
		PROVIDER			5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
		PROVIDER			5.52
		TO			5.53
		PROGRAM			5.54
					5.55
					5.56
					5.57
					5.58
					5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)		22,455		6.01
					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		1,122,559		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.



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T158

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,318,841			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					3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
			02/28/2014	482,788		3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		-482,788		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)			4,836,053		4
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						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) BASED ON THE COST REPORT (1)	.01		168,249		6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			5,004,302		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.



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

CHECK [XX] HOSPITAL [] CAH
APPLICABLE BOX:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	12,569	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	18,453	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,871	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	47,960	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	582,500,296	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,681,357	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)		8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	1,318,439	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT	320	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004		4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)		8
9	AVERAGE DAILY CENSUS (see instructions)	18.608219	9
10	TEACHING ADJUSTMENT FACTOR $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$		10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	1,318,759	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	1,318,759	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	1,318,759	18
19	DEDUCTIBLES	161,888	19
20	SUBTOTAL (line 18 minus line 19)	1,156,871	20
21	COINSURANCE	34,312	21
22	SUBTOTAL (line 20 minus line 21)	1,122,559	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		25
26	SUBTOTAL (sum of lines 22 and 24)	1,122,559	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	1,122,559	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	22,451	31.01
32	INTERIM PAYMENTS	1,100,104	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	4	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T158

**WORKSHEET E-3
PART III**

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IRF
 BOX:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	1,093,535	3,280,604	1
2	MEDICARE SSI RATIO (see instructions)	0.129000		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	152,767	309,361	3
4	OUTLIER PAYMENTS	9,525		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (see instructions)	1.23		5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)			6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)	0.50		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)	0.50		9
10	AVERAGE DAILY CENSUS (see instructions)	10,843,836		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)	0.031481	0.046878	11
12	TEACHING ADJUSTMENT (see instructions)	34,426	153,788	12
13	TOTAL PPS PAYMENT (see instructions)	5,034,006		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	5,034,006		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	5,034,006		19
20	DEDUCTIBLES	9,536		20
21	SUBTOTAL (line 19 minus line 20)	5,024,470		21
22	COINSURANCE	20,168		22
23	SUBTOTAL (line 21 minus line 22)	5,004,302		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)			24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			26
27	SUBTOTAL (sum of lines 23 and 25)	5,004,302		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)			29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	5,004,302		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	100,086		32.01
33	INTERIM PAYMENTS	4,836,053		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	68,163		35
36	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			36

TO BE COMPLETED BY CONTRACTOR

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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0158

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF 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	16,456,034		1
2			2
3			3
4	16,456,034		4
5			5
6			6
7	16,456,034		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	2,459,906		8
9			9
10			10
11			11
12	2,459,906		12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16	2,459,906		16
17			17
18	13,996,128		18
19			19
20			20
21	2,459,906		21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	2,459,906		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	13,996,128		30
31	2,459,906		31
32			32
33			33
34			34
35			35
36	2,459,906		36
37			37
38	2,459,906		38
39			39
40	2,459,906		40
41			41
42	2,459,906		42
43			43



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S158

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IPF ICF/MR TEFRA
 BOXES: SNF 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	2,691,695		1
2			2
3			3
4	2,691,695		4
5			5
6			6
7	2,691,695		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16			16
17			17
18	2,691,695		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	2,691,695		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T158

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IRF ICF/MR TEFRA
 BOXES: SNF 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	528,358		1
2			2
3			3
4	528,358		4
5			5
6			6
7	528,358		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16			16
17			17
18	528,358		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	528,358		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			88.01	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)				2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA				3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)			17.00	4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			105.01	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			101.20	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			101.20	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	62.20	32.00	94.20	8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	62.20	32.00	94.20	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		5.00		10
11	TOTAL WEIGHTED FTE COUNT	62.20	37.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	67.22	33.39		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	65.92	35.85		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	65.11	35.41		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	65.11	35.41		17
18	PER RESIDENT AMOUNT	105,500.00	100,500.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	6,869,105	3,558,705	10,427,810	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)				21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)				22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)				23
24	MULTIPLY LINE 22 TIMES LINE 23				24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			10,427,810	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	22,908	3,311		26
27	TOTAL INPATIENT DAYS (see instructions)	58,710	58,710		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.390189	0.056396		28
29	PROGRAM DIRECT GME AMOUNT	4,068,817	588,087		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		83,097		30
31	NET PROGRAM DIRECT GME AMOUNT			4,573,807	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			3,456,976	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)			45,531,967	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			16,159	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			45,515,808	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			16,903,854	42
43	PRIMARY PAYER PAYMENTS (see instructions)			987	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			16,902,867	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			62,418,675	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.729202	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.270798	47



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)	4,573,807	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	3,335,229	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	1,238,578	50



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (see instructions)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	ADJUSTMENT (plus or minus) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00	
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00	
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00	
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00	
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00	
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00	
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00	
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00	
18	PER RESIDENT AMOUNT	0.00	0.00	
19	APPROVED AMOUNT FOR RESIDENT COSTS			
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			
24	MULTIPLY LINE 22 TIMES LINE 23			
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	19,547	5,320	26
27	TOTAL INPATIENT DAYS (see instructions)	58,710	58,710	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.332942	0.090615	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (see instructions)			37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)			39
40	PRIMARY PAYER PAYMENTS (see instructions)			40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			42
43	PRIMARY PAYER PAYMENTS (see instructions)			43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			47



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48	TOTAL PROGRAM GME PAYMENT (line 31)	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	50



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

BALANCE SHEET

WORKSHEET G

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

ASSETS (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	9,881,766				1
2	TEMPORARY INVESTMENTS	41,668,742				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	36,743,277				4
5	OTHER RECEIVABLES	345,583				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY	2,646,616				7
8	PREPAID EXPENSES	2,080,140				8
9	OTHER CURRENT ASSETS	29,301,433				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	122,667,557				11
FIXED ASSETS						
12	LAND	26,173,000				12
13	LAND IMPROVEMENTS	2,774,140				13
14	ACCUMULATED DEPRECIATION	-1,120,255				14
15	BUILDINGS	147,062,078				15
16	ACCUMULATED DEPRECIATION	-9,095,176				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT					19
20	ACCUMULATED DEPRECIATION					20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	47,962,795				23
24	ACCUMULATED DEPRECIATION	-18,289,070				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)	195,467,512				30
OTHER ASSETS						
31	INVESTMENTS					31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	17,972,392				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	17,972,392				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	336,107,461				36
LIABILITIES AND FUND BALANCES						
LIABILITIES AND FUND BALANCES (Omit Cents)		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	33,860,318				37
38	SALARIES, WAGES & FEES PAYABLE	14,972,926				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	1,530,552				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	23,877,996				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	74,241,792				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE	61,600,299				46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	876,456				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	62,476,755				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	136,718,547				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	199,388,914				52
53	SPECIFIC PURPOSE FUND BALANCE					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
57	PLANT FUND BALANCE - INVESTED IN PLANT					57



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	199,388,914				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	336,107,461				60



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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		205,109,914			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		-5,721,000			2
3	TOTAL (sum of line 1 and line 2)		199,388,914			3
4	ADDITIONS (credit adjustments)					4
5						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)		199,388,914			11
12	DEDUCTIONS (debit adjustments)					12
13						13
14						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)		199,388,914			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)					4
5						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)					12
13						13
14						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



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

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	62,382,130		62,382,130	1
2	SUBPROVIDER IPF	7,539,638		7,539,638	2
3	SUBPROVIDER IRF	5,479,648		5,479,648	3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	75,401,416		75,401,416	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	9,206,611		9,206,611	11
12	CORONARY CARE UNIT	4,154,268		4,154,268	12
12.01	NURSERY INTENSIVE CARE CENTER	6,719,950		6,719,950	12.01
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)	20,080,829		20,080,829	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	95,482,245		95,482,245	17
18	ANCILLARY SERVICES	201,862,352	285,155,499	487,017,851	18
19	OUTPATIENT SERVICES		29,499,181	29,499,181	19
20	RHC				20
21	FOHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	297,344,597	314,654,680	611,999,277	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		261,677,191	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)		261,677,191	43



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	611,999,277	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	365,868,953	2
3	NET PATIENT REVENUES (line 1 minus line 2)	246,130,324	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	261,677,191	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-15,546,867	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,554,970	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	1,005,978	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER 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, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER RENT REVENUE)	2,137,962	24
24.0	OTHER (CAPITATION REVENUE)	3,204,046	24.0
1			1
24.0	OTHER (D&T OPR LOSS)		24.0
2			2
24.0	OTHER (OTHER REVENUE)	1,922,911	24.0
3			3
24.0	OTHER (REFERRAL LAB)		24.0
4			4
24.0	OTHER (LAB REVENUE)		24.0
5			5
24.0	OTHER (GRANTS)		24.0
6			6
24.0	OTHER (D&T COST ALLOCATIONS)		24.0
7			7
24.0	OTHER (EXPENSE REIMBURSEMENT INTERNS RESID)		24.0
8			8
24.0	OTHER (ENT REIMB)		24.0
9			9
24.1	OTHER (MRI EXP REIMB)		24.1
0			0
24.1	OTHER (MISC INCOME HUMAN RESOURCES)		24.1
1			1
24.1	OTHER (OTHER REVENUE PHYSICIANS OFFICES)		24.1
2			2
25	TOTAL OTHER INCOME (sum of lines 6-24)	9,825,867	25
26	TOTAL (line 5 plus line 25)	-5,721,000	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	-5,721,000	29



COMPU-MAX

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0158

WORKSHEET L

CHECK TITLE V HOSPITAL PPS
 APPLICABLE TITLE XVIII, PART A SUB (OTHER) COST METHOD
 BOXES: TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	CAPITAL DRG OTHER THAN OUTLIER	2,603,240	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	16,291	2
2.01	MODEL 4 BPCI CAPITAL DRG OUTLIER PAYMENTS		2.01
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	131.40	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	103.53	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	24.90	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	648,207	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.1533	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.4482	8
9	SUM OF LINES 7 AND 8	0.6015	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1295	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	337,120	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,604,858	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	--------------------------------	--	---

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
32.01	NURSERY INTENSIVE CARE CENTER						32.01
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
43	NURSERY						43
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
50.01	GI LAB						50.01
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
70	ELECTROENCEPHALOGRAPHY						70
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76	EMG						76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER						76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER						76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER						76.06
76.07	SLEEP LAB						76.07
76.08	UROLOGY						76.08
76.09	ADDP OP						76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT						76.11
76.12	MENTAL HEALTH CENTER						76.12
76.13	VEIN CLINIC						76.13
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---------------------------------------	--	---

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.01	MERCY CLINICS							90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	DNBAR CLINIC							192.01
192.02	PHILLIPS HEALTH							192.02
192.03	OTHER HOME HEALTH							192.03
192.04	VITAS HOSPICE							192.04
192.05	DOCTORS OFFICE							192.05
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS							194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	ADULTS & PEDIATRICS	36.47		27.04				63.51	30
31	INTENSIVE CARE UNIT	47.26		27.84				75.10	31
32	CORONARY CARE UNIT	39.66		21.67				61.33	32
32.01	NURSERY INTENSIVE CARE CENTER			89.00				89.00	32.01
43	NURSERY			83.95				83.95	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	15.24	11.79					27.03	50
50.01	GI LAB	10.89	24.39					35.28	50.01
51	RECOVERY ROOM	10.91	16.04					26.95	51
52	DELIVERY ROOM & LABOR ROOM	0.24	0.02					0.26	52
53	ANESTHESIOLOGY	15.82	8.85					24.67	53
54	RADIOLOGY-DIAGNOSTIC	10.05	12.98					23.03	54
55	RADIOLOGY-THERAPEUTIC	1.90	27.00					28.90	55
56	RADIOISOTOPE	10.00	26.12					36.12	56
57	CT SCAN	16.47	21.01					37.48	57
58	MRI	10.19	18.74					28.93	58
59	CARDIAC CATHETERIZATION	28.11	18.15					46.26	59
60	LABORATORY	17.68	3.67					21.35	60
65	RESPIRATORY THERAPY	43.51	5.45					48.96	65
66	PHYSICAL THERAPY	14.90						14.90	66
67	OCCUPATIONAL THERAPY	6.89	0.72					7.61	67
68	SPEECH PATHOLOGY	22.85						22.85	68
70	ELECTROENCEPHALOGRAPHY	30.27	19.35					49.62	70
72	IMPL. DEV. CHARGED TO PATIENTS	34.34	14.68					49.02	72
73	DRUGS CHARGED TO PATIENTS	18.03	15.74					33.77	73
74	RENAL DIALYSIS	51.06	6.43					57.49	74
76	EMG		26.69					26.69	76
76.02	MERCY EYE CENTER	0.02	56.92					56.94	76.02
76.04	WOUND CARE CENTER	1.12	40.22					41.34	76.04
76.06	PRE-BIRTH CENTER	0.05	1.04					1.09	76.06
76.07	SLEEP LAB		29.45					29.45	76.07
76.08	UROLOGY		25.56					25.56	76.08
76.09	ADDP OP	0.02	20.90					20.92	76.09
76.11	DIABETES TREATMENT	0.07	21.16					21.23	76.11
76.12	MENTAL HEALTH CENTER		33.20					33.20	76.12
76.13	VEIN CLINIC	6.11	33.06					39.17	76.13
76.97	CARDIAC REHABILITATION	1.17	46.62					47.79	76.97
90	CLINIC		3.58					3.58	90
90.01	MERCY CLINICS	0.02	4.01					4.03	90.01
91	EMERGENCY	11.25	10.90					22.15	91
92	OBSERVATION BEDS (NON-DISTINCT	5.92	27.76					33.68	92
200	TOTAL CHARGES	16.58	11.69					28.27	200



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
40	SUBPROVIDER - IPF	23.23		48.01				71.24	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	0.02						0.02	50
51	RECOVERY ROOM	0.06						0.06	51
53	ANESTHESIOLOGY	0.05						0.05	53
54	RADIOLOGY-DIAGNOSTIC	0.02						0.02	54
57	CT SCAN	0.05						0.05	57
58	MRI	0.12						0.12	58
59	CARDIAC CATHETERIZATION	0.03						0.03	59
60	LABORATORY	0.39						0.39	60
65	RESPIRATORY THERAPY	0.17						0.17	65
67	OCCUPATIONAL THERAPY	2.68						2.68	67
70	ELECTROENCEPHALOGRAPHY	0.17						0.17	70
73	DRUGS CHARGED TO PATIENTS	0.43						0.43	73
91	EMERGENCY	0.40						0.40	91
200	TOTAL CHARGES	0.21						0.21	200

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IRF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
41	SUBPROVIDER - IRF	72.69		13.64				86.33	41
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	OPERATING ROOM	0.02						0.02	50
50.01	GI LAB	0.04						0.04	50.01
51	RECOVERY ROOM	0.03						0.03	51
54	RADIOLOGY-DIAGNOSTIC	0.17						0.17	54
55	RADIOLOGY-THERAPEUTIC	0.06						0.06	55
57	CT SCAN	0.16						0.16	57
58	MRI	0.12						0.12	58
59	CARDIAC CATHETERIZATION	0.05						0.05	59
60	LABORATORY	0.30						0.30	60
65	RESPIRATORY THERAPY	0.89						0.89	65
66	PHYSICAL THERAPY	21.11						21.11	66
67	OCCUPATIONAL THERAPY	31.17						31.17	67
68	SPEECH PATHOLOGY	16.26						16.26	68
70	ELECTROENCEPHALOGRAPHY	0.34						0.34	70
73	DRUGS CHARGED TO PATIENTS	1.21						1.21	73
74	RENAL DIALYSIS	3.86						3.86	74
91	EMERGENCY	0.01						0.01	91
200	TOTAL CHARGES	0.71						0.71	200



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	5,840,548	2.51	-5,840,548	-4.54			1
2	CAP REL COSTS-MVBLE EQUIP	9,728,514	4.18	-9,728,514	-7.57			2
3	OTHER CAP REL COSTS							3
4	EMPLOYEE BENEFITS DEPARTMENT	24,606,192	10.57	-24,606,192	-19.13			4
5	ADMINISTRATIVE & GENERAL	40,388,061	17.34	-40,388,061	-31.41			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	10,681,066	4.59	-10,681,066	-8.31			7
8	LAUNDRY & LINEN SERVICE	893,768	0.38	-893,768	-0.70			8
9	HOUSEKEEPING	3,241,483	1.39	-3,241,483	-2.52			9
10	DIETARY	1,695,019	0.73	-1,695,019	-1.32			10
11	CAFETERIA	1,133,373	0.49	-1,133,373	-0.88			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,698,641	0.73	-1,698,641	-1.32			13
14	CENTRAL SERVICES & SUPPLY	1,054,919	0.45	-1,054,919	-0.82			14
15	PHARMACY	16,281,885	6.99	-16,281,885	-12.66			15
16	MEDICAL RECORDS & LIBRARY	1,604,083	0.69	-1,604,083	-1.25			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	4,211,094	1.81	-4,211,094	-3.27			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,536,078	2.38	-5,536,078	-4.31			22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	17,633,580	7.57	31,000,672	24.11	48,634,252	20.88	30
31	INTENSIVE CARE UNIT	3,675,286	1.58	3,844,404	2.99	7,519,690	3.23	31
32	CORONARY CARE UNIT	1,373,941	0.59	1,669,108	1.30	3,043,049	1.31	32
32.01	NURSERY INTENSIVE CARE CENTER	1,391,908	0.60	1,626,212	1.26	3,018,120	1.30	32.01
40	SUBPROVIDER - IPF	2,121,495	0.91	3,484,785	2.71	5,606,280	2.41	40
41	SUBPROVIDER - IRF	2,052,548	0.88	2,019,228	1.57	4,071,776	1.75	41
43	NURSERY	431,038	0.19	601,688	0.47	1,032,726	0.44	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	8,418,602	3.62	8,808,240	6.85	17,226,842	7.40	50
50.01	GI LAB	1,170,997	0.50	745,305	0.58	1,916,302	0.82	50.01
51	RECOVERY ROOM	617,656	0.27	642,552	0.50	1,260,208	0.54	51
52	DELIVERY ROOM & LABOR ROOM	3,200,944	1.37	3,141,550	2.44	6,342,494	2.72	52
53	ANESTHESIOLOGY	325,905	0.14	355,040	0.28	680,945	0.29	53
54	RADIOLOGY-DIAGNOSTIC	3,864,492	1.66	7,788,351	6.06	11,652,843	5.00	54
54.01	MRI CENTER							54.01
55	RADIOLOGY-THERAPEUTIC	615,573	0.26	681,069	0.53	1,296,642	0.56	55
56	RADIOISOTOPE	991,046	0.43	702,544	0.55	1,693,590	0.73	56
57	CT SCAN	1,108,653	0.48	1,182,293	0.92	2,290,946	0.98	57
58	MRI	1,226,317	0.53	841,455	0.65	2,067,772	0.89	58
59	CARDIAC CATHETERIZATION	2,888,125	1.24	4,142,147	3.22	7,030,272	3.02	59
60	LABORATORY	9,388,358	4.03	6,798,041	5.29	16,186,399	6.95	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,542,557	0.66	1,437,684	1.12	2,980,241	1.28	65
66	PHYSICAL THERAPY	1,200,994	0.52	892,138	0.69	2,093,132	0.90	66
67	OCCUPATIONAL THERAPY	838,071	0.36	945,802	0.74	1,783,873	0.77	67
68	SPEECH PATHOLOGY	262,613	0.11	231,641	0.18	494,254	0.21	68
70	ELECTROENCEPHALOGRAPHY	37,406	0.02	114,528	0.09	151,934	0.07	70
72	IMPL. DEV. CHARGED TO PATIENTS	6,776,465	2.91	2,663,489	2.07	9,439,954	4.05	72
73	DRUGS CHARGED TO PATIENTS			21,229,673	16.51	21,229,673	9.12	73
74	RENAL DIALYSIS	741,974	0.32	288,133	0.22	1,030,107	0.44	74
76	EMG	42,023	0.02	39,503	0.03	81,526	0.04	76
76.01	CARDIOVASCULAR LAB							76.01
76.02	MERCY EYE CENTER	202,937	0.09	671,103	0.52	874,040	0.38	76.02
76.03	MERCY ENT							76.03
76.04	WOUND CARE CENTER	270,284	0.12	225,628	0.18	495,912	0.21	76.04
76.05	CARDIAC REHAB							76.05
76.06	PRE-BIRTH CENTER	437,649	0.19	258,552	0.20	696,201	0.30	76.06
76.07	SLEEP LAB	312,179	0.13	94,425	0.07	406,604	0.17	76.07

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
76.08	UROLOGY	84,577	0.04	54,130	0.04	138,707	0.06	76.08
76.09	ADDP OP	517,369	0.22	163,418	0.13	680,787	0.29	76.09
76.10	PSYCH PARTIAL HOSPITAL							76.10
76.11	DIABETES TREATMENT	181,930	0.08	93,505	0.07	275,435	0.12	76.11
76.12	MENTAL HEALTH CENTER	658,113	0.28	733,493	0.57	1,391,606	0.60	76.12
76.13	VEIN CLINIC	19,263	0.01	6,946	0.01	26,209	0.01	76.13
76.97	CARDIAC REHABILITATION	296,451	0.13	256,004	0.20	552,455	0.24	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	4,428,035	1.90	3,599,849	2.80	8,027,884	3.45	90
90.01	MERCY CLINICS	5,908,014	2.54	1,768,316	1.38	7,676,330	3.30	90.01
90.02	MERCY CLINIC STATE ST							90.02
90.03	MERCY CLINIC POLK ST							90.03
91	EMERGENCY	5,185,892	2.23	6,385,821	4.97	11,571,713	4.97	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN			53,030	0.04	53,030	0.02	190
191	RESEARCH	329,123	0.14	102,110	0.08	431,233	0.19	191
192	PHYSICIANS' PRIVATE OFFICES	10,852,733	4.66	4,408,126	3.43	15,260,859	6.55	192
192.0 1	DNBAR CLINIC	208,590	0.09	77,289	0.06	285,879	0.12	192.0 1
192.0 2	PHILLIPS HEALTH	85,834	0.04	44,833	0.03	130,667	0.06	192.0 2
192.0 3	OTHER HOME HEALTH							192.0 3
192.0 4	VITAS HOSPICE			1,019,187	0.79	1,019,187	0.44	192.0 4
192.0 5	DOCTORS OFFICE	355,359	0.15	562,668	0.44	918,027	0.39	192.0 5
194	OTHER NONREIMBURSABLE COST CENTERS							194
194.0 1	SENIOR FRIENDS							194.0 1
194.0 2	OTHER NONREIMBURSABLE COST CENTERS			99,016	0.08	99,016	0.04	194.0 2
194.0 3	OTHER NONREIMBURSABLE COST CENTERS							194.0 3
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	232,867,623	100.00			232,867,623	100.00	202

MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,831,739	27,547,250	0.102796	4,197,148	431,450	50
50.01	GI LAB	349,612	8,497,153	0.041145	925,329	38,073	50.01
51	RECOVERY ROOM	74,122	3,626,308	0.020440	395,639	8,087	51
52	DELIVERY ROOM & LABOR ROOM	466,593	17,483,227	0.026688	41,188	1,099	52
53	ANESTHESIOLOGY	148,504	4,131,051	0.035948	653,620	23,496	53
54	RADIOLOGY-DIAGNOSTIC	1,956,879	37,832,086	0.051725	3,803,672	196,745	54
54.01	MRI CENTER						54.01
55	RADIOLOGY-THERAPEUTIC	132,103	5,054,436	0.026136	95,934	2,507	55
56	RADIOISOTOPE	159,037	7,688,847	0.020684	769,213	15,910	56
57	CT SCAN	392,874	28,591,428	0.013741	4,709,413	64,712	57
58	MRI	229,931	7,861,019	0.029250	800,939	23,427	58
59	CARDIAC CATHETERIZATION	932,801	50,752,822	0.018379	14,264,602	262,169	59
60	LABORATORY	1,140,122	119,773,244	0.009519	21,172,059	201,537	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	271,748	14,320,365	0.018976	6,230,103	118,222	65
66	PHYSICAL THERAPY	106,948	4,787,034	0.022341	713,120	15,932	66
67	OCCUPATIONAL THERAPY	141,227	2,718,797	0.051945	187,195	9,724	67
68	SPEECH PATHOLOGY	19,526	1,284,763	0.015198	293,518	4,461	68
70	ELECTROENCEPHALOGRAPHY	23,007	301,162	0.076394	91,157	6,964	70
72	IMPL. DEV. CHARGED TO PATIENTS	418,060	14,959,041	0.027947	5,137,205	143,569	72
73	DRUGS CHARGED TO PATIENTS	626,523	50,343,303	0.012445	9,079,363	112,993	73
74	RENAL DIALYSIS	40,643	3,456,976	0.011757	1,765,031	20,751	74
76	EMG	5,379	414,871	0.012965			76
76.01	CARDIOVASCULAR LAB						76.01
76.02	MERCY EYE CENTER	139,480	861,146	0.161970	185	30	76.02
76.03	MERCY ENT						76.03
76.04	WOUND CARE CENTER	28,199	579,642	0.048649	6,483	315	76.04
76.05	CARDIAC REHAB						76.05
76.06	PRE-BIRTH CENTER	39,983	3,435,283	0.011639	1,737	20	76.06
76.07	SLEEP LAB	10,857	1,931,274	0.005622			76.07
76.08	UROLOGY	5,257	53,287	0.098654			76.08
76.09	ADDP OP	19,029	2,489,384	0.007644	481	4	76.09
76.10	PSYCH PARTIAL HOSPITAL						76.10
76.11	DIABETES TREATMENT	7,484	178,356	0.041961	122	5	76.11
76.12	MENTAL HEALTH CENTER	103,566	1,118,966	0.092555			76.12
76.13	VEIN CLINIC	923	112,951	0.008172	6,896	56	76.13
76.97	CARDIAC REHABILITATION	32,456	1,086,266	0.029879	12,698	379	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	426,478	8,726,003	0.048874			90
90.01	MERCY CLINICS	959,583	3,965,741	0.241968	671	162	90.01
90.02	MERCY CLINIC STATE ST						90.02
90.03	MERCY CLINIC POLK ST						90.03
91	EMERGENCY	499,138	44,419,865	0.011237	4,997,041	56,152	91
92	OBSERVATION BEDS (NON-DISTINCT	283,018	6,634,504	0.042659	392,651	16,750	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	13,022,829	487,017,851		80,744,413	1,775,701	200



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	2,970,922		2,970,922	42,787	69.44	15,606	1,083,681	30
31	INTENSIVE CARE UNIT	511,256		511,256	4,088	125.06	1,932	241,616	31
32	CORONARY CARE UNIT	263,148		263,148	2,307	114.07	915	104,374	32
	NURSERY INTENSIVE CARE CENTER	147,162		147,162	2,854	51.56			32.01
200	TOTAL	3,892,488		3,892,488	52,036		18,453	1,429,671	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,429,671
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,775,701
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	3,205,372
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	3,969
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	18,453
PER DISCHARGE CAPITAL COSTS	807.60



MERCY HOSPITAL & MEDICAL CENTER Provider CCN: 14-0158	Non CMS worksheet CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 12/01/2014 Run Time: 11:27 Version: 2014.10
--	---	--	---

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	36,468,211
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	110,891,756
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.329

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 40 + Worksheet D, Part IV, column 11, line 200))	1,560,423
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	2,852,853
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.547

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 41 + Worksheet D, Part IV, column 11, line 200))	4,297,961
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 41, column 2 plus Worksheet D-3, line 202, column 2)	6,982,056
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.616

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	3,205,372
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.029

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	16,814,308
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	56,659,791
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.297